

Wakefield Home Care Limited

# Home Instead Senior Care - Wakefield

## Inspection report

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Tel: 01924565330

Date of inspection visit:

10 July 2019

16 July 2019

19 July 2019

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19 November 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 Wakefield is a privately-owned domiciliary care agency, which is part of the national Home Instead franchise. The service is available 24 hours a day, seven days a week, 365 days of the year. At the time of inspection, the agency was providing personal care support to eight people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

There was a strong person-centred culture within the service and staff told us they felt valued by the provider. Staff had a clear understanding of people's needs and had developed positive relationships with them and their families. People unanimously told us of how important the staff were to them and how much they enjoyed their relationships with them.

People were safe as staff were knowledgeable and aware of their individual needs. All staff could identify signs of possible abuse and neglect and knew how to report such concerns. Risk was managed on an individualised basis and risk assessments provided staff with clear guidance on how to manage potential risks to people's health and safety.

Appropriate recruitment checks had taken place before staff started work and there were enough staff available for operational purposes and to meet people's care and support needs. People's medicines were managed safely, and the service had procedures in place to reduce the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were fully consulted and involved in planning their care. Care documentation was person centred and informative which assisted staff to care for people safely and ensured people developed and retain their independence. There was good evidence of working with other healthcare professionals to ensure people received appropriate care and support.

The provider provided the staff team with leadership and promoted a strong team culture. They maintained good oversight of the service through clear lines of communication and a detailed schedule of audits and were passionate about continuing to improve the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This was the first inspection of the service since registration on 23 July 2018.

#### Why we inspected

This was a planned inspection based on our inspection programme.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

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 - Wakefield

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

At the time of inspection, the service did not have a manager registered with the Care Quality Commission in post as they had left the service in May 2019. However, we saw the provider was actively recruiting a new manager. Registered managers, like providers, 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 service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 10 July 2019 and ended on 19 July 2019. We visited the office location on 16 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in

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

#### During the inspection

We spoke with five people who used the service or their relatives about their experience of the care and support provided. We spoke with seven members of staff including the provider, the administrator and five support workers. At the office base we spent time looking at people's care plans, we also reviewed staff records and various documents relating to the service's quality assurance systems.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe with staff from Home Instead providing my care and support. My carers are wonderful and always make sure I am safe and content before they leave." Another person said, "I was worried about having someone in my house but the carers are kind and considerate and make me feel at ease."
- Staff and the provider told us they would report any concerns they had to the provider, the local authority's safeguarding team and CQC if they needed to.
- There had not been any concerns of abuse since registration.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. These included areas such as falls, moving and handling and medicines and provided staff with information about the actions to take to minimise the chance of accidents occurring.
- Staff told us they were provided with all relevant information about potential risks to people. They demonstrated a good understanding of the risks to individuals and their management and were aware of any equipment or aids people required to keep them safe.

Staffing and recruitment

- The provider confirmed that wherever possible staff designated to provide their care and support were introduced to the person prior to the service starting. Staffing arrangements were kept under review and the people were made aware they could choose to change their carer if wished to do so for any reason.
- Staff were employed to work with specific people rather than to be generic support workers. This meant they were assessed as to how well they would interact and promote the wellbeing of the person based on their own knowledge and skills.
- People told us they received continuity of care. One person said, "We have regular carers and because of this we have built up a relationship based on mutual trust and respect." Another person said, "I chose the staff I wanted to support me rather than someone just turning up and that is what is so unique about the service".
- Robust recruitment procedures were in place. These included completed application forms, employment references, evidence that criminal record checks had been carried out, health declarations and proof of identification.

Using medicines safely

- Some people looked after their own medicines and some people required support from staff to take

medicines. Where people required support to take their medicines this was recorded in their care plans.

- People had individual medication administration records (MARs). We saw MARs were returned to the office to be audited to ensure people received their medication as prescribed.
- Training records confirmed that staff had received training on the administration of medicines and staff's competence in administering medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.

#### Preventing and controlling infection

- Personal protective equipment (PPE) was always available for staff. Staff told us there were plentiful supplies of PPE. This protected people from the risk of acquiring an infection.
- The provider had infection control procedures in place. People were protected from the risk of infection.

