

Fylde Coast Care Ltd

Home Instead Senior Care

Inspection report

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Date of inspection visit:

14 March 2019

18 March 2019

Date of publication:

07 May 2019

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

About the service: Home Instead Senior Care provides companionship and personal care assistance for people who live in their own homes. The office is based in a commercial park on the outskirts of Blackpool. At the time of the inspection 22 people were receiving support with personal care.

People's experience of using this service:

People told us they could not think of any way to improve the service and that it was well-led.

There was an open and transparent culture at the service which was built on positive values, mutual respect and a drive to improve.

Staff took pride in enabling people to stay in their own homes the management team that actively promoted team working and improvement.

The registered provider provided learning resources and best practice information to members of the public. They told us they were passionate about helping people and relatives to live well.

People told us they knew the staff who supported them and they received support when they needed this.

Medicines were managed safely. People were supported to receive their medicines when they needed them.

People were asked to consent to their care and their rights were protected. There were arrangements to ensure people's mental capacity was assessed if this was required.

People told us they were supported to access medical advice if this was needed.

People said they were involved in developing their care plans. Care records we reviewed reflected this.

People told us they were supported to ensure their nutritional needs were met. Care records documented the support people required.

People were enabled express their views on their experiences of receiving care and support. Changes were made in response to people's feedback when possible.

People were supported to follow their own interests and pursuits by staff who knew them well and recognised people's individuality.

Safe recruitment procedures were used and staff told us they received training and supervision to enable them to fulfil their role.

People told us they felt safe with staff and staff told us they would report concerns of abuse or avoidable harm to the registered manager and local safeguarding authorities to protect people.

Rating at last inspection: Good (14 September 2016)

Why we inspected: All services rated as good are re-inspected within 30 months of the Care Quality Commission report being published. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received and to check the service remained good.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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

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 remained good

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below.

Good ●

Home Instead Senior Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The first day of the inspection was carried out by two adult social care inspectors. An expert by experience was also a member of the inspection team. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who supported this inspection had experience of supporting older people. They contacted people who used the service and relatives by telephone. They did this to gain their views on the service provided. The second day of the inspection was carried out by one adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own accommodation. The service supports people who may live with mental health conditions, dementia or a learning disability. The service also supports older people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection visit took place on the 14 March 2019. We gave the service 48 hours' notice of the inspection visit because the registered manager provides direct support to people who use the service. We needed to be sure they would be available to speak with us. The inspection site visit activity started on 14 March 2019 and ended on 18 March 2019. We visited the office location on the 14 and 18 March 2019 to see the registered manager, senior management team and office staff; and to review care records and policies and procedures.

What we did:

Before our inspection, we completed our planning tool and reviewed the information we held on the service. We also reviewed notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. We contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with 10 people who received support and eight relatives by telephone. We reviewed four care records relating to people who received support. In addition, we viewed a sample of medicine records for people who received medicines. We reviewed documentation relating to health and safety management at the service, training records and three staff personnel files. During the inspection we also spoke with the registered provider, the operations manager, the registered manager and a director. In addition, we spoke with two care co-ordinators and six care staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- The service continued to promote people's safety. Staff recorded information on how people's safety could be promoted in care records. Staff carried out risk assessments on areas such as the environment, medicines management and moving and handling. These were reviewed regularly and updated to reflect changes in people's needs and circumstances.
- Staff told us they followed the risk assessments to ensure people were protected from the risk of avoidable harm.

Staffing and recruitment

- The service continued to recruit staff safely. Managers carried out pre-employment checks including Disclosure and Barring Service checks before staff started work at the service. References were obtained to help ensure people were supported by staff who were suitable to work with vulnerable people.
- People told us they were supported by staff in accordance with their planned visit times and staff stayed with them for the length of time planned. People also told us they were supported by a consistent team of staff who were known to them.
- Managers continued to plan rotas in advance to ensure people received visits from staff who knew their needs and preferences.

Using medicines safely

- The service continued to manage medicines safely. The service had arrangements to ensure people received help and support with medicines if this was required.
- People were supported to manage their own medicines. Staff recorded the help people required if they needed support with their medicines.
- Staff received face-to-face and practical training in the safe management of medicines. Staff repeated their training approximately every 12 months.
- Written information was available to tell staff where or how often to apply creams and staff applying creams recorded when they had done so.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments we received included, "I do feel safe with them, they are so kind." And, "I'm quite safe with this lot."
- The provider had safeguarding procedures and the number of the Lancashire Safeguarding Authorities was accessible to staff so concerns could be raised if needed.
- Staff could explain the purpose of safeguarding and the action they would take if they had concerns. One staff member told us they would report concerns to protect people from harm. They said, "I'd report to the

office so we know people are kept safe."

Preventing and controlling infection

- Staff had access to personal protective equipment, including disposable gloves and aprons. The supplies were kept at the site office to enable staff accessibility to these items.
- Staff told us they completed infection control training and they could access personal protective equipment to help minimise the risk and spread of infection.
- One person confirmed staff wore protective equipment. They told us, "They wear gloves and aprons."

