

Van Parys Care Services Limited

Home Instead Senior Care

Inspection report

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Home Instead Senior Care is a domiciliary care agency which provides personal care to people living in their own homes. It provides a service to older people and younger adults as well as people who may be living with a learning disability or autistic spectrum disorder, dementia, mental health needs, a physical disability or a sensory impairment.

This inspection took place on 1 and 8 November 2017 and was announced. The provider was given 48 hours' notice of our inspection, because we needed to make sure someone would be in the location office when we visited. At the time of our inspection, the service supported approximately 90 mainly older people who lived in Harrogate, Ripon, Thirsk and the surrounding villages.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in July 2015, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

People told us they felt safe with the support staff provided. Systems were in place to ensure sufficient numbers of suitable staff were deployed to meet people's needs. Risks were identified and assessed. Care plans and risk assessments provided guidance to staff on how to safely meet people's needs. People were supported to take their prescribed medicines. More robust audits had been introduced to monitor and address shortfalls in the records relating to the support provided with people's medicines.

Staff received on-going training and support to enable them to provide effective care in line with evidenced based guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to ensure they ate and drank enough and, where necessary, to access healthcare services.

Staff were kind, caring and compassionate. Staff supported people to have choice and control over how their care and support was provided. People told us staff were good at maintaining their privacy and dignity and treated them with respect.

Care was person-centred and tailored to meet people's needs in line with their individual preferences. People told us they felt able to raise any issues or concerns and we saw action was taken in response to feedback to improve the service provided.

The service was well-led. People told us management were approachable and supportive. We found the

provider and registered manager were committed to providing high quality care and support and to continually improving the service. The provider was proactive in sharing their knowledge and expertise with those in the wider community.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This service is a domiciliary care agency, which provides personal care to people living in their own houses and flats. It provides a service to older people and younger adults as well as people who may be living with a learning disability or autistic spectrum disorder, dementia, mental health needs, a physical disability or a sensory impairment.

Not everyone using Home Instead Senior Care received support with a regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The inspection site visits took place on 1 and 8 November 2017 and were announced. We gave 48 hours' notice of our inspection, because we needed to make sure someone would be in the location office when we visited. The inspection team was made up of two inspectors.

Before our inspection, we reviewed information we held about the service, which included information shared with the CQC and notifications sent to us since our last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur and which affect their service or the people who use it.

We used information the provider sent us in the Provider Information Return to plan our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with thirteen people who used the service and three people's relatives or carers. We visited the provider's office and spoke with two directors, the registered manager, a senior care worker, a care coordinator (responsible for arranging staff rotas) and three care workers. We reviewed four

people's care plans and risk assessments, recruitment, training, supervision and appraisal records for four members of staff, medication administration records, meeting minutes, audits and other records relating to the running of the service.

Is the service safe?

Our findings

At our last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People provided very positive feedback about the staff and consistently told us they felt safe with them. Staff were described as reliable and professional in how they supported people. A relative we spoke with explained how they had "peace of mind" with the care staff provided.

People were protected from the risks associated with abuse. Staff were trained to identify and respond to safeguarding concerns. The provider had a safeguarding policy and records evidenced appropriate action was taken in response to safeguarding concerns to keep people safe. Staff had also completed 'scam awareness' training to help them recognise and prevent people who may be vulnerable from being exploited. This demonstrated a good commitment to promoting the safety of people who used the service.

The provider had robust recruitment procedures to ensure suitable staff were employed. Records evidenced relevant checks were completed before new staff started work. The provider had also developed an 'empathy test' with the help of a psychologist. This was designed to ensure staff were caring and had empathy through the recruitment process. These checks minimised the risk of unsuitable people working with adults who may be vulnerable.

Sufficient staff were deployed to meet people's needs. People said, "They are very seldom late, and if anyone is going to be late, they let you know", "They are very good at turning up on time" and "They turn up when expected, but if they are going to come at a different time, they phone you." A relative told us, "They are always on time and always reliable."

People who used the service received rotas in advance and changes were communicated with them. There were systems in place to monitor and identify if staff did not arrive at people's house on time so staff could take action to ensure people's needs were met.

If an accident or incident did occur involving a person who used the service, a record was kept of what happened and how staff responded. Records evidenced action was taken in response to concerns to prevent reoccurrences, but we spoke with the registered manager about developing more robust tools to support and evidence this process and they agreed to address this.