#### Learning lessons when things go wrong.

- The provider understood the importance of reporting, recording, monitoring and learning from accidents and incidents.
- Where appropriate, accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.



# Is the service effective?

## Our findings

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

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

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

- Care records documented the involvement of people, their relatives and where appropriate any health and social care professionals. This ensured all the person's needs were considered and addressed.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. People told us staff were well trained. One person said, "The staff are friendly but always act in a professional manner when providing care and support."
- Staff told us they had completed a comprehensive induction training programme, were up to date with their mandatory training and received regular supervision and annual appraisals.
- The provider told us staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed staff had completed training relevant to people's needs.

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

- People were supported in line with the MCA. The provider confirmed if they had any concerns regarding a person's ability to decide they would work with the person, their relatives and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

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

- People's meal preferences and any support they required from staff with eating and drinking was recorded in their care files. One person said, "Staff know what I like, and dislike and I would struggle to manage without their support."
- Staff said when they cooked meals for people it was recorded in the person's care plan. Examples were given of how staff sometimes cook a larger than required quantity of food for people so some could be frozen and eaten later.
- One staff member told us they supported one person on a regular basis. They said, "[Name] really wants to lose weight so we have given them advice on healthy eating. However, it is ultimately their choice if they wish to follow the advice."

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

- People were supported to attend health and other appointments if family members were unable to do so. The provider also told us they would arrange for health professionals to visit people in their own home if required. One person told us, "I am sure if I wasn't feeling well the staff would contact my doctor for me but thankfully I have never needed to ask." A member of staff told us, "We always make sure people's healthcare needs are met and would liaise with their families and healthcare professionals if we had any concerns at all."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 we spoke with told us the staff were caring, kind and considerate. One person said, "The carers are brilliant and go above and beyond what is actually in my care plan." Another person said, "I cannot fault the support I receive, both the management and staff are genuinely caring people who will go the extra mile to help you if they can." A relative told us, "Things the service do like cutting trees and liaising with their doctor means [person] is more than surviving and their quality of life is the best it can be for their situation."
- Through talking with staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- Staff told us people were at the heart of the service and they were motivated by the provider's values and commitment to deliver quality person-centred care and support. One staff member said, "[Name of provider] leads by example and is committed to ensuring people are at the very centre of everything we do, which I am afraid is not the philosophy of some of the agencies I have previously worked for."

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

- People told us they were involved in making decisions about their care and support and were confident their views were listened to, valued and acted upon. They felt 'in control' of the care and support provided and confirmed they had been consulted and actively involved in the writing and reviewing of their care plan. The care plans we looked at clearly demonstrated this. One person said, "I was fully involved in writing my care plan and would not have it any other way." Another person said, "My care plan is up to date and carers are quick to inform the office if I need anything changing."
- Care and support plans were written in a way that respected people's choices, wishes and individuality. This included signed consent forms, how they wished staff to address them and their preference regarding support from male or female care workers.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff protected their right to receive care and support in a dignified way. One relative told us, "We are extremely happy with the care; the staff respect [Name's] dignity and have established a good relationship with the family." Another relative said, "[Staff] formed a very therapeutic, caring and understanding relationship. They were able to perform intimate care and hygiene to the highest standard without causing any embarrassment."
- People's care plans outlined their abilities and aspects of their care they could undertake independently or with some help from staff. This encouraged staff to support people in a way that enabled them to retain

their independence. One person told us, "My independence has improved as [Staff] does not do everything for me, they encourage me to do things for myself."

- We saw the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

# Is the service responsive?

## Our findings

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

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

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

- People's needs were assessed before their support started and the provider told us they would only take on new people when they were sure they had capacity to provide the package of care they required.
- People told us they had been provided with information about the agency during the initial assessment visit and this had helped them decide if care workers had the right skills and experience to meet their needs.
- Staff told us people were at the heart of the service and they were motivated by the provider's values and commitment to deliver quality person-centred care and support. One staff member said, "[Name of provider] leads by example and is committed to ensuring people are at the very centre of everything we do, which I am afraid is not the philosophy of some of the agencies I have previously worked for."
- We saw care plans were person centred and contained guidance about people's personal preferences and how they liked to be supported. They also provided staff with a clear overview of the level of support and tasks required at each visit. We saw daily records were completed by staff detailing the care and support they had provided during each visit and these were returned to the office for audit purposes.
- People told us the service was highly responsive to any changes in their care needs. One person said, "(Name of provider) will go out of their way to accommodate any changes we request to the service, what more could you ask for."
- People's care plans and risk assessments had been kept under regular review. This ensured it remained relevant and enabled staff to monitor how well outcomes were being met. A relative told us, "[Name] care plan is reviewed on a regular basis to meet their changing needs which I find very reassuring."
- The provider described a number of instances whereby the service had supported people who had been taken into hospital. For example, one person's family lived some considerable distance away and asked whether a staff member could accompany the person's partner to visit the person who was terminally ill. The staff member stayed with the person's partner after the person had past away until family members arrived.

