

Moorlands Home Care Limited

# Home Instead Senior Care Leek and Moorlands

## Inspection report

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10 January 2017

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We completed an announced inspection at Home Instead on 09 January 2017 and 10 January 2017. This is the first ratings inspection since the service registered at a new location on the 11 September 2015.

Home Instead Senior Care are registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported 30 people in their own homes.

There were two registered managers at the service. 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. We were told that one of the registered managers would be de-registering with us as they no longer undertook the role of registered manager at the service.

Staff and the registered manager understood their responsibilities to keep people safe where abuse may be suspected.

People's risks were assessed. Staff knew people's needs and carried out support in a safe way whilst they ensured that people's independence was promoted.

There was a system in place to monitor incidents and accidents and actions had been taken to lower the risk of further occurrences.

There were enough suitably qualified staff available to meet people's assessed needs. The provider had an effective system in place to monitor the staffing levels against the needs of people who used the service.

We found that people's medicines were managed and monitored in a way that kept people safe from harm.

Staff received training which was updated regularly to ensure they had the knowledge and skills required to meet people's needs effectively.

People consented to their care and where they were unable to consent mental capacity assessments had been carried out in line with the Mental Capacity Act 2005 (MCA). Staff showed they understood and applied the requirements of the MCA. This ensured that when people had the ability to make decisions for themselves, their decisions were respected. It also ensured decisions were made in people's best interests if they were unable to do this for themselves.

People were supported to eat and drink sufficient amounts and staff understood people's nutritional needs and preferences when they supported people with their diet.

People were supported to access health professionals and referrals for advice were sought by the registered manager, which ensured people's health and wellbeing was maintained.

People received care that was caring and compassionate and they were enabled to make choices about their care. People's dignity was maintained when they received support from staff.

People were involved in the planning and review of their care, which was planned and carried out in a way that met their preferences.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to complaints.

People and staff were able to approach the registered manager and director. Staff felt supported to carry out their role.

Feedback was sought from people and staff, which was acted on by the registered manager to make improvements to the quality of care people received.

Effective systems were in place to assess, monitor and manage the service. The registered manager was committed to making improvements to the quality of the service.

## 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.

People were protected from the risk of harm, because staff were aware of the signs of abuse and the actions they needed to take.

People's risks were planned, managed and monitored to keep people safe.

There were enough staff available to meet people's needs who had received appropriate checks to ensure they were suitable to provide support.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff completed an induction and received regular training to ensure they had the knowledge and the skills to provide effective support.

People consented to their care and where people were unable to make certain decisions assessments were in place to ensure they were supported in their best interests.

People were supported with their nutritional needs and were supported to gain health advice where required.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring and compassionate staff. People were able to build positive and trusting relationships with staff in a relaxed atmosphere.

People were supported in line with their choices in a dignified and respectful way.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised support by consistent staff who knew people well.

People and their relatives were involved in the planning and reviewing of their care.

There was a complaints policy available, which people understood and complaints received had been acted on appropriately.

### **Is the service well-led?**

The service was well led.

People and staff felt that the director and manager were approachable and took account of their views.

Feedback was sought from people and staff to inform service delivery and make improvements where required.

There were effective systems in place to monitor and manage the quality of the care provided.

There was a clear oversight of the quality of the service provided by the director and provider. The director was committed to providing a high quality service.

**Good** ●

# Home Instead Senior Care Leek and Moorlands

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 January 2017 and 10 January 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of one inspector.

We asked the provider to complete 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 improvements they plan to make. We used the returned PIR to help in the planning of our inspection. We reviewed other information that we held about the service. This included notifications we received about incidents and events that had occurred at the service, which the provider was required to send us by law. We also looked at questionnaires that we had received from people who used the service and professionals to help us plan the inspection.

