

South Yorkshire Senior Care Services Limited

Sheffield South Home

Instead

Inspection report

Room 6, Shirley House
Psalter Lane,
Sheffield
S11 8YL

Tel: 01142469666
Website: www.homeinstead.co.uk/sheffield-south

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27 February 2023

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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? | Outstanding ☆ |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Sheffield South Home Instead is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 20 people using the service.

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

People were supported by staff who were highly motivated and looked for new opportunities to support people to maximise their quality of life and independence in an exceptionally person centred way. The provider had gone the extra mile to forge strong links within the local communities to support people to lead fulfilling lives.

The provider had systems in place to safeguard people from the risk of abuse. Staff were able to raise concerns with the registered manager and were confident they would take swift and appropriate actions to keep people safe.

Staff were recruited safely and completed a thorough induction programme prior to commencement of their role. Care plans clearly documented risks associated with people's care and staff were given guidance to ensure risks were mitigated. The registered manager ensured lessons were learnt when things went wrong. Systems in place to monitor medicines were robust and ensured people received their medicines as prescribed.

People's needs were assessed, and care and support was delivered in line with people's needs and choices. Staff received good quality training which assisted them to carry out their role competently. Regular support visits and supervision sessions were carried out by the management team. This ensured staff felt well supported.

Staff worked effectively alongside other health care professionals to support people's health and wellbeing. People and relatives were complimentary about the way staff and health care professionals worked together to provide a seamless service which met their needs in a timely way.

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.

The provider had systems in place to monitor the quality of the service and used this process to learn and improve the service. The provider engaged with people well and gave them the opportunity to be involved in

the development of the service.

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

Rating at last inspection

This service was registered with us on 8 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Sheffield South Home Instead

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 February 2023 and ended on 8 March 2023.

What we did before inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 6 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, and care workers. We reviewed a range of records including 2 people's care records and medication records. We also reviewed a variety of records relating to the management of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

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 of 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

- The service had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff received training which gave them the skills required to recognise, report and record concerns. Staff were confident any concerns raised with the management team would be swiftly addressed to ensure people were kept safe.
- The registered manager kept a record of any safeguarding concerns and ensured lessons were learnt.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and managed to keep people safe.
- Risk assessments in place clearly detailed the support people required to safely manage risks without restrictions being placed on their freedoms.

Staffing and recruitment

- The provider had a robust recruitment policy and process which helped them recruit suitable staff. This included obtaining pre-employment checks such as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they were supported by staff who visited them regularly and were confident they would arrive on time. One relative said, "We discussed at the beginning what times suits [relative] best and wherever possible, barring emergencies on the carers side, it works really well."

Using medicines safely

- People received their medicines as prescribed, by staff who were competent to administer medicines.
- Medication administration records were in place and checked regularly by the registered manager to ensure they were accurate.
- People told us they received their medicines on time and the staff signed to say they had been administered. One person said, "Nothing is too much trouble for any of them [staff]. I am a bit forgetful these days, so the carers do my tablets for me and they [staff] always make sure that I take them. That's really good and I don't need to worry anymore."

Preventing and controlling infection

- The provider had systems in place to ensure they responded effectively to risks and signs of infection.
- Staff had access to personal protective equipment (PPE) and were encouraged to use this as required. Staff were issued with a 'boot bag' which contained PPE.

- The provider made sure infection outbreaks can be effectively prevented or managed.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider was keen to learn when things went wrong. The registered manager analysed accidents and incidents, identified trends and patterns and looked at changes that could be made to mitigate future events.

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

- The provider ensured people's needs were assessed and care delivered supported people's needs and preferences.
- Information gathered during the care consultation was used to develop care plans to ensure support was delivered in line with people's needs and preferences. The registered manager said, "Following the care consultation we build a care plan around the dates and times they [people] would like. We agree when we can start the service and arrange for them to meet the carer."
- Sometimes, the service had started as companionship and led to personal care being offered when people had built up a relationship of trust with the staff.

Staff support: induction, training, skills and experience

- Staff received a thorough induction followed by a training programme which continued throughout their employment.
- Staff received support to carry out their role effectively. The registered manager told us staff received 5 'touch points' a year. This included 2 support visits, 2 supervisions sessions, and an appraisal. Staff told us they felt valued and supported and enjoyed their role.
- Sheffield South Home Instead had a confidential Employee Assistance Programme that offered professional advice, practical information, resources and counselling to staff as required.
- People were confident staff were trained to carry out their role safely. One person said, "The impression I get is the staff receive good training and excellent support from the management." A relative said, "The carers come in twice a day to move my [relative], who is moved using a hoist. At first it was a moveable hoist (the carers who come received training in its use). Now we had fitted a tracking hoist, and this enables [relative] to be moved more easily, again the staff received onsite training in its use."

