

Home Instead UK Limited

Home Instead UK Ltd

Inspection report

Unit 2
Hartford Business Centre
Chester Road
Hartford
Northwich
Cheshire CW8 2AB
Tel: 01606 800101
Website: www.homeinstead.co.uk/northwich

Date of inspection visit: 12 March and 9 April 2015
Date of publication: 05/06/2015

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?

Outstanding 

Overall summary

We visited this service on 12th March and 9th April 2015 and we gave short notice to the service that we were visiting. This was to ensure that people were available at the office.

Home Instead is a domiciliary care service that provides care and support to people living in their own homes. At the time of this report they were supporting 126 people within the local community.

The service has a registered manager in place. 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.

People told us that they were very happy with the staff at Home Instead and they felt that the staff understood their

Summary of findings

care needs. People commented “The staff are respectful and helpful”, “Staff are very pleasant”, “The staff are interested in me” and “I have confidence in what the staff do.” People confirmed that staff stayed for the length of time allocated and arrived on time. People also confirmed that calls are rarely missed and that a duty manager was always available. All of the people we spoke with had no complaints about the service.

We found that people were involved in decisions about their care and support. Staff made appropriate referrals on behalf of people who used the service, to others such as the GP, where it had been identified that there were changes in someone’s health needs. During discussions with the staff we saw that they understood people’s care and support needs. Staff gave good examples of how they cared and supported people explaining that they tried to encourage people to be as independent as possible.

The care records contained good information about the support people required and were written in a way that recognised people’s needs. This meant that the person was put at the centre of what was being described. The records we saw were complete and up to date.

The provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

We found that good recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Therefore people who used the service could be confident that they were protected from staff that were known to be unsuitable.

Summary of findings

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.

We found that the recruitment processes were safe and thorough. Policies and procedures were in place to make sure unsafe practice could be identified so that people who used the service were protected.

Safeguarding policies and procedures were in place and staff had received training in safeguarding adults. We saw that staff managed people's medication safely when required.

Good



Is the service effective?

The service was effective.

Arrangements were in place to show that staff had undertaken relevant and appropriate training. Staff were provided with regular supervision and an annual appraisal of their work performance. This meant that the staff had the opportunity to discuss their work performance and role.

People's rights were protected because the Mental Capacity Act 2005 code of practice was followed when decisions were made on a person's behalf. The service had policies and procedures in place in relation to the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring

All the people we spoke with praised the staff. They said staff were kind, very caring and helpful. People told us that their dignity and privacy were respected when staff supported them and that staff helped them to maintain and develop their independence.

We saw people were well supported by the staff team. Staff showed patience and understanding when they supported people.

Good



Is the service responsive?

The service was responsive.

People were involved in their plan of care and where appropriate their health care needs were assessed with them and their relatives or representatives. Staff supported them with health care needs as appropriate.

We looked at how complaints were dealt with. We found suitable processes were in place to deal with a complaint and that these would be dealt with in a timely manner.

Good



Is the service well-led?

The service was well led.

Outstanding



Summary of findings

The service had a registered manager in place who was registered with the Care Quality Commission. People confirmed they had access to the manager, that she visited them in their own homes, and that she was approachable and friendly. Staff said the manager was supportive and kind.

The service had a range of quality assurance systems in place to monitor the service provided. Records seen showed a range of audits and processes in place which identified where shortfalls occurred and these were then addressed.

Home Instead UK Ltd

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. This inspection was planned to check whether the provider is 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 inspection took place on 12th March and 9th April 2015 and we gave short notice of our visit. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to ensure someone was available at the office.

We spent time looking at records, which included six people's care records, six staff recruitment files and other records relating to the management of the service.

The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed all the information we held about the service. This included notifications received from the registered manager and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted the local safeguarding team, the local authority contracts team and Healthwatch for their views on the service. Healthwatch is the new independent consumer champion created to gather and represent the views of the public. They all confirmed that they had no concerns regarding the service.

