

Tyne Valley Home Care LTD

Home Instead Tyne Valley

Inspection report

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18 November 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Home Instead Senior Care is a domiciliary care service providing personal care to people living in their own homes in Northumberland. At the time of this inspection, 23 people were using the service.

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 using this service and what we found

People felt safe and received support from an extremely kind and caring management and staff team. There was a positive culture which focussed on caring. We received many outstanding examples of the professionalism, kindness and dedication of staff, including how staff had 'gone the extra mile'. Comments included, "They have exceeded my expectations" and "They are marvellous, I couldn't ask for more from this agency."

The provider was extremely committed to providing the best possible service to people they supported.

Risks to people and staff had been identified and assessed. Care plans contained information to help staff support people's identified care needs. The provider was in the process of reviewing these records.

People said staff followed good infection control procedures and staff had received training.

Staffing levels were appropriate and there was an effective staff recruitment process in place. When gaps in rotas had occurred, due to sickness, the provider's contingency plan ensured all care calls continued to be made.

People were supported by trained and experienced staff. Staff told us they were supported.

People knew how to complain if they had any concerns and the provider took any issues seriously in order to improve the service. Feedback was requested from people and their relatives to ensure expectations around care were met.

The provider had a quality assurance system and was in the process of reviewing this after feedback from the inspection had been given to them.

Medicines were generally managed safely. After feedback, the provider updated some medicines records to make the administration of medicines clearer for staff. We have made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff assisted them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with CQC on 16 June 2020 and this was the service's first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was extremely caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Home Instead Tyne Valley

Detailed findings

Background to this 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 Care Act 2014.

Inspection team

The inspection was carried out by one 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.

The service did not have a registered manager with the Care Quality Commission (CQC). This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The nominated individual had applied to become the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was announced. We gave a short notice of the inspection because we wanted to contact people to gather their views and needed their consent to do that, and also to ensure the provider would be in the office when we attended.

Inspection activity started on 15 November and ended on 14 December 2021. We visited the office location on 15 and 18 November 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority commissioning and safeguarding teams, care professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with the nominated individual and contacted all staff working for the organisation for their views.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff records in relation to recruitment, training and staff support. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, various evidence presented and quality assurance records. We contacted four care managers/social workers, two occupational therapists and the local district nursing team for their feedback about the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- People felt safe. One person said, "Oh yes, perfectly safe." A relative said, "This is a very safe, a very good agency."
- Staff had been trained in safeguarding people and told us they were confident in reporting any concerns they had.
- Safeguarding and whistleblowing policies and processes were in place to help support the staff team.

Staffing and recruitment

- Enough consistent staff were available to cover the rostered care calls. The COVID-19 pandemic had impacted on staffing at times, but the nominated individual had made sure that all care calls were covered as part of their emergency contingency plans. One person said, "They (staff) are always on time, but if they are going to be late, I always get a call to let me know when they will be here. I always know who is coming as the carers let me know." A relative said, "I've met all the carers...very consistent."
- Safe recruitment practices were in place. Staff had received suitable employment checks, including Disclosure and Barring Service (DBS) and right to work checks as well as seeking satisfactory references. We discussed during feedback, with the nominated individual, some further good practice procedures they could adopt, including signing and dating staff identification checks and adding some additional information to their reference applications. We were told the procedure was going to be further reviewed.

Preventing and controlling infection

- Infection control systems and procedures were in place to help protect people and staff. This included spot checks on staff.
- An up to date infection control policy guided staff on the correct procedures to follow. People and their relatives confirmed staff wore PPE appropriately.
- Staff were tested regularly for COVID-19.

Assessing risk, safety monitoring and management

- Risks relating to people and staff were identified, evaluated and periodically reviewed. There were some risk assessments which needed updating. The provider immediately started work to address this.
- Staff understood and could identify any potential risks to people and knew how to report this to enable the risk to be addressed.

Using medicines safely

- Medicines were generally managed safely. Some instructions for creams, ointments and 'as required' medicines were not fully in place and quality checks had not always identified this. This was addressed by the nominated individual immediately.

We recommend the provider review their procedures and quality checks in line with best practice guidance, including using the National Institute for Health and Care Excellence.

- Every person or relative we contacted was happy with the way staff managed medicines and no concerns were received.
- Any medicine errors or issues had been reported by care staff and dealt with effectively.
- Staff had received medicines training and were deemed competent to administer medication to people in their care.

