

Live Well Care Ltd

# Home Instead South East Northumberland

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Home Instead South East Northumberland is a domiciliary care agency providing personal care to people in their own homes. The service supports older people, including people living with dementia. At the time of our inspection there were 60 people receiving the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of the service and what we found

People felt safe. They spoke of the consistency and reliability of carers, who always arrived on time, stayed for the duration of the call, and had their wellbeing and safety as their top priority.

The registered manager had successfully rolled out an electronic care records system. This was working well and made access to information more efficient for staff and relatives.

Care calls and staff rotas were well planned and monitored. Systems were in place to assure staff competence, ensuring people received care and support, for example with their medicines, from staff who were well trained. The registered manager had comprehensively reviewed medicines administrations practices to ensure they were as safe as practicable.

The service was exceptionally well-led. The focus on high quality person-centred care was clearly embedded, driven by the registered manager, and shared by all staff.

The culture was open and supportive. Staff felt passionate about the work they did and were consistent in their praise of how well supported they were. The provider had made a range of external connections to help improve the experiences of people, staff and to have a broader impact on social care.

People, their relatives and external professionals all agreed the service was extremely well managed. They felt closely involved in how the service was run and how best to support their loved ones to make the most of the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Outstanding (published 3 October 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained outstanding. This is based on the findings at this inspection.

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service well-led?

The service was extremely well-led.

Details are in our well-led findings below.

Outstanding 

# Home Instead South East Northumberland

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We contacted the local authority to ask for feedback. We used the information the provider had sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. These included electronic care records for 5 people and staff records. We reviewed a variety of records relating to the management of the service, including audits, incident reports, safeguarding information, rota planning and policies. We spoke with 6 people who used the service and 6 relatives. We contacted 6 more care staff via email. We sought feedback via email and telephone calls from 5 external health and social care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to keep people safe. The provider had clear, effective policies and procedures in place, and staff understood and followed these.
- Staff were well trained in safeguarding protocols and regularly had their competence assessed. Communications from the registered manager and office team reiterated safety messages regularly.
- The provider's systems enabled a high degree of scrutiny on all aspects of safety. For instance, real time recording of call visits, medicines recording, staff availability and whereabouts.
- The provider reviewed safety data regularly and acted on any concerns or trends. There was a positive approach to learning lessons from errors. Staff were communicated with promptly, clearly and supportively so that improvements could be made, when anything went wrong.

Assessing risk, safety monitoring and management

- Risk assessments were detailed and person-centred. They were specific to people's needs and where someone had a particular condition, for instance diabetes, there was a specific care plan and risk assessment in place.
- Staff tasks were broken down on the electronic recording system and meant staff had to confirm they had completed these tasks before moving on. People told us, "They fill in the electronic records, they always do what they are supposed to and they do it very well," and one relative said, "They can't do enough, always double checking and locking up so she feels safe."
- People were kept safe by a core of staff who knew them well. The provider's electronic call monitoring system helped them monitor the times and duration of care calls, as well as ensure the safety of lone worker staff. One person said, "They [staff] always stay as long as they say they will, if not longer."

Staffing and recruitment

- People and their relatives told us the lack of agency staff and stable staff team helped them feel safe. One person said, "We never have strangers." An external professional told us, "I was really impressed with the effort they go to to match people to their carers, to make sure they are comfortable."
- Staff recruitment was safe. There were pre-employment checks were in place to reduce the risk of employing unsuitable people. These included references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruiting decisions.
- The provider took staff safety seriously. They had a lone worker policy in place and made reasonable adjustments to help keep staff safe and continuing in their role. The electronic reporting systems in place supported people's and staff safety.

## Using medicines safely; Preventing and controlling infection

- Medicines were administered safely. Training and oversight were in place and effective. The provider had added in an additional training stage to their medication processes to help reduce record keeping errors. One relative said, "They help with medicines. It's on the mobile, what they have to do, and the managers comes out regularly to checks everything is alright."
- Medicines records were up to date, accurate and simple to scrutinise. Staff were confident and their competency was regularly assessed.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. The rating has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The ethos of providing high-quality person-centred care to each person, was consistent throughout the service. Staff understood their roles extremely well and were supported by the provider to give people an exceptional service. Feedback from people, relatives and external professionals was consistently outstanding.
- The registered manager had made practical improvements to an already strong service, communicating with staff all the while. For instance, they had successfully embedded an electronic records system, including testing, training, roll out and use of the data to identified areas to improve safety. This meant more up to date records for family and staff to view, and greater oversight for the registered manager and office team. It meant people and their relatives were more involved with their care planning. One staff member said, "The service is managed and run extremely well and my personal observation is that the manager has developed a team that works well together and support each other as well as everyone working with clients directly."
- The registered manager and office team worked with staff to ensure they understood their role and helped them excel. One staff member said, "This caring atmosphere cascades down to all care professionals and it creates a sense of it being a very safe place to go to or contact with any problems, issues or concerns." One external professional said, "They are one of the best." Another said, "I have seen multiple benefits and am very happy with service and management. I would highly recommend Home Instead South East Northumberland and use their service as example of best practice."
- Quality assurances systems and processes were highly effective. There was a 'client experience' lead who analysed feedback, data, explored themes and patterns, and communicated changes and improvements effectively to staff. This led to regular improvements in practice and outcomes for people, for instance increased independence after being at risk of self-neglect.
- Staff were regularly encouraged to access additional training, and their career development was proactively supported.

Working in partnership with others

- The provider worked proactively with a range of external partners to ensure the service was high performing and had a positive impact on people's lives. They also had an impact on the broader landscape of health and social care. For instance, the provider organised a memory café. People who used the service, relatives and members of the community gathered here and enjoyed the experience.
- The provider had built strong relationships with external agencies and helped support people who needed

care packages at short notice.

- The provider attended local schools, colleges and recruitment events to showcase social care and to increase awareness of dementia and other conditions. This had improved the volume and diversity of applicants, which helped the provider fulfil its commitment to match people with staff in a person-centred way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture was centred around people receiving high quality care, consistently. Systems, policies and processes helped staff empower people to retain their independence. One relative said, "The managers are lovely. Open, honest, understand and caring. The staff go above and beyond."
- People and their relatives were included; their input was valued. The provider held regular surveys and checked on how people were feeling about the service. They shared good practice and other information, such as podcasts on dementia awareness and dysphagia. Relatives valued this.
- Staff turnover was low and the provider had trialled a range of measures to ensure retention levels were high. Staff told us they were valued and respected and this played a significant part in their feeling included in how the service was run.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and team engaged with people, relatives and staff on a regular basis. They met with families and worked with them to overcome barriers to achieve good outcomes for people. One relative said, "They worked really well with us and helped us make sure we could help [person] stay at home much longer."
- People's protected characteristics were respected.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and team were diligent in identifying trends and patterns, and making improvements. For instance, a review and improvement of medicines training and systems had seen a reduction in errors.
- Staff felt able to raise any concerns or uncertainties in a supportive, safe environment. The registered manager was keen to continually improve the service and was responsive to feedback.
- The registered manager understood and had made appropriate notifications to CQC. They understood the duty of candour requirements and were open and transparent with people and relatives if something went wrong.