The Provider Information Return (PIR) had not been sent to the service prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited six people who used the service and spoke with four staff members following the visit. We also spoke with the registered manager and office manager during the inspection visit.

Is the service safe?

Our findings

People who used the service said that they felt safe when supported by the staff and they said the staff are “Very kind”, “They have nice manners”, “They are very nice” and “Very reliable.” They confirmed that staff arrived on time and stayed for the allocated time. People said “Sometimes the staff stay longer than they should, if there is a problem”, “They are very reliable”, “It’s important to me that someone always turn up” and “Staff never let you down.” People said the service is very reliable and missed call did not usually happen.

We spoke with the registered manager and staff about safeguarding procedures. The staff said they had undertaken training in safeguarding adults and this was confirmed on the training matrix and copies of certificates within staff files. During discussions with staff they described types of abuse and what they would do if they suspected abuse had taken place. Staff said “I would phone the office and speak to the manager.” We talked with staff about other information available to them, they confirmed that policies and procedures were in the office and easily accessible. The registered provider had a policy on safeguarding: protection of vulnerable adults as well as a copy of Cheshire West and Chester’s policy on safeguarding adults and a policy on whistle blowing. A copy of the whistle blowing policy was seen in the staff area of the office. The registered manager had not made any referrals since the service began operating. However we saw that documentation was in place if required.

We looked at the staff rotas for the service over a month period. The registered provider used a computer based system which showed which staff supported each person. It also alerted the office if a staff member had not logged into the service once in a person’s home. This system required staff to log in at the beginning of the visit, via the phone and log out at the end of the call. An analysis had highlighted that some staff had not signed in and out as required which showed as the staff member arriving late for the call. During the next staff meeting this was discussed and within the following month’s audit this showed a significant improvement in this area. Time sheets were completed for each staff member and these were either emailed or posted to the staff member. The system also showed when staff were not working and which calls would need to be covered. It also showed how many times other

staff had worked with an individual. The office staff explained that they tried to use people who had the most contact and experience of working with an individual, if it was not possible to use a member of the usual “team of staff” for that person. This meant that when the person’s usual staff were not available then other staff who had visited them were used to support on that occasion, therefore people were supported by staff who were known to them.

We spoke with staff about their recruitment processes and they confirmed they had completed an application form and been asked for references and undertaken a Disclosure and Barring Service (DBS) identity check. We looked at six staff recruitment files and that recruitment practices were safe and that appropriate checks had been completed prior to staff working unsupervised for the service. Therefore staff were supported by staff that had received appropriate checks to ensure they were not unsuitable to work with vulnerable adults. These records were well maintained.

People’s care plans and risk assessments were well written and up to date. The person who was using the service and their representative where appropriate were involved in the completion of these documents. They had signed the plans to show they had been involved. There were good details of people’s daily routines in place and risk assessments had been undertaken regarding moving and handling; the environment; and physical health. These identified hazards that an individual may face and provided guidance for staff on how to support the person to manage the risk of harm. We saw the client activity log sheets, which staff completed during each visit to the person. They were well written and gave clear information of the tasks undertaken and information on the general wellbeing of the person. Where a person had received the service for over a year an annual review had been completed. People we spoke with said they were “Very happy with the staff”, “No issues or concerns” and “Very happy with everything.”

We looked at how the service supported people with their medication. Some people were prompted to take their medication, whilst other people needed support with administration of their medication. People who used the service said “The staff help me get the tablets out of the containers” and “Staff prompt me to take my medication.” Other people confirmed they were able to take their medication independently. Medication Administration

Is the service safe?

Record sheets (MARs) were available within the care file and we saw these had been completed appropriately. Staff confirmed they had received training in medication administration and that medication was usually in a monitored dosage system or their original containers. One staff member explained “There are two levels of support,

level one is where we prompt a person to take their medication. Level 2 is where full administration is required.” Staff files confirmed medication awareness training and competency sheets completed. We saw that the service had a medication policy and procedure available for staff to refer to.

Is the service effective?