The provider had a policy and procedure on the safe management of medicines. Records evidenced staff received medicines training and competency checks were completed to monitor and ensure they followed safe practices. Documentation was in place to support staff to administer medicines safely and record the support provided. Although we identified some minor issues with recording around medicine administration, we saw a new more robust system of audits had been implemented and was being used to more effectively monitor and ensure people received safe support to take their medicines. People who used the service told us staff reliably supported them to take their medicines.

Staff received training on preventing the spread of infection and people told us staff wore personal protective equipment such as gloves where necessary.

Is the service effective?

Our findings

At our last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People provided positive feedback about staff's skills and experience. They told us, "Staff are pleasant and efficient, I have no grumbles at all" and "On the whole, the carers I have got are very good." Relatives said, "They are excellent, very nice, very helpful and always pleasant" and "The people who have come have worked well with [relative's name]. I find them professional."

Records evidenced new staff completed comprehensive induction training, aligned to the Care Certificate (a nationally recognised set of standards for staff working in health or social care). Staff also completed accredited training courses on Alzheimer's and Parkinson's, as well as experiential learning to help them understand and empathise with people who had a sensory impairment. This demonstrated a very positive commitment to on-going professional development, designed to ensure staff provided care and support in line with best practice guidance.

In addition to induction training, new staff shadowed more experienced workers to develop their confidence and practical skills. Staff we spoke with provided positive feedback about their induction and training and told us help, guidance and support was always available when needed.

Staff received regular supervisions and annual appraisals. These provided an opportunity for staff to discuss their well-being, any training needs they had and to identify goals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found people were asked to sign their care records to document they consented to their care and support. Where there were concerns about a person's ability to make an informed decision, mental capacity assessments were completed and best interest decisions were made where necessary.

Staff supported people to ensure they ate and drank enough. They understood the importance of monitoring people's food and fluid intake and reporting any concerns to their manager. A record was kept to evidence support staff provided with people's meals and drinks.

We received positive feedback about the support staff provided to promote people's health and well-being.

A person said, "Once or twice when I was unwell, they were all ready to call the doctor and get advice. I've been with my carers for three years so they know when I am unwell." A relative told us how their parent had fallen and staff were very responsive in calling for medical assistance.

People's care files contained important information about people's health needs as well as any support required from staff to promote and maintain their well-being. Staff we spoke with talked knowledgeably about seeking further advice from a manager or medical attention if necessary.

Is the service caring?

Our findings

At our last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People told us staff were caring and treated them with kindness. Feedback included, "I am impressed by their dedication. They seem to be very caring. They do care about me and are very attentive"; "The carers are delightful. I get on with them and they know me" and "They seem very nice the people who come." Whilst relatives said, "They are very easy to get on with and my wife enjoys their company" and "They are very good. They are very friendly and open."

Records showed new staff received specific training on how to build relationships with the people they supported. Staff were then 'introduced' to anyone they had not supported before by a more experienced worker. This helped staff to get to know the people they were supporting and to develop positive caring relationships. Our conversations with people who used the service showed us they valued the companionship and friendships they shared with staff. They told us, "I love them all, they are super. We have lots of talks. They are very good at asking how I am" and "They are nice the people who come. They like to sit down and have a chat with you which I don't mind as I live by myself."

Staff did not provide visits that were less than an hour long. The providers explained how this was important as it allowed staff time to talk with people, get to know them and support them in a person-centred way to maintain their independence. A relative we spoke with commented, "An hour is long enough to establish a rapport, which they have with [my relative]."

There were systems in place to 'match' suitable staff to the people they were supporting and to ensure, wherever possible, people were supported by staff they were familiar with. We received generally positive feedback about the consistency of carers; a relative said, "As far as possible they maintain consistency...it is rare there will be a strange face." People's rotas were produced in advance so they knew who would be visiting and care was taken to ensure any gaps in the rota were covered by a member of staff who had most frequently visited them in the past. People told us they could ask not to be supported by a particular member of staff and their preferences were respected.

People told us staff supported them to make decisions and ensured they had choice and control over how their needs were met. Comments included, "They've always done what we have wanted" and "They always say 'what do you want doing today'?" Other people told us, "They listen and follow my instructions" and "They do listen to me." Care plans contained information about how people liked their support to be provided. This demonstrated they were involved in decisions about their care. Information was available about how to access advocacy services if people needed additional support to express their views or to be heard on matters that were important to them.

Staff supported people to maintain their privacy and dignity. People provided positive feedback about staff, one person told us, "They do treat you with dignity and respect." We found staff were trained to understand

the importance of maintaining people's privacy and dignity and spoke confidently about how they delivered respectful and dignified care and support.