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents to identify trends and themes. We saw they acted whenever possible, to minimise the risk of recurrence.

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

People's outcomes were consistently good and people's feedback confirmed this

Staff support: induction, training, skills and experience

- Staff continued to have training to enable them to support people safely and effectively. One staff member said they had completed a thorough induction on starting work at the service. This had included shadowing experienced colleagues before working alone. Staff confirmed they attended refresher training to maintain and update their skills.
- A relative told us, "They seem very well trained. I think they do National Vocational Qualification
- The service had established a training academy. They had developed a training programme in dementia which had been accredited by the national awarding body, City & Guilds. In addition, new staff completed a six-month package of training which included the care certificate. Staff completed work books, computer based learning, face-to-face training and were observed to assess their competence. On completion of the training, staff attended a graduation ceremony to recognise and celebrate their success. We spoke with a staff member who told us they had been given a certificate and their photograph had been taken to celebrate their success. They said they were proud of their achievements.
- Staff told us they were enabled to discuss any areas of their performance through supervisions, appraisals and observations of their performance while they were working. One staff member shared they felt confident in talking about any problems they may have.

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

- Care records showed staff assessed people's needs and developed plans to support them and promote their wellbeing.
- Care records detailed times and the support people required. People told us they were involved in regular reviews of their care.

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

- Care plans showed staff assessed people's dietary needs and recorded support and guidance as required.
- People told us they were happy with the support they received with their meal preparation.
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation.

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

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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- We saw written consent to care and support had been recorded on people's care records and signed by individuals who received support.
- The registered manager told us if they had concerns that people lacked mental capacity, they would carry out a mental capacity assessment to check this.
- Staff had knowledge of the MCA and the processes to follow if they were concerned that someone they supported lacked mental capacity.

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

- People we spoke with and documentation we viewed demonstrated the service worked with external agencies to promote people's wellbeing. One relative told us their family member was supported to see external health professionals as the need arose.
- Staff told us they worked with other health professionals to ensure people got the support they needed. One staff member explained how they had supported a person to access a health professional. They told us this had enabled the person to get expert advice to promote their wellbeing.
- Care records contained an 'emergency client information' sheet. This contained person-centred information to pass to medical staff in the event of an emergency. This helped ensure medical staff had access to up to date information to support their decision making.

Adapting service, design, decoration to meet people's needs

- Staff carried out environmental risk assessments to promote people's safety and wellbeing.
- Care records contained information on the equipment people required and the action staff should take to support 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

People were supported and treated with dignity and respect; and involved as partners in their care

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

- The service continued to treat people with compassion and kindness. People described staff as, "Nice and kind." Also, "Very nice." One person commented, "They're reliable and pleasant."
- Relatives we spoke with also told us they considered staff were kind. One relative said, "[Staff member] who comes in the morning is terrific, she goes above and beyond, really she does, she is so good with [my family member]."
- Documentation recorded people's individual beliefs, preferences and the support they required. Staff told us they would support people to live individual lives and would act to uphold people's human rights. One staff member said, "We adapt to people individually, their personalities and needs."
- Care records contained information about people's social histories and backgrounds. This enabled staff to access information to support positive relationships to be built. One person told us, "They don't rush about and they sit down and talk to me and keep me company as well. I think I need the company as much as the care."

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

- We found people were involved in discussions about their care. We reviewed documentation which showed people were asked to consent to various aspects of their care.
- People told us they were involved in their care planning. One person told us, "They ask me what I want and write it down, it is in a folder." A relative commented, "The office reviews the care with us, they communicate well."
- The registered manager explained they would support people to access an advocate. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests. This ensured their interests would be independently represented.

Respecting and promoting people's privacy, dignity and independence

- People told us they were respected and their privacy and dignity was upheld. One person described the care and support they required and said staff were respectful of their privacy and dignity. They told us, "They offer me privacy." A relative commented, "[Staff] are all respectful to [my family member] and me."
- Staff could explain how they upheld people's privacy and dignity. For example, one staff member told us they made sure that they did not encroach on people's personal space and offered them time alone when this was appropriate.
- Care records were written in a respectful and dignified way and described the support people required to maintain their independence.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service continued to support people in a responsive manner. People told us they were enabled to arrange care to meet their needs. One person said, "I try and do things for myself but the girls will do anything I ask, they are so nice and kind with me." A relative told us, "[My family member] needs more care and we are arranging more for next month, in fact I have just booked a meeting for it."
- The registered provider told us they considered the needs and preferences of people when arranging care. Staff skills, beliefs and interests were identified and matched with those of people who received support. This enabled people to form positive relationships and share their lives with staff who understood their interests and experiences.
- The service considered people's communication needs to ensure the service met the requirements of the Accessible Information Standard. The registered manager told us if people required information in different formats, this would be provided.
- The service supported people to attend social gatherings to minimise social isolation. We saw photographs of people attending a Christmas party and we saw they were smiling and socialising. A staff member told us people had enjoyed the event. They said, "It gets people out, it gets people together. When they get together they realise they knew each other years ago. It builds their relationship."
- One person told us they had been to a social gathering held by the service and this had a positive outcome for them. They said, "It was one of the best Christmas parties I've been too. I came away feeling good."