Our findings

People who used the service told us they were supported very well by the staff. People confirmed they were involved in the care planning process and that the support they received met their current needs. People said “The staff are very kind”, “The staff are very good”, “Staff will stay longer that the allocated time if necessary”, and “The staff are lovely.”

People explained that they discussed their needs with the registered manager prior to the service starting. Care plans we saw showed that the people and where appropriate their representatives had signed to say they had been fully involved in the care plan and that it met their current needs. Care plans included examples of specialist advice that had been sought, for example, a person needed more rails around the home. With their consent the staff contacted the occupational therapist. The same person then went to their GP and they wanted them to go to hospital, but the person wanted a staff member with them. The staff member met them at the hospital and stayed with them, until they were admitted. The person was worried about letting her family know and who would feed their pet. The staff member said she would inform the family and feed the pet. The person stayed in hospital for a few days and the staff member visited them there.

We discussed with people who used the service how their health care needs were met. They explained that if they needed assistance then the staff would help them. Some people were able to undertake this independently. Within the care plans there were details of the person’s GP and next of kin. Staff said they would contact them if they were asked to do so.

A record was kept of all the accidents and incidents that occurred within the service. The registered manager confirmed they looked at all accidents and incident reports and checked for any patterns emerging. Records were kept on people’s individual files. We saw the staff accident book and noted that copies were left in the book. The registered manager was advised to store these on staff files to comply with storage of information with regard to the Data Protection Act 1998.

We looked at the induction process for staff, and the registered manager confirmed that staff undertook this prior to working for the service. The induction started with

information about the provider, services provided, safety and communication. All areas of the job role were discussed during this time and training was undertaken on moving and handling and medication. We were told by staff and saw documentation on staff files to show that shadowing shifts were undertaken prior to staff visiting staff on their own. One new staff member commented “The induction process was very good, we went through everything and then I completed some shadow shifts.”

We saw that a range of training was undertaken by the staff team. This included Alzheimer’s disease and other dementias; dignity and respect; end of life care; challenging behaviours; safeguarding adults and Mental Capacity Act 2005 awareness. Staff confirmed that there was a good range of training available and that it met their needs. People who used the service said that staff appeared to be well trained. This meant that staff had received induction and training which was appropriate to their role.

We looked at the supervision and appraisal process. The registered manager explained that an employee’s initial session was different from subsequent sessions. The first one focused on what the first few weeks had been like; looking at training required and checking that the person knew what was expected of them following the initial induction process. Following this the sessions covered all aspects of the employee’s role; issues from the previous session; topics to be discussed and new objectives. We saw that the computer system generated reminders when individual’s supervision and appraisals were due. This helped the office staff and registered manager monitor the situation. Staff said they had regular supervision sessions and that they found them useful. One person said the registered manager had created an area in the office where staff could meet and they had found it useful to be able to meet up with other members of the staff team. We saw that appraisals were up to date.

We discussed with the registered manager the Mental Capacity Act 2005 (MCA) and they showed their awareness and understanding of the act. They explained when an application should be made to the court of protection. They confirmed that none of the people who currently used the service were under the court of protection for any aspect of their lives. We saw that staff had awareness training on the MCA 2005. The MCA 2005 sets out what must

Is the service effective?

be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relations to consent or refusal of care or treatment.

Is the service caring?

Our findings

People who used the service told us they were involved in the care planning process and this was undertaken during the initial meeting with the registered manager. All the people we spoke with were very happy with the care and support they received and highly praised the staff. People said the staff were very kind, helpful and had nice manners. Comments included “Staff listen to what I say and they are respectful”, “Staff are interested in me as an individual and do care” and “Staff are very reliable.” People who used the service confirmed that staff treated them with dignity and respect. They said “Yes, my dignity is respected, very much so”, “My privacy is respected” and “Yes completely, it’s very important and works well.”

Staff explained “It’s important to get to know the person and how they like to be supported. Their wishes must be put first. When I am assisting with personal care, I make sure the person is covered where possible. I always think how would I feel and that is my baseline” and “I always check if the person wants me in the room with them when they are bathing. I also try and encourage people to do as much as they can for themselves.”