We spoke with seven people who used the service and four relatives, five care staff, the registered manager and the director. We viewed six records about people's care and medicine records. We also viewed records that showed how the service was managed, which included staff training, induction records and records that showed how the service was monitored and managed.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe when they were being supported by staff. One person said, "I feel safe with staff. I couldn't do things without them and they all treat me in a nice way". Staff were able to explain how they supported people to remain safe and the action they would take if they felt someone was at risk of abuse. Staff told us that they would report any concerns that someone was not being treated properly to the registered manager immediately. We spoke with the registered manager who told us the procedures they followed if they had been made aware of suspected abuse. They were aware of the professionals that they needed to inform and we saw that where there had been concerns about a person's safety they had reported this as required. This meant that people were protected from the risk of harm.

People and relatives told us that staff knew how to help them safely. One person said, "The staff keep me safe because I can be unsteady on my feet so they stand behind me in case I stumble when I am walking with my frame". One relative told us, "I know my relative is safe with the carers, which gives me assurance when I am not about". Staff were able to explain how they supported people to reduce risks whilst they promoted people's independence. One staff member said, "People's risks are all documented in the care plans, which I follow. For example, one person is at risk of falling and I know they need me to provide support and encouragement to lower the risk of falling". We viewed records that showed people had been assessed for risks to their health and wellbeing. These included people who were at risk of falls, risks to a deterioration of people's skin and possible risks within the person's home. The assessments gave staff information and guidance on how people's individual risks needed to be managed.

We saw that accidents that had occurred whilst people were using the service were recorded by staff and monitored by the registered manager. We saw that the registered manager analysed accidents for any trends, which ensured the appropriate action had been taken to lower the risk of a further occurrence. For example, a person had become unsteady when they were being supported to use equipment to help them stand. We saw that this had been identified and the care records had been updated to ensure that staff used a safety belt when using the equipment. Staff we spoke with were aware of the change in this person's care.

People we spoke with told us that there was enough staff available to support them and that they stayed for the required time as assessed in the care plan. One person told us, "The time keeping is good, carers come at the time I want and stay for the amount of time I need too. I've never had any problems". Another person said, "I get the same carers every day and if another carer has to come to cover holidays I am always introduced to them before they provide care". Staff told us that they felt there was enough staff available to meet people's needs. One staff member said, "I think there is enough staff and we are never rushed. It's nice we get chance to have a chat with people as well as providing care". Another member of staff said, "We all cover for each other on our little team of local runs, so if someone is off people have a small number of carers visiting who they know". We spoke with the registered manager who told us that they had a good team of staff and where there was sickness at late notice the permanent staff covered the hours to provide consistency in care for people. We saw that the provider had a system in place to assess the amount of staff required against the needs of people. This meant that there were sufficient staff available to meet people's needs and the provider had a system in place to assess these levels regularly.

We saw that the provider had a recruitment policy in place and the registered manager had followed safe recruitment procedures. The registered manager had undertaken checks to ensure staff employed at the service were suitable to provide support to vulnerable people. The provider actively promoted the recruitment of staff to their service and regularly attended recruitment events.

People told us that staff helped them with their medicines. One person said, "The carers remind me to take my medicines. I would forget otherwise as I haven't got a good memory these days". Staff we spoke with told us that they felt competent to support people with their medicines and regularly received competency checks to ensure they were administering medicines correctly. The records we viewed confirmed this. One staff member said, "I feel confident supporting people with medicines. We have regular updates in training and a senior member of staff comes and checks that we are giving medicines correctly". We viewed medication administration records (MARs) for people who were supported with their medicines. We saw that staff had recorded when medicines had been administered and when creams had been applied. This meant that people were protected from harm because medicines were administered, recorded and managed safely.



# Is the service effective?

## Our findings

People and their relatives told us that they were involved in the planning of their care and they consented to their care and treatment. One person said, "A member of staff visited me before I had any care staff. They asked me lots of things about what I need help with and things I liked and disliked. It was very thorough". A relative said, "I am kept informed of any concerns with my relative and I was invited to support my relative with their assessment". Staff told us how they supported people to understand the care that was being provided. One member of staff said, "Some people I support are quite independent but this can change so I always ask on a day to day basis what people need. I never provide support without checking its okay first". Records we viewed confirmed that people had consented to their care and had been involved in the assessment of their needs.