Meeting people's communication needs

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

- People's communication needs were recorded and highlighted in their care plans.
- The provider told us if people required information in larger print or different formats or languages they would ensure this was provided.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and confirmed they operated an open door policy and culture where people and their relative's felt able to raise issues.
- People told us they were aware of the complaints procedure and knew how to make a complaint. One person said, "I would just ring the office if I was concerned about anything but I have never had the need to do so."
- Complaints records we looked at showed two complaints/concerns had been received since registration both of which had been managed appropriately.
- The service had received a number of written compliments regarding the quality of care provided. Comments included, "[Staff] is so good at balancing being friendly and providing a professional service", "It is obvious you take great care to select carers and we certainly feel that we have confidence in them. They support [Name] with good humour, respect and in a very caring way" and "I do think you are providing a service that is reliable and offers high quality care."

#### End of life care and support

- At the time of inspection no one required end of life care. However, the provider told us end of life care plans would be put in place if appropriate, which would include people's wishes. They confirmed the care plan include information on the whereabouts of any 'Do not attempt cardiopulmonary resuscitation' orders (DNACPR) in place, to ensure people's wishes were carried out.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- At the time of inspection, the service did not have a manager registered with the Care Quality Commission in post as they had left the service in May 2019. However, we saw the provider was actively recruiting a new manager and they confirmed they would continue to manage the service until a new manager was appointed. Through discussion with the provider it was clear recruiting the right manager was of paramount importance to ensure they shared the same vision for the future development of the service.
- People told us the provider was approachable and they could contact them at any time if they had any concerns or just wanted to discuss their care and support. One person said [Name of provider] is always available to call even if I have only a minor issue and the lady in the office is always polite, professional and friendly when I contact them."
- There was a clear leadership structure within the service. All the staff we spoke with told us that the communication between the office and staff was effective, open and transparent. They felt involved and well informed of any changes or developments within the service.
- There was a strong focus on identifying and developing staff within a culture where staff's skills and expertise were identified, nurtured and developed.
- One staff member said, "I feel valued and know if I make a suggestion (Name of provider) will take it seriously and not just dismiss it." Another staff member said, "This is best agency I have ever worked for. You are made to feel an important part of the team and (Name of provider) actually listens to what you have to say and is interested in your ideas about how the service might be improved."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. They told us they would be open and transparent with people, their relatives and professionals if things went wrong.

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

- The provider demonstrated a good understanding of people's needs and the needs of the staffing team. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were also aware of the legal requirement to display their current CQC rating at the office and on their website once awarded.
- There was an electronic monitoring system to record staff arrival and leaving times at a person's house

which was consistently monitored throughout the day by the service. This technology also enabled named care staff time sheets to be provided to people and where appropriate, family members.

- The provider audited people's care plans and risk assessments, the daily reports completed by staff and people's medication administration records on a regular basis so that action could be taken quickly to address any areas of concern.
- Records showed the provider also carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan.

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

- People and staff were engaged and involved with the service. People's views and opinions were sought through service reviews and regular contact with the provider. Staff's views were obtained through their communications with the provider and more formally through their one to one supervision meetings.

Continuous learning and improving care

- The provider had clear procedures in place that were followed in practice to monitor, review and ensure personalised care was provided. They regularly checked that people were happy with the service they received so any concerns could be dealt with before they developed into a complaint. Any feedback received was used as an opportunity to improve the service.
- The provider told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

Working in partnership with others

- The provider told us the service worked in partnership with health and social care professionals to plan and deliver an effective service for the people they cared for.