The registered manager was able to explain different people’s needs and explained she always undertook the initial assessment so that she had a clear understanding of the person’s individual needs. Staff told us about the people they supported. They were knowledgeable about them and were able to give good examples of how they supported people. For example, one staff member said “I have one person who I help to make a meal. I get them involved in the preparation as it helps keep up their skills and gives them something to do” and another said “I try and get people involved as much as possible, for example, if I am making the bed I get the person to help as much as they can. Also I do baking with one person and they help with this.”

People said that staff arrived at the time they expected and if they were late then the office would phone them to let

them know. They confirmed that staff stayed for the full length of time. People said “It’s important that someone turns up” and “The staff will stay longer if necessary.” All the people we spoke with confirmed that missed calls rarely happened and if it occurred then a staff member called later. The service had a computer system where staff checked in and out of each call through the person’s phone. If a staff member didn’t check in it would be highlighted on the system and one of the office staff would contact them to see if there was a problem.

People were provided with a range of information about the service. This included the statement of purpose which included details of the registered provider, registered manager and staff team. It also included details of the service provided and information on how to share compliments, comments and complaints. People were also offered information on “helping families to cope” which was a guide for caring for someone with dementia, and “looking after loved ones with care and compassion”. These documents gave people information on the support that the service could offer. We saw that information about various advocacy agencies were included in the information pack that each person had within their homes. This gave information on who could be contacted within the local area. The registered manager explained that copies of these were offered to people who used the service or their relatives as appropriate.

We saw there were a wide range of policies and procedures available for the staff. These included information on equal opportunities, medication, personal safety, confidentiality and gifts and hospitality. Staff told us they were aware of the policies and procedures and that a copy was kept in the office. They explained that there was a “break out” area in the office they could use when they were free during the day. They could have a drink and catch up with other staff members. One person said “The new manager has created this area in the office and it’s very good. I was able to chat to a new member of staff and help them settle in.”

Is the service responsive?

Our findings

People who used the service told us about what they thought of the service provided. Comments included “I usually get the same group of carers, this helps as they know how I like things done and where things go. It saves having to repeat myself”, “The staff seem reliable” and “The staff take me shopping each week.” People said that staff would accompany them to the shops or medical appointments if required. One person explained they escorted them on a social activity each week which they enjoyed.

We looked at care plans of people who used the service. They were well written and provided guidance on the care and support people needed and how this would be provided. We saw that the care plans were up to date and reviewed on a regular basis. Each file contained a range of risk assessments which covered areas such as physical health, moving and handling and the environment. We found that there was good information available about the support required and that it was written in a way that recognised people’s individual needs. We saw a daily routine sheet in the care plan which described a “usual” day in the life of that person. We found these gave good details of the person’s daily routine and included approximate times for specific tasks such as rising and retiring to bed. The client profile included information on the person’s next of kin and GP and also details of the person’s social history. This gave staff information about the past of an individual and was particularly important for people who were living with dementia. The care plan detailed all the services required which might include personal care, companionship, domestic tasks and medication.

People’s care plans were reviewed on an annual basis or more often where needs changed. Each of the records we saw had an up to date review in place. The review included if the person was happy with the service, were their needs being met, any changes required and did staff need further training. Comments on reviews included “Very happy with the staff”, “No issues or concerns”, “Very happy with the service and current staff” and “Happy with everything.”

Each person had a visit record which was known as the client log. This showed the time the staff member arrived and left the call and was signed by them. We found the client logs were well documented, they gave good and clear information and detailed the tasks undertaken and the wellbeing of the person they were supporting.

The registered person had a complaints policy in place. People told us they were confident that any issues raised with the registered manager would be dealt with promptly. None of the people we spoke with had raised a complaint with the service. The complaints policy included all the information required and included the process that would be undertaken. We saw the complaints policy was also included in the statement of purpose which each person had access to a copy within their client journal (the file that is kept in each person’s home). Having access to the complaints policy helped ensure that people could be confident their views would be listened to and acted upon. We looked at the process in place if a complaint was received and saw that appropriate processes were available. The service had not received any complaints and we had not received any concerns about this service.



