

Redshank Senior Care Services Ltd

# Home Instead Senior Care Ltd - Crewe

## Inspection report

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Date of inspection visit:

26 February 2019

27 February 2019

Date of publication:

29 April 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 Ltd- Crewe is a domiciliary care agency providing support to people in their own homes. At the time of the inspection they were supporting 64 people, however only 34 of those people were receiving a regulated activity. This inspection only looked at the support provided to the people who received a regulated activity of personal care.

People's experience of using this service: People told us they felt safe when care staff were in their home and that the support they received was also safe. Risks to people had been assessed and measure put in place to reduce the risks. The registered manager reviewed all accidents to look for any trends and actions that could be taken to prevent recurrence.

There were sufficient numbers of safely recruited staff employed to ensure people's needs could be met. Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had.

People were supported with their medicines safely, by staff who had been trained. People told us the service was flexible. When required, people's scheduled call times had been altered to enable them to attend appointments.

Consent to care was sought and recorded in line with the principles of the Mental Capacity Act 2005. When people were unable to consent, best interest decisions were recorded.

Staff felt well supported in their role and able to raise any issues with senior staff and the registered manager. Regular training had been completed by staff and they received supervisions and an annual appraisal to further support them in their posts.

The service worked with other professionals and agencies to help ensure people's needs were met effectively. Advice provided was clearly recorded and followed by staff.

Systems were in place to gather feedback from people regarding the service and action was taken to improve the service, based on the feedback. An effective system was also in place to manage complaints.

Care plans were in place that were detailed and reflected people's needs and preferences. People were involved in the creation and review of these plans, to ensure they remained accurate and effective in meeting their needs.

People and their relatives told us staff were caring and compassionate and spoke positively of the quality of care they received. People were supported to be as independent as they wanted to be and their privacy and dignity was maintained by staff.

The registered manager completed regular audits on the quality and safety of the service and took action to

address any issues identified.

Rating at last inspection: Good (Published 27 September 2016)

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

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?

Good ●

The service was 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 Senior Care Ltd - Crewe

## **Detailed findings**

### Background to this inspection

The 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 checked 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.

Inspection team: The inspection team consisted of an adult social care 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: Home Instead Senior Care Ltd-Crewe is a domiciliary care agency providing support to people in their own homes.

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: We gave the provider 24 hours' notice of the inspection to ensure people would be available.

Inspection activity started on 26 February 2019 and ended on 27 February 2019. We visited the office location on the first day of the inspection to see the registered manager; review care records and policies and procedures and interview staff. We also visited two people using the service at their home. On 27 February 2019, we spoke with a further four people using the service and five relatives over the telephone to gather their views of the service. We interviewed one member of staff at the office location and gathered feedback from a further five staff following the inspection.

What we did: Before the inspection we reviewed the information we held about the service. This included

the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority to gain their views.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

As well as gathering feedback from people using the service, their relatives and member of staff, we also spoke with the registered manager and provider. We looked at four people's care files, four staff recruitment records, medicine administration charts and other records relevant to the quality monitoring of the service.

This report reflects the findings of the inspector and the expert by experience.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and a company policy was in place to guide them, as well as guidance from the local authority. Staff were aware how to raise any concerns they had. A whistleblowing policy was also in place and staff were aware of the procedures to follow with regards to this.
- Safeguarding referrals were made appropriately to the local authority, although records of referrals made and their outcomes could be more clearly recorded. The registered manager told us they would implement a log to record these details more clearly.

Assessing risk, safety monitoring and management

- People felt safe when care staff were in their home and that the support they received was also safe. Their comments included, "The carers lock the doors behind them and I have a key safe" and "I have two regular carers and they are nice people which makes me feel safe."
- Staff described what actions they would take in the event of an emergency. One staff member told us they had been involved in a medical emergency with a person they supported and the actions they told us they had taken were appropriate.
- Risks to people had been assessed and records showed that measures were in place to mitigate those risks. Care plans guided staff on how to minimise identified risks.
- Risks to the environment had been assessed to help ensure staff worked safely. Staff checked equipment before they used it and always ensured people's property was safe when they left. A risk assessment from the local fire service was available in one person's file, so staff had detailed guidance on their specific risks and how to manage them.
- People had contact details for the service and told us they could make contact at any time. An on-call system was in place to ensure advice and support was available to people out of hours.

Staffing and recruitment

- Sufficient numbers of staff were recruited to support people. The registered manager told us a number of staff had left the service recently and they were working to recruit new staff.
- Staff were safely recruited by the service as all necessary pre-employment checks had been completed. This helped to ensure that only people suitable to work with vulnerable adults were employed by the service. Records regarding recruitment did not always contain consistent information but the registered manager was able to evidence the correct information. They told us they would review all files to ensure they were accurate.
- Staff were allocated travel time between their scheduled visits and staff told us this was usually sufficient. People told us staff arrived on time and spent the full amount of time that they were contracted to.
- People told us they were supported by the same core team of carers that knew them well and knew how they wanted to be supported. People received a rota each week so they knew who would be supporting

them. If there were any changes to the rota, people were informed.