Is the service responsive?

Our findings

At our last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People who used the service complimented the person-centred care staff provided. Comments included, "They are very helpful", "I have no complaints about them at all. They do everything that is needed" and "They are very nice people and can't do enough for us."

Each person who used the service had care plans and risk assessments providing detailed information about their needs and guidance to staff on how best to support them. Care plans incorporated person-centred information about people's likes and dislikes with regards to how their needs should be met. For example, where people required support with meals, information was provided about what people usually liked to eat and drink to support staff to provide person-centred care.

Relatives told us staff and managers were good at communicating with them and felt staff worked well with them to ensure their relatives' needs were met. One relative said, "They keep us in the picture, there is good communication." Records evidenced regular reviews were completed involving people who used the service and the people important to them. This process ensured care plans and risk assessments continued to reflect people's needs and staff had up-to-date information where people's needs changed. Staff also completed daily notes to record important information for the next member of staff to be aware of.

We found good evidence of staff's person-centred approach to providing care and support. For example, we saw how staff had arranged for a person's piano to be moved so they could enjoy playing it again. We saw the registered manager had developed a 'lending library' which contained audio books, CDs and tapes as well as tools to support reminiscence, which people who used the service could borrow and benefited from.

The provider had a complaints policy and procedure, which contained details about how they managed and responded to any issues or concerns with the service provided. We saw people who used the service were given details about how to complain or provide feedback and told us they felt confident speaking with staff or management if they did have any concerns. Feedback included, "I've no complaints, but I think they would listen seriously and try to put right any complaints I might have" and "We could speak to them if there is anything wrong."

At the time of our inspection, there had been two complaints about the service. These had been documented and evidence was available showing how the complaints had been investigated and action taken to address people's concerns. This demonstrated management were proactive and transparent in dealing with issues or concerns and action was taken as a result to improve the service provided.

Staff had also received a range of compliments about the support provided. Comments from these included, "The care is amazing, I can tell how well they have been trained...I can't fault them on anything" and "I cannot praise and thank Home Instead enough for the care provided."

Is the service well-led?

Our findings

At our last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

The service had a registered manager. They were supported by two directors and care coordinators in the management of the service.

People told us the service was very well organised and led. Comments included, "What they do is very good", "What I have is brilliant; they do whatever I ask them to, they are punctual, friendly and reliable" and "The current service we are getting is excellent." They went on to explain that staff listened to them and followed their instructions to provide their care and support in a kind and compassionate way. Relatives said, "We have a good service from them" and "I find their reliability, consistency and the nature of the people they send has all been very good."

A health and social care professional said, "We are delighted to work closely with Home Instead and we enjoy this partnership. The leadership feels professional and yet has a family feel to it. The owners give back to community both in terms of supporting charities and engaging in local planning and strategy."

The providers were actively engaged in sharing their knowledge and experience with people in their wider community. This included, amongst other things, delivering training on dementia to other organisations or family carers, donating books about being a carer to the local library, and also sharing information via a monthly 'health and wellbeing' slot on a local radio station. A recent radio slot had explored how to reduce the risk of falls and provided practical advice to support and promote people's wellbeing. This demonstrated the providers were committed to being excellent role models with a view to improving the health and wellbeing of people in their wider community.

Staff told us they felt the service was well-led and that management were approachable and supportive. The provider showed us the work they were doing to improve staff retention. This included recognising and rewarding staff's length of service.

The service had received an award for being one of the top 10 most recommended home care providers in the Yorkshire and Humber region in 2017 by a national website. We found the provider was aspirational and committed to continually improving the service to deliver a high standard of care. We saw a range of audits and checks were completed to monitor the service provided and to encourage improvements.

The provider used surveys to gather feedback about the service. We saw survey results were reviewed, analysed and action plans put in place to respond to any feedback and to improve and develop the service. Quality assurance forms were regularly used to review the care provided and to find out what worked well and what could be improved. Regular observations were used to monitor staff's performance and to drive improvements in the quality of the care and support they provided. The provider had also developed a more robust system to closely monitor and audit people's medication administration records to address shortfalls

they had identified in this area.

The provider and registered manager used newsletters and also held regular meetings to share information with the staff team, seek feedback and discuss the running of the service. This demonstrated an open and inclusive culture within the organisation.

The provider had systems in place to ensure they kept up-to-date with important changes and wider developments in adult social care. The provider showed us how they were involved in a 'development group' to discuss and develop effective ways of working. This included considering how technology could be used to improve the service provided.