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

- Some people required assistance to maintain a healthy diet. Where this support was required, care plans clearly indicated the support people needed.
- Staff also made drinks and snacks available and at easy reach in between their visits, so people had access to what they needed. One person said, "They [staff] make sure that I have everything I could possibly need before they leave. I have those ready meals in the freezer, and we chose every day what I am going to have. Sometimes I don't always want one, so they make something I do want."

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

- The provider demonstrated they worked with other professionals to ensure timely and effective care was in place. One relative said, "The district nurse arrived as I was speaking to [staff] and as the carers were up to date with everything, they were able to work with them [district nurse]."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff were knowledgeable about MCA and DoLS and where people lacked capacity, decisions were made in their best interests.
- Where required, people were being supported in line with MCA.

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; respecting equality and diversity

- People received care and support from staff who respected them and treated them well. One relative said, "It's all about [relative] and as long as [relative] is satisfied I am completely happy." Another relative said, "We were asked if we mind having both male and female carers and we said no, but we didn't want all male and up to now that has been the case."
- Staff were keen to support people in line with their wishes. One staff member said, "I treat clients as individuals and fit care to their individual needs."

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

- People were supported to express their views and were involved in their care and support right from their assessment.
- People were given full autonomy over their care. For example, at the care consultation, people were asked what time they would like their support and the provider worked around them to ensure calls occurred when people wanted them.
- Staff ensured people were given choices about what to wear, eat and how to spend their day.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were kind and caring and felt nothing was too much trouble for them. People felt their dignity was maintained and felt treated with the upmost respect.
- Staff knew how to maintain people's privacy and dignity by closing curtains and doors and ensuring conversations were not overheard.
- People were supported to be as independent as possible, maintaining life skills. One staff member said, "I never take control. If the person is competent to be independent, I'll just be there for support."

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received extremely high-quality support which fully embraced their needs, expectations and preferences. One person said, "It's brilliant I can't fault anything about them [provider]. The carers are wonderful. It's like being looked after by a family member but better." Another person said, "I love my carers, they have become real friends, they really care about me as an individual." A relative said, "I would recommend the service and I have done. This gives me peace of mind knowing that my [relative] is being given the best care." Another relative said, "We have great input from the start, from management and the carers who are all fantastic, it's as though some one has tailored them to my [relatives] needs. I have total confidence in everything they [staff] do."
- The provider ensured people's needs were reviewed regularly. One relative said, "[Relatives] condition changes regularly so their care plan needs to be reviewed very regularly. This is good especially if one of our regular carers is unable to come. We never get sent a carer who has never been before, but this allows one who hasn't been for a few weeks to get an update on [relatives] needs."
- Professionals were complimentary about the service and how they supported people. One professional said, "Home instead have worked to build a rapport with my client. Initially the person wouldn't accept any care and gradually has become more accepting of support."
- Staff knew people extremely well and were keen to provide person centred care. We asked staff what person centred care meant and were told, "It's care that is tailored to suit the service user. Bearing in mind their abilities, vulnerabilities, disabilities, preferences, care should be first and foremost suit the service user," and, "The person needs to be the centre of all care plans, delivery of service and evaluation. Each care plan needs to be written for an individual's specific needs and requirements."
- People were highly complementary about the person-centred care they received. One person said, "Brilliant that's what they [staff] are, I can't believe the difference it's made to me having them [staff] coming in. Its something I look forward to every day." A relative said, "I can't praise enough what the carers and management do for us. It gives me peace of mind knowing my [relative] is happy and safe."
- The provider went the extra mile to ensure staff were matched with people who shared the same interests and hobbies. This ensured people received an extremely high-quality service from staff who they were confident and comfortable with and who could truly share common interests. One relative said, "There is no doubt that the carers have been well matched to [relative]." Another relative said, "If a new carer is brought onboard, they come to meet [relative] and unless [relative] is happy it goes no further."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider placed a great deal of emphasis on finding out people's hobbies and interest and supporting people to achieve their outcome. For example, the provider made sure one person living with dementia met their friends in a local pub safely.
- The provider had been quick to identify that some people had become socially isolated as a result of the pandemic and had taken action to address this. For example, the provider had worked alongside a local football club in tackling loneliness and isolation by providing a weekly activity-based workshop. This was open to the local community and people could access a range of different sessions such as Zumba and bingo. This had been extremely valued by people who went along and had opened up new interests and relieved isolation.
- Staff provided people with exceptional support to maintain relationships and be involved in activities of interest. One staff member said, "Some service users like to go to church on a Sunday and require a carer to take them. I used to go to a lady who visited her husband's grave monthly to take flowers and would take her and be her comforter."
- The provider had devised a WOW guide (What's on Where) as a response to their awareness that some people became socially isolated during the pandemic. This made people aware of local events and groups available in the area.
- Staff assisted people to use technology to maintain community links. For example, watching live recordings of church services and accessing support groups as well as contacting family and friends.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider fully understood the need to assist people to communicate well and promoted equality.
- Before a care package commenced, a full and comprehensive care consultation took place to understand people's needs and the support people needed to communicate effectively. One relative said, "My [relative] has aphasia and everything takes so much longer but the carers don't hurry [relative] in any way. The carers and [relative] seem to have developed their own way of communicating, this is really helped by [relative] having the same regular carers."
- Care plan documentation included extremely thorough information regarding people's communication needs. For example, 1 person's communication plan explained how they used body language and facial expressions to communicate their feelings.
- During training, the provider explored communication and as an example, they use glasses to demonstrate macular degeneration and cataracts among other training exercises. The management team observe staff (support visits) in people's homes and work with them to ensure they understand people's needs and how to support them.
- The provider ensured people had access to information in formats they understood. For example, documents could be provided in large print or braille.
- Staff had access to laptops and iPads to show people information digitally and/or to play videos of information to people. All documents could be emailed to people on request.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints procedure and took concerns seriously. Any concerns raised were fully investigated and outcomes for people were sought.
- People felt at ease to raise issues with the management team and staff and were extremely confident their