People we spoke with told us that staff prepared meals and drinks for them. People told us that staff knew what they liked and that they always made sure they prepared food the way they liked it and there was always a drink available. One person said, "Staff always make sure I have enough to drink. They always leave me enough to last until their next visit". Another person said, "Staff prepare my breakfast for me. They know exactly what I like to have as they know me well now". Staff we spoke with were aware of people's dietary needs and how they needed to support people to eat and drink in line with their preferences. For example, one person's care plan stated that they only liked a certain drink and staff we spoke with were aware of this, which ensured that people were supported to drink sufficient amounts in line with their preferences.

People told us that staff knew how to support them if they felt unwell. One person said, "Staff know when I'm unwell, they know me well. If I'm not well they ring my relative or make me an appointment to see a doctor if needed". Staff we spoke with explained the actions they took if they thought a person's health had deteriorated. Staff told us that they could tell if people were unwell because of their physical signs but also by their emotional wellbeing, for example; if someone was quieter than usual or they were lethargic. We viewed the daily records of people who used the service and saw where staff had informed the office if they felt a person was unwell and found that the appropriate professional had been involved. This meant that people were supported to have access to health professionals when needed.

Staff and the registered manager understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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. Staff were aware of the actions they needed to take when a person lacked capacity to make decisions. One staff member said, "It is important to assume that people have capacity to make decisions and I always make sure I speak clearly so they understand and can give consent to the care. If I felt a person was unable to make decisions I would refer to the manager so that an assessment can be carried out in their best interests". We saw that mental capacity assessments had been completed for people. These gave staff guidance on how to support people in their best interests when people were unable to make informed decisions in certain areas of their care. For example; where people lacked the capacity to safely manage

their finances and medication mental capacity assessments were in place. The registered manager told us the actions they would take to ensure people who lacked capacity were assessed by the appropriate professionals so that decisions were made in their best interests.

Staff told us they had received an induction before they provided support to people on their own. One member of staff told us, "The induction I received was very good and detailed. I undertook training and I shadowed another member of staff and was introduced to people I would be supporting before I started to provide care on my own". Staff told us that they had received training, which was updated regularly and the records confirmed what staff told us. We saw that the director had provided dementia training forums for relatives to attend so they had a better understanding of their relative's condition. We saw that where people had attended the training they had completed feedback forms. The comments included; "Good talking to other people" and "It was helpful learning about the stages of dementia". This meant that the director had identified that relatives would benefit from having an understanding of the conditions their relatives had been diagnosed with.

## Is the service caring?

### Our findings

People we spoke with told us that staff were caring and compassionate toward them. The comments we received from people and relatives included; "My carer is excellent, very caring and patient with me", and "All the staff are very nice to me", and "We have built up a trusting relationship with the carers and they have been caring and patient in helping us come to terms with needing help in our own home". Staff told us how they made sure people felt important and cared for. One member of staff said, "I always make sure I am mindful that I am in someone else's home. The organisation ensures carers have plenty of time so we can sit and chat with people and we can provide companionship as well as task focused care. I have built a good relationship with the people I care for ". Another member of staff said, "I love helping people and making them feel safe and cared for. To make people happy and get a smile when you have helped people is such a good feeling. I feel like I make a difference to people".

People told us that they were treated with dignity and respect when staff were supporting them. One person said, "Staff always make sure I feel comfortable with the way they help me. It can be embarrassing when you first have carers but they have always put me at ease and give me privacy". Another person said, "I'm quite independent and can do a lot of things for myself, but when I do need to have help carers are respectful of my wishes and make me feel comfortable". Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. One staff member said, "I make sure people are supported to maintain their privacy. I talk people through the support and ask if they are okay with me helping them. I make sure any personal care is provided in private to protect people's dignity".