Is the service well-led?

Our findings

At the time of this inspection the registered manager had been registered for six weeks. She has worked for the registered provider since 2012 in the role of manager and senior carer. During discussion we found she had a good knowledge of the people she had visited and was able to describe the support people required and how that impacted on the staff team.

People said they were confident that any issues they raised with her would be dealt with appropriately. People confirmed that they knew who the manager was and that she was available on the phone and had visited them at home. They said she was very approachable and very thorough in her work. Comments included “The manager is available”, “She listens to what you say” and “I know who the manager is, and she has visited me at home.”

Staff said the manager was approachable, was well liked and always ready to listen to them. Comments included “If I need support it’s always there”, “If there were concerns I am confident that the manager would support me and the service user”, “The manager is fantastic” and “The manager welcomes you into the office, and is very kind.” Staff also said the staff who worked in the office were approachable and friendly. Other comments included “They are very easy to talk to” and “They are very good and helpful.” From discussions with the people who used the service and staff it showed that the registered manager demonstrated good leadership and management skills.

We discussed with staff the ethos of the service and what they thought about it. People who used the service said they felt the service was very good and well run. Comments included “The service is very conscious that customers are very important”, “The setup is good and fills a gap in the community”, “Much better than other agencies I have had” and “All is well with the service at the moment, no problems.” One person mentioned that when they first started to use the service some years ago it was not too organised, but now it is running well. Staff said “It’s running smoothly at the moment”, “The service goes the extra mile for the service users”, “I am very happy with my job” and “There is individual care and support around each person.” Comments from people who used the service and staff showed the service promoted a positive culture of openness and person-centred care and support.

We looked at the registered provider’s quality assurance processes. The registered manager explained that they completed a range of audits which included quality support, client’s files and log records and staff log in and out at people’s homes. Annual care plan reviews were undertaken and an external company completed annual surveys with people who used the service and the staff team. The registered provider also completed regular “mystery shopper” calls to the service. This helped to ensure that checks were made on how staff respond to potential clients and staff on the phone.

The last quality support audit was completed in August 2014 and covered all areas of the service including staffing, client files, staff files and the office. All areas were evaluated with actions noted where required and an action plan provided. No issues were noted on this audit. The client files were audited on a monthly basis. The last audit in February 2015 showed that files were randomly selected and reviewed. The ones viewed recorded no issues to address. The activity log records are audited on a monthly basis and include an audit of medication records if appropriate. The staff log in and out records are within the computer system. The report of January 2015 showed that 108 calls were up to 15 minutes late signing in. Following this the registered manager held a meeting and addressed this issue. She said on many occasions the staff member had just started the call and not signed in. The report of February 2015 showed 75 calls up to 15 minutes late starting. This showed a significant improvement. The registered manager said that this issue would be raised at all meetings to remind the staff the importance of signing in once in a person’s home.

Pursuing Excellence by Advancing Quality (PEAQ) is the annual questionnaire produced and managed by an external company that the registered provider commissioned. Surveys were sent out to people who used the service and the staff team. We saw the results from the 2014 surveys. Following the analysis the service sent a letter to each staff member thanking them for supporting the survey and it showed where staff had raised concerns and suggested improvements and what the service intended to do. For example the staff had asked for better communication and the service was now producing a monthly newsletter to help with this. However we noted



Is the service well-led?

that feedback from people who used the service was not shared with them. The registered manager said they would look into producing a similar letter to share with people who used the service.

The registered provider completed “mystery shopper” calls to the service. The last one in March 2015 showed a score of 100%. The shopper looked at how the people in the office responded to queries on the phone which were either enquiries about a job or from a relative about a prospective client.

Staff told us team meetings were held on a regular basis. We saw that the office manager and registered manager regularly meet to discuss issues relating to the service, including staff retention and recruitment. Staff meetings were usually held quarterly and the last one was in February 2015. We saw the minutes which detailed areas discussed which included staffing; people who used the service; holidays and general company issues.