- Systems were in place to ensure all scheduled visits were completed. A senior carer was on call to cover any visits that carers were unable to complete.

#### Using medicines safely

- When people required support with their medicines, they received them safely and as prescribed. Records regarding administered medicines were not always fully completed and the registered manager had taken action to address this.
- Medicines were administered by trained staff who had their competency assessed.
- People's allergies to medicines were clearly recorded within their care files.

#### Preventing and controlling infection

- Staff had access to personal protective equipment to help prevent the spread of infection. These were stored in the office and staff collected them whenever needed.
- Staff had completed infection control training and had a policy in place to inform them of best practice and legislation.

#### Learning lessons when things go wrong

- A system was in place to record any accidents or incidents. The registered manager reviewed all accidents to look for any trends and actions that could be taken to prevent recurrence. They told us about one person who had an increase in falls, so a referral was made to their GP to access physiotherapy and occupational therapy services to help reduce the risk of future falls. However, regular analysis of incidents could be more clearly recorded and the registered manager agreed to ensure this was actioned.
- Records showed that appropriate actions were taken following incidents, such as referrals to the safeguarding team, police, social workers or medical practitioners.
- The registered manager provided examples of how lessons had been learnt. For example, due to staff sickness, another staff member's schedule was altered and a message left on their phone to advise them of this. The staff member did not receive the message and the call was missed at the allocated time. It was completed later by a senior member of staff. To prevent this happening again, staff are spoken to directly before any changes are made to their schedule. Following a recent issue with people's invoices, steps had been taken to prevent the issue happening again.



# 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.

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

- People's needs were fully assessed prior to support commencing, to ensure staff could effectively meet these needs.
- Detailed plans of care were developed based on the needs assessments, as well as assessments provided by other health and social care professionals.
- Plans of care were reviewed regularly to help ensure they remained current and effective.
- Best practice guidance was available to staff, such as NICE guidance in relation to medicines.
- When people had specific medical conditions, information regarding the condition, signs and symptoms were available in people's files for staff to refer to.

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. In the community any restrictions need to be referred to the Court of Protection for authorisation.

- People told us staff always asked for their consent before supporting them.
- Records showed that people had consented to their plan of care and for support with medicines when this was needed. When people were unable to consent, best interest decisions were recorded.
- The registered manager was knowledgeable regarding the MCA and what they needed to do if they felt people were being restricted and required a referral to the Court of Protection. Nobody being supported at the time of the inspection required this.
- When an authorised Power of Attorney was in place for people, the registered manager evidenced this to help ensure relevant people were involved in decision making as required.

Staff skills, knowledge and experience

- New staff completed a comprehensive induction. This consisted of five days training, introduction to the company's policies and procedures and competency assessments. The induction was in line with the requirements of the care certificate.
- Staff shadowed senior staff when they first commenced in post. Staff were introduced to each person they would be supporting so they got to know their needs and how to meet them.
- People told us they felt staff were well trained and competent. Staff told us they had sufficient training to

enable them to meet people's needs. They had access to ongoing training relevant to their roles and learning requirements.

- Staff received regular supervisions and spot checks and told us they felt very well supported by the management team.

Supporting people to eat and drink enough with choice in a balanced diet

- Care plans recorded when people required support preparing food and drinks and whether they had any specific dietary requirements.
- People's preferences in relation to meals and drinks were sought and recorded.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other health and social care professionals to help ensure people's healthcare needs were met. The advice provided by them was incorporated into people's plans of care.
- Staff made referrals appropriately to other professionals when required, such as when people's needs changed.

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

- People told us the service was flexible. When required, people's scheduled call times had been altered to enable them to attend appointments.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to attend healthcare appointments when required.
- Staff contacted the GP on people's behalf when required. One person told us staff had quickly accessed a GP when they had become unwell and felt reassured that they knew what to do.

# 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; equality and diversity

- People told us staff were kind and caring and treated them with respect. Comments included, "All the carers are kind they take time to listen to me", "Very kind, considerate, and help me with anything I need" and "The carers are all chatty, respectful, they listen to my needs. They make my life happy and normal."
- Relatives agreed and told us, "I would recommend them to anybody because they have supported my [relative] so well", "I couldn't be more relieved about the care my [relative] receives. They have all been so reassuring towards my worries" and "They show kindness, love for their clients. It means the world to me. Each and every one of them are amazing I can't praise them enough. Overall they are excellent in every way and the staff in the office are too."
- People and their relatives felt they were listened to and told us staff acted appropriately if any changes to their support package were required.
- Staff had developed respectful relationships with people and their wider support networks and understood that supporting people's family members was an essential part of the support package.
- Staff knew the people they supported well. New staff were introduced to people by a senior member of staff who already knew the person, before they were expected to provide care. This meant people never received support from people they did not know, or who did not know them, their needs and how they wanted them to be met.
- Staff understood how to effectively communicate with people. They knew when people required additional support due to hearing or visual impairment. Care plans had been developed to reflect this. For example, one person required the use of an electronic device to help them communicate effectively. Clear directions were available to staff on how to use the machine and were recorded within their care plan.