People were given choices in the support they had and they told us staff always asked them what they needed. One person said, "The staff always ask me what I want and they listen to me. They have never done anything I don't want them to do. I'm comfortable with the staff and know they respect my wishes". Another person said, "I choose lots of things as I know what I want. The carers have a good idea of my choices as they know me well but they always ask me". Staff told us that they asked people before they provided support and took account of their wishes. One staff member said, "I always ask people what they want doing at each visit because people's independence can vary and they may need more help on one day than another, so I ask them and give them the choice". The care records we viewed detailed how support needed to be provided and were personalised to people's individual likes and dislikes, for example; how much support was needed and people's preferred times for their care to be delivered. Records showed that people were supported by staff at their preferred time and people told us that staff were on time.

We saw compliments received from people and their relatives about the way staff provided care. The comments included; "Many thanks for the excellent care", and "During these last few months you have treated my relative with dignity and compassion in a calm manner", and "We were no longer worried about our relative, knowing your friendly faces were calling four times a day".

## Is the service responsive?

### Our findings

People told us that their preferences were taken into account. One person said, "They know me well and know what I like". Another person said, "I was asked what time I wanted and I get the time that I prefer". Staff we spoke with knew people's preferences and were able to describe how people liked to be supported to maintain their independence, such as food choices and how people liked their care to be provided. Staff also understood different people's individual routines and people's hobbies and interests. People and staff told us that they had similar interests as each other, which they talked about when they visited. The care coordinator explained that people and staff were matched with interests where possible. For example; some people had an interest in football and a staff member with the same interests supported them, which meant they could have discussions around this area. This meant that people were supported by staff that knew them well and care was provided in a way that met people's individual needs.

People and relatives told us they had been involved in the reviews of their care and changes had been made to their care when people's needs had changed. A relative said, "We were involved when my relative first had the care and we are kept informed of any concerns or changes. We have been invited to reviews and the staff are always asking if my relative is happy with the care provided". We saw that where people's care had been reviewed and their needs had changed, the registered manager had made changes to the care plans in place. For example; one person had started to refuse food and fluids. Staff told us that they recorded the amounts of food and fluid to ensure this person ate and drank enough. Their weight was recorded so that staff could alert other professionals if needed. We saw that the records had been updated to ensure that they reflected the changes in this person's needs.

People told us that carers arrived on time and they had consistent carers who they knew well. The comments we received from people included; "I get the same carer and I know them really well. They are lovely and I look forward to seeing them", and "Staff come at the time I have asked they stay the amount of time they should do. We have time to have a chat and talk about our favourite television programmes". A relative said, "It is really re-assuring that my relative has the same member of staff because it is difficult having somebody different in their home, but we all know the carer and trust them". People and staff told us that when a new member of staff was recruited they were introduced to people they would be supporting before they provided care so that people knew who would be attending. The records we viewed showed that people received their care at a time that they preferred by a consistent group of carers.

People and their relatives told us that they knew how to complain and they would approach the staff or the registered manager if they had any concerns. One person said, "I'd complain if I needed to without a problem. I haven't had to though it's all been okay" Another person said, "I've had a few niggles, but I've spoken to staff and they have been sorted. I was happy with how it was handled". Staff told us they would pass any complaints onto the office and recorded any concerns in the daily notes. There was a complaints policy in place that formed part of the service user guide that was given to people when they started to use the service. We saw that there was a system in place to record and monitor complaints, which had been responded to in line with the provider's policy.