concerns would be actioned. One person said, "I would feel confident in ringing up and discussing any issues if we had any and I am sure they would be sort It."

- People and relatives, we spoke with did not have any concerns and were extremely satisfied with the service. One relative said, "I couldn't be happier with how it works for us. The company and the carers are very reliable and efficient, nothing is a trouble to any of the carers and also the management. I can get through if I need to speak to someone in the office and who ever answers sorts things out for me."

End of life care and support

- The service provided an in-depth training package ensured staff were well trained and supported to deliver end of life care when required.

- End of life care packages were only considered after consultation with staff who had completed the providers enhanced training. Only staff with a passion to provide end of life care were considered.

- One staff member supported someone through this stage of life and communicated well with family members to ensure their religious needs were fully met.

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

- There was a strong emphasis on promoting a positive, person centred culture throughout the organisation. People were empowered to achieve good outcomes and were at the centre of their care and support.
- Staff were knowledgeable about person centred care and were dedicated in ensuring people received support when and how they wanted it.
- People and their relatives were complimentary about the staff and management team. One relative said, "I am very happy with how the service looks after my [relative]. From the management to the carers nothing is a trouble to any of them."

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

- The provider had several systems in place to obtain feedback from people. For example, people had 'touch points' which included care consultations, service reviews and face to face meetings which gave them the opportunity to feedback about their experience of the service. Ideas and suggestions for improvement were used to develop the service.
- The provider produced regular newsletters for staff and people. These contained updates about the organisation and information about new staff and activities in the local community.
- Feedback forms were also used to obtain comments from staff, people and other stakeholders.
- People and their relatives were involved with the service and told us they felt their suggestions were listened to. One relative said, "I couldn't be any happier with the company, the manager is very approachable and will try to accommodate any changes that I need to make with the call times for my [relative]." Another relative said, "I regularly get a call from the manager just checking that everything is ok for us. For us it's a first class service."

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

- Systems were in place to audit and review the service to ensure the quality of care and support was monitored effectively.
- Spot checks were carried out to ensure staff were following care plans and carrying out their role in line

with training they had received. Staff were given feedback to identify what they were doing well and how they could develop.

- The registered manager and staff understood their roles and responsibilities and were committed to being open and honest with people when things went wrong.

Working in partnership with others

- The provider could evidence they were working in partnership with other professionals. One professional said, "I have found [registered manager] to be approachable, knowledgeable and very caring. She has worked with me to try and find the best approach to support my client in a person-centred way."