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

- People were supported to make decisions and staff sought support and advice from other professionals when necessary, to assist people with decision making. Care files included details of local advocacy services for people to access to support them with decision making. The registered manager told us all staff would assist people to access these services if needed.
- A service user guide was available within people's files. This provided information about the service and what people could expect to help them make decisions about their care.
- Staff were provided with the time and training required to provide support in a compassionate and caring way. Rota's were developed based on people's preferred call times and were adjusted when necessary to meet people's changing needs.
- People told us senior staff had visited them at home to discuss and agree their plan of care.
- People's views of the service they received were sought through regular telephone calls and completed service reviews.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was of paramount importance to everyone supporting them. Staff agreed and told us they always ensured care was delivered in private, that doors and curtains were closed and people had towels to cover them during personal care.
- Staff always knocked on people's doors when they entered and called out to ensure people knew they were entering. A relative told us staff were, "Very good, they greet [name] as if they were a friend visiting our home."
- Care plans were written in ways that promoted people's independence. For instance, they clearly described what people could do for themselves and what they needed staff to support them with.
- Staff told us they respected the choices that people made about their care and prompted and assisted people to do as much as they could for themselves, rather than doing things for them. This helped encourage people to maintain skills and independence.
- People's private records were stored securely to ensure confidentiality and a confidentiality policy was in place that staff were aware of.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that services 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

- People's individual needs had been assessed and care plans developed to meet those needs.
- Care plans were detailed and provided very specific and clear information as to the support people needed, their preferences and how they wanted staff to support them.
- Information was available regarding people's health conditions. This helped to ensure staff were knowledgeable and able to identify when people may be symptomatic and what actions to take.
- People were able to choose the times of calls that suited them best, as well as the gender of carer they preferred to support them.
- Care plans were reviewed regularly and an electronic system prompted staff when the next review was due. Records showed that people and their relatives were fully involved in the creation and review of plans of care.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs.
- Staff supported people to access services, events and activities in the local community. For example, one person enjoyed going out for coffee, whilst another person was supported to the shops.

Improving care quality in response to complaints or concerns

- There was a complaints policy available to people and details of how to make complaints was included in people's care files.
- People and their relatives told us they knew how to make a complaint, they could call the office at any time if they had any issues and knew they would be resolved.
- The registered manager maintained a log of complaints received. All complaints received had been fully investigated and responded to in line with the providers policy.

End of life care and support

- Staff had access to training to help ensure they could support people effectively at the end of their lives.
- An end of life policy was available to guide staff in their practice and ensure support could be provided in line with best practice.
- The registered manager told us they worked with the community nurses and GP's during these times, to ensure people received appropriate care and support.

# 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.

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

- The service was run by the registered provider and registered manager.
- People and their relatives provided positive feedback about the quality of service they received. They said the service was managed well and the management team were approachable. One person told us, "They are known for being the best and always moving forward to remain the best."
- People could contact the office at any time and said the staff were always helpful. An on-call system was in place to ensure people's needs could be met out of hours.
- The provider had systems to recruit and retain staff. Staff told us they were regularly praised for the quality of their work and this made them feel valued and part of a team.
- The registered manager engaged with staff, people using the service and their relatives, to help ensure good communication and high-quality support.

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

- The registered manager and staff had a good understanding of their roles and responsibilities within the service.
- Staff felt well supported in their roles and told us they worked well together as a team. Their comments included, "The service we provide is down to the team of managers and trainers who give us the knowledge and support to go out to the clients to enable them to live as independently as they can in their own home", "I enjoy the work, it is fantastic, I have never looked back" and "This is my dream job. I have never worked for a better place."
- An out of hours system was in place to ensure people using the service and staff could always contact a senior member of staff.
- The registered manager was aware of incidents that CQC should be made aware of, but not all notifications had been submitted as required, such as safeguarding incidents. The registered manager assured us all relevant notifications would be made in future.
- The registered provider had displayed their rating within the office and on their website as required.

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

- Systems were in place to gather feedback from people and their relatives about the service. These included regular, scheduled phone calls, quality assurance surveys and complaints processes.
- Regular reviews were undertaken with people using the service to ensure their care plans remained

effective in meeting their needs and preferences.

- Staff meetings were held regularly to enable staff to share their views regarding the service and for the management team to share any updates, best practice, or general information regarding the service. Other professionals were also invited to staff meetings, such as the local fire service, to share information regarding best practice in their area.

#### Continuous learning and improving care

- The registered provider had systems in place to assess and monitor the quality and safety of the service. These included audits of care plans, medicine records and daily logs, as well as direct observation of staff in practice. The registered manager told us this system would be updated to include staff files, accidents and safeguarding referrals.
- When actions were identified through the audit system, we saw that they had been addressed to improve the service.
- The registered manager was looking at ways to further improve the quality monitoring of the service, such as the implementation of electronic call monitoring.
- Regular observations and spot checks were completed to ensure staff continued to provide high quality support.

#### Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people. This included working with commissioners and health and social care professionals.
- Referrals were made to other health and social care professionals for their specialist advice when needed, to ensure people's needs were met.