Learning lessons when things go wrong

- There were systems in place to record incidents and accidents and what action had been taken. Incidents and accidents had been discussed with the staff team with the aim of improving the service provided wherever possible and mitigate issues occurring again.
- The provider was keen to improve the service for the best possible outcome of people. Any feedback from this inspection was acted on immediately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff felt supported, including receiving one to one support sessions and annual appraisals. An employee assistance programme was in place and a 'care giver' of the month award was also given. A small number of staff commented on how more care staff meetings would be beneficial. The provider told us additional meetings had been planned.
- An induction programme was in place, which included shadowing experienced staff until new staff were comfortable; and the completion of the Care Certificate.
- Staff had received mandatory training which the provider deemed appropriate. Additional training had been sourced for people with specific health care needs, for example those who had a catheter. One relative said, "We had an overhead hoist installed and the carers had training on the hoist in our home." Another relative said, "The carers are exceptional and knowledgeable."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had been assessed prior to being accepted into the service to ensure staff could meet their care and support needs.
- People and their families were at the forefront of care delivery and staff were in constant contact with the office if people's needs changed and a review of care was required.
- People and their relatives were included in discussion about their care. One relative said, "They're (staff) guided by me, and we work as a team."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their preferred food and drinks to help them maintain a healthy diet. One relative said, "We provide the carers with a weekly meal planner, and they follow it religiously."
- Staff had received training in food hygiene and were knowledgeable in food preparation. Some staff used their previous catering knowledge to the benefit of people and other staff via support offered.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health and wellbeing was important to staff. One relative said, "They (staff) have also been involved with making contact with the memory clinic, who are visiting soon."
- The provider was aware of the pressures on healthcare during the current pandemic. A social worker said the service was very responsive to calls for help when support was required for someone, particularly those coming out of hospital or where a previous provider had failed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had an awareness of the MCA and had received training. No one using the service was subject to any restrictions placed on them by the Court of Protection.
- People told us staff always asked for consent before supporting them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with extreme kindness and compassion by the staff team which exceeded people and relatives' expectations. Exceptional feedback was gathered about the care people received. Comments included, "They are marvellous, I couldn't ask for more from this agency"; "They have exceeded my expectations. I never thought I could get a more dedicated and organised team to help me"; "I can't fault the care being given to Mum...it's absolutely spot on" and "Extremely polite and kind carers."
- It was clear from talking to staff that their motivation and passion for their roles was very high. One staff member said, "I love this job, wish I had done it years ago." Another staff member was keen to tell us how they enjoyed working with a range of people from different backgrounds to support them in the way they wished. The staff member explained how they had tried to get people living with dementia involved in supportive groups, including a group set up specifically for local people living with dementia related conditions. They also showed us a 'fiddle' cushion they had procured and were taking it to someone living with dementia to ease their anxiety.
- People were extremely well supported. There were many outstanding examples of the professionalism, kindness and dedication of staff, including how staff had 'gone the extra mile'. This included, staff supporting people in their own time to help tidy a garden area, do shopping for people in their own time, buy items or presents for people, organise things or events that people wanted to do outside of their remit. One staff member had introduced and bought 'Jelly Drops' for one person living with dementia as the person was at risk of dehydration. Jelly Drops are designed for those people who struggle with hydration, particularly those living with dementia. A further staff member said, "Home Instead are good for remembering people's birthdays, anniversaries, Christmas and Easter time. Giving flowers, cards, Easter eggs etc. They have also had sponsored walks and Macmillan coffee mornings and raffles." A healthcare professional said, "They are really good at responding in the way care is delivered and have used their initiative."
- The provider aimed to employ only the best care staff within health and social care sector to provide exceptional care to people. A very robust interview process was in place with questions aimed at identifying staff with excellent core values of caring. One staff member said, "I thought the questions I was asked were very extensive and challenging. I understood why they would do this...they only want the best staff to come and work for them."
- Staff supported each other to ultimately enhance the care provided to people. One staff member said, "[Staff member] is a fantastic cook and I was a little stressed over the cooking side of things, but not now because of them. They have helped me, and this has in turn helped people and my own family for that matter!"

- Excellent relationships had been formed between people and their relatives and the staff team involved in the care provided. One person said, "The carers get to know you, and I get to know them...it's really nice." Every person and relative we contacted said they would have no hesitation in recommending the service to others.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were extremely involved in decisions about care and staff fully understood the need to make sure this occurred. The provider had invested in software on the provider's electronic care planning system to allow relatives or significant others (with permission) to access care plans and pertinent records. A relative said, "I have access to the App on the carers phones, and it's invaluable in helping with communication, as we can see everything that's going on." Relatives felt highly valued and felt listened to.
- People had utmost control over their lives and without exception, were supported with the choices they made. One staff member explained how they had helped one person to remain independent in their clothing choices by helping them use a colour coding system to support this and jog their memory. Staff went out of their way to ensure they met people's preferences. One person was unable to buy their preferred food choice because it was not available at their local shop. Staff purchased the person's food choice at a different shop, further away to make sure they didn't go without their favourite food.
- We heard conversations between people and office staff which showed people and their families were given the time to express their views and staff listened. Staff then worked with the person or family calling to accommodate any changes they wished to make.
- Staff provided a range of information to people to help them make decisions about the care and support they received. Staff helped people immensely with any additional care and support they may have required.
- People were asked the gender of staff they would prefer to provide them with care, and this was accommodated.
- Staff spent a minimum of one hour with people. This gave ample opportunities for staff to get to know people and gather their views. This was recorded on information systems.