Improving care quality in response to complaints or concerns

- People told us they were confident any complaints would be addressed and investigated.
- The service had procedures to guide people how a complaint could be made and timescales for the registered provider to respond to any complaints made. We viewed documentation which showed complaints were investigated and responded to.

End of life care and support

- The registered manager told us the service was not supporting anyone with end of life care at the time of the inspection but staff had received training to enable them to deliver this care when it was needed.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The registered provider had created a supportive culture that placed emphasis on providing quality care to people who used the service. The registered provider and management team said they valued the staff who worked at Home Instead Senior Care and they sought to support them to fulfil their roles. For example, there was a 'Well Being' champion at the service. The Wellbeing Champion described how they had enabled staff to access confidential counselling offered by the registered provider and an external support group.
- A staff member told us they felt empowered to support people who used the service. They explained how they had been helped by the management team to maintain their work life balance and this had been successful. They said, "If it wasn't for them, I couldn't do what I do, which is help clients stay in their own homes."
- Staff told us the registered provider had exceptionally high standards and provided positive leadership and role modelling which supported the respectful and supportive culture within Home Instead Senior Care. One staff member described the values as, "It's the 'Mum's Test', how you would want to be treated." And, "[Registered provider] is passionate about that and we follow her lead."
- There was a focus on governance and making improvements through effective and timely audits. Weekly meetings were held between the registered provider and the registered manager to review audits and action any changes required. We saw if improvements were identified as required, this was actioned.
- The provider recognised staff experiences as a way of identifying improvements and asked staff to bring these to the management team. We saw a Medicine and Administration Record had been changed as staff had identified the record was difficult to complete and could have led to a medicine error occurring.
- Accidents and incidents were investigated and actions recorded where improvements could be made. Records showed that consideration was given to how the risk of recurrence could be minimised.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People gave positive feedback of their experiences and said they could not think of any improvements that could be made. One person said, "I don't know what I would do without them." A further person said, "I couldn't ask for better. It is excellent." Relatives all said they felt Home Instead Senior Care was well-managed.
- The registered provider told us they strived to instil positive values and an open culture within Home Instead Senior Care. They explained they were passionate about providing high quality care and they shared that vision with staff by closely working with the registered manager, senior management team and staff.
- Staff told us they were proud to work at Home Instead Senior Care and the focus of the service was to provide care and support to people in their own homes. Staff said they were enabled by a motivated and

passionate management team to do so and repeatedly told us the management team had instilled an open culture where teamwork was promoted and fostered.

- In 2016, the national organisation Home Instead had received The Queen's Awards for Enterprise. This was an Innovation Award for introducing a new privately-funded home-based social care model to the UK.
- The management team carried out spot checks at people's homes to check the service given met the standards expected by the registered provider and met people's needs.
- Policies and procedures provided guidance around the duty of candour responsibility if this was required.

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

- The registered provider sought to engage with people and improve the lives of older people and people who may be living with dementia. They told us they provided community events, with learning resources and best practice information to support the public to learn about dementia and how people could be supported to live well when living with dementia. This was also provided to people and relatives when they joined the service and was available on the public website of Home Instead Senior Care. The registered provider told us they wanted people to be able to access information so their lives and those of their loved ones could be improved.
- Home Instead Senior Care played a positive role in the community. Some members of staff at Home Instead Senior Care had completed a 'fun run' to raise money for charity. They explained this was as some people who received support had relatives living with a specific health condition. Staff commented, "It was our chance to give a bit back."
- People could give feedback about the service provided at care reviews, 'spot checks', at the individuals request or by completing quality surveys. All the people we spoke with said they had received a quality survey and they had no negative comments to make.
- Staff told us and we saw documentation that showed staff meetings took place. This allowed discussions to take place on any changes required and staff could raise their views if they wished to do so.

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

- There were clear lines of responsibility and accountability. Members of the management team had key performance indicators, which were reviewed by the registered provider to ensure high standards were maintained. This enabled the management team to have a thorough understanding of their role and responsibilities. One staff member told us they welcomed these as it enabled their performance to be measured and the service to be monitored.
- Staff told us everyone worked together to provide a consistently high standard of care and the management team worked closely with them to make people's experience of Home Instead Senior Care a positive one. One staff member said, "I think it's well-led, everyone knows their own role."
- The registered manager was committed to providing a quality service. They told us they kept their knowledge up to date by attending training courses and local best practice events.
- Management had notified us of certain events as required by regulation and ratings from the previous inspection were displayed at the service.
- 'Champion roles' were in place so named members of staff would have oversight of certain areas of care provision and staff could access best practice information. For example, champion roles were in place for safeguarding and dementia.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. The service had liaised with health care

professionals to ensure timely referrals were made and where necessary additional support had been sought. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.