## Is the service well-led?

### Our findings

People told us that the registered manager and director were approachable. They felt able to raise any issues they had and knew these would be dealt with appropriately. One person said, "When I have spoken with both managers they have always been helpful and made me feel comfortable. I don't like to be a bother, but they put me at ease when I speak with them". Staff we spoke with told us that the registered manager and the director were approachable and listened to any issues or feedback about people they supported or the service provision. One member of staff told us, "I often approach the registered manager and the director. They act in a way that makes me feel comfortable to ask for advice or support". For example; one member of staff told us that they were unsure about an issue whilst covering the out of hours 'on call' system. They told us that the registered manager was available and gave helpful advice and also took some of the responsibility to follow up on the issue that had been raised. Staff told us they received supervision and they found the opportunity to discuss issues useful. One member of staff said, "The supervisions are really good, it gives me time to sit down and think about the care we provide. I always feel listened to and if I have raised anything it is dealt with. ".

People told us they were asked for feedback regularly in the form of telephone calls, a yearly survey and at their care reviews. The records we viewed showed that the feedback received from people about the service was positive. We saw that the quality assurance telephone calls contained compliments about the service provided such as; "Happy with the care provided. Caring and professional staff", and "Staff go above and beyond their duties to help". This showed that people's feedback and experiences were monitored to help inform service delivery.

Staff were asked for feedback in the form of a survey and we saw that feedback received was acted on to make changes to the effectiveness of the service delivery. For example; staff had fed back that communication within the office was not always effective. We saw that in response to this the provider and the registered manager had implemented a daily meeting to ensure that the communication improved. Staff told us that communication had improved and we saw records that showed these meetings were regular and discussed various areas of service delivery such as, risks, care plans, on call issues and scheduling. The registered manager and the provider stated that this had been effective in improving communication and said, "It's proven to be a very good idea, we wouldn't want to work without it now". This meant that staff feedback was gained and acted on to make improvements.

Staff were enthusiastic about their role and told us the registered manager promoted the values and involved staff with the improvements to the service. One member of staff said, "I understand the values of the service; to promote dignity and individuality. The registered manager also values our opinions, which makes us feel that our views matter". Staff and the registered manager also told us that there was a system in place to gain recognition for good practice, which builds staff morale within the service.

The registered manager and the director were enthusiastic about the role that the service had in making a difference in people's lives and were actively looking for ways to improve the service to provide high quality and effective care to people. For example, we saw that the director had implemented a risk register within

their local business continuity report. This showed people's risks and the support they would need in the event of an emergency and meant that people would be supported quickly if this occurred. The director told us that this tool was important to ensure that people receive care that meets their needs if there was an event that stopped the service working effectively. This showed that the director had considered the effect on people in such an event and ensured there was a system in place to ensure people had the support they required.

Staff told us that a senior member of staff had undertaken checks on their performance whilst they were providing care to people and when they had undertaken training. Staff told us that these checks were useful and it meant that they could improve if they were not carrying out the care as required. The records we viewed showed that regular checks were undertaken on staff performance and the outcome of the observations had been discussed with the member of staff.

We saw that the registered manager had a system to assess and monitor the quality of care provided. There were audits in place that showed actions required in various areas, such as medicine management, training, risk assessments and care delivery. For example we saw that the registered manager had undertaken monthly audits of care files and noted any changes in people's health and wellbeing and we saw actions had been taken to ensure the care records were updated. We also saw medicine audits that showed the action that had been taken where there had been gaps in recording and the registered manager had spoken with staff to prevent a re-occurrence. The medicine records we looked at after this had been raised showed there had been improvements in recording by staff. This meant that the systems in place to monitor and manage the service were effective.

We saw that the director had completed a monthly report on the service delivery to ensure that the registered manager was undertaking their responsibilities and to ensure people were happy with the care. The director reviewed the quality assurance audits and ensured action had been taken to make improvements. For example; one person had stated they did not receive a schedule to inform them on the staff who would be visiting. We saw the director had spoken with the person and the member of staff who completed the scheduling to ensure that this person received a copy of the schedule in future. The franchiser also carried out a 12 monthly audit at the service to check that the director was undertaking their role and responsibilities effectively. This meant that the director and franchiser had a good overview of the service provided.