Respecting and promoting people's privacy, dignity and independence

- Privacy, dignity and respect were at the heart of the service. This was displayed in how staff acted and how this came naturally to them. Every person and relative we spoke with said their privacy and dignity was respected. One relative said, "We've been very impressed at the way the carers work with [person]. Constantly polite and kind. One staff member said, "I think the caregivers I have met so far during my short time with the company have shown great care and compassion when caring for a gentleman who was receiving palliative care. They have all demonstrated respect and cared for him and his family with dignity."
- People were supported to retain their independence. The nominated individual told us, "We provide support to a married couple where the husband likes to support his wife (with Dementia) as best he can, retaining his independence. He provides his wife with her medications but some days he can struggle with this. A process has been set up whereby on the days he is unable to provide the medications, we will support with this and prompt his wife with her medications and will monitor this ongoing to be able to increase interventions when and if required. This has supported the gentleman in retaining his independence as much as possible as well as keeping the existing routine for his wife as much as possible."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care provided was person centred. When changes in people's needs occurred, staff were able to adapt quickly. One person told us, "They are very flexible, if they need to stay a little longer, they do." Another person said, "They (staff) notice little things around the home that need sorting. They are really helpful."
- The provider was working on additional information booklets to gain more in-depth historical information about people, particularly those living with dementia, to better support them.
- People confirmed they had choice in the day to day decisions they needed to make around their care and how it was provided to them. One person said, "Yes (given choice) ...I'm not having any men helping me wash!"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the AIS standard. People's communication needs were considered, and detailed care plans were put in place to ensure staff could support them in the way they preferred.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to complain to if they felt a need to raise any concerns. One person said, "We would speak direct to the carer first, no problems. They are very easy to talk with."
- Complaints policies and procedures were in place and shared with people and their relatives. Any complaints of minor issues had been recorded and dealt with effectively.

End of life care and support

- The service had no one receiving end of life care at this current time.
- Staff knew how to support someone at the end of their lives from previous recent experiences. This included sitting with people to ensure they were not alone and liaising with community teams, including GP's to gain suitable pain relief.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The nominated individual and staff were clear about their role and responsibilities. The nominated individual took every opportunity to improve the service, including from our feedback. They confirmed they wanted to enrol on the local authority 'excellence in care' course at the earliest opportunity.
- There was no registered manager at the service, but the nominated individual had applied to register, and the application was being processed. A new care manager had been appointed during the inspection who was to take the lead on the care being provided to people.
- Monitoring systems were in place which included audits and quality assurance systems to help identify and implement improvements. This included monitoring of medicines and infection control. The provider was in the process of reviewing this after feedback given.
- The service had been highly commended in the local 'Small Business Awards' presented by the local MP. The service was also a member of a national homecare association which supports this type of service as well as being part of a large global franchise.
- Reportable incidents and accidents had been appropriately recorded, dealt with and sent to the CQC or the local authority in line with legal requirements.

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

- The service was person centred with a positive culture of achieving the best outcomes for people. People and relatives commented on how better this service was compared with other care providers.
- People spoke positively about the nominated individual and office staff. One person said, "(Nominated individual) and (office staff member) are both very nice, and care about us. They are very nice and seem to manage things well."
- People and their relatives told us how much they valued the staff team supporting them. One person said, "It's difficult getting help in rural Northumberland, and I never thought I would get such a dedicated and organised team to help me."
- All management and staff supported the inspection process fully and acted on feedback given immediately.
- The management team understood it was their responsibility to inform people and/or their relatives if something went wrong under the duty of candour.

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

- Families felt communication was good. One person said, "I did have a questionnaire about a month after they started. They said they wanted to check everything was going along as planned, and to ensure we didn't need anything."
- The nominated individual was available in the office, so people, their relatives and staff could speak with them at any time. Staff confirmed the nominated individual and all office staff were approachable and helpful if they needed support or advice.
- People and staff were involved with the service and listened to. This included using surveys, information technology, e-mails, text messaging, staff interactions with people during the provision of care, and information from relatives or staff meetings.

Working in partnership with others

- Staff liaised with health and social care professionals to make sure people received care which met their needs. One relative said, "I can't fault the care being given. We were recommended to them by social services, and it's been an excellent choice."
- Staff appeared to have good working relationship with external professionals. One healthcare professional said about a staff member, "She is a lovely person. Very accommodating in difficult situations."
- Staff supported charities with ongoing fundraising. This included sending money to a national charity to support older people.