Care Quality Commission

Liverpool and Sefton Homecare Limited

Home Instead Senior Care

Inspection report

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was carried out on 21st, 22nd and 26th May 2015. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

Home Instead Senior Care is a registered with the Care Quality Commission to provide personal care. The provider of this service is Liverpool and Sefton Homecare Limited.

Home Instead Senior Care office base is located in Liverpool, Merseyside. The office building was modern and accessible for people who required disabled access.

At the time of our inspection the service was supporting 40 people who were located in Liverpool and Sefton. The agency was providing a service for older people and this included people who may have a dementia, mental health needs, physical disability and sensory impairement.

An acting manager was in post. The acting manager had applied to the Care Quality Commission (CQC) for the position of registered manager. Following the inspection the acting manager became registered with us. A registered manager is a person who has registered with

Summary of findings

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.

Our findings showed care and support was provided to people in their own home on a flexible basis and in accordance with individual need. The amount of support provided varied and people were offered a service between several hours per day to 24 hour support, seven days per week if required.

People who received care and support from the agency provided us with very positive feedback. They said they received a reliable service and a very good standard of support from caring, kind and compassionate staff. People told us they felt safe in the way staff supported them and had confidence in the staff.

People who used the service received support from a consistent staff team and staff were matched to people with the same interests to help build a positive relationship. Sufficient numbers of staff were available to meet people's needs.

Some of the people who used the service were supported with their medicines and staff told us they were trained and felt confident to assist people with this. People's care plans included information about their needs with medication however the level of information varied. Staff completed handwritten medicine administration records for medicines administered.

Staff liaised with healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing.

People were provided with care and support according to their assessed need. People told us staff supported them with their diet and meals if they required this.

People gave consent to their plan of care and were involved in making decisions around their support. People's plan of care was subject to review to meet their changing needs. People received effective care that met their individual needs.

Staff told us they felt well informed about people's needs and how to meet them. Care plans were in place regarding people's needs and the level of support required.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's plan of care.

The acting manager had a clear knowledge and understanding of the Mental Capacity Act (MCA) 2005 and their roles and responsibilities linked to this. They were able to explain the process for assessing people's mental capacity and how they would ensure a decision was made in a person's best interests if this was required. The service working alongside other health and social care professionals and family members. This helped to ensure decisions were made in people's best interests.

Recruitment checks were in place. These checks were undertaken to make sure staff were suitable to work with vulnerable people.

Staff files contained training certificates and these showed staff training was up to date. The training programme provided staff with the knowledge and skills to support people. We saw systems were in place to provide staff support. This included monthly staff meetings, supervisions and an annual appraisal.

The agency had a whistleblowing policy, which was available to staff. Staff told us they would feel confident using it and that the appropriate action would be taken.

Staff we spoke with told us how much they enjoyed working for the service and were committed to providing an excellent service for people.

Systems and processes were in place to monitor the service and drive forward improvements. This included internal audits and also the provider had corporate audits which provided positive feedback about the service.

People's views had been sought through the use of questionnaires, as part of assuring 'excellence'. The overall feedback we received about the management of the service was very positive.

With regards to monitoring the safe management of medicines we discussed with the acting manager the development of a formal medicine audit to help assure safe medicine practices.

Summary of findings

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

Systems were in place to protect people the risk of abuse. Staff were aware of safeguarding vulnerable adults' procedures.

People told us they felt safe in the way staff supported them and had confidence in the staff.

Staffing levels were determined by the number of people using the agency and in accordance with people's needs.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their plan of care.

Medicines were administered safely to people.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff liaised with healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing

People told us staff supported them with their diet and meals if they required this.

People received effective care that met their individual needs.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their plan of care.

Staff received on-going training. The training programme provided staff with the knowledge and skills to support people. We saw systems were in place to provide staff support. This included monthly staff meetings, supervisions and an annual appraisal

Is the service caring?

Outstanding

The service was caring.

The acting manager and staff were committed to providing a very caring and compassionate service. This was reflected in their day-to-day practices.

Discussions with staff showed a genuine interest and a very caring attitude towards the people they supported.

Staff were very knowledgeable regarding people's needs, preferences and personal histories.

People were very pleased with the consistency of the staff team and they valued the care, support and companionship offered to them.

Summary of findings

Senior managers demonstrated a very clear understanding and commitment to providing person centred care. Staff were motivated and appeared proud to work for the service.

Is the service responsive?

Good

The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service.

Is the service well-led?

Good

The service was well-led.

Staff were clear as to their roles and responsibilities and the lines of accountability across the service.

Systems and processes were in place to monitor the service and drive forward improvements. This included internal audits and also corporate audits which provided positive feedback about the service.

People's views had been sought through the use of questionnaires, as part of assuring 'excellence'.

The overall feedback from people who used the service, relatives and staff was very positive about how the agency was managed.

Home Instead Senior Care

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.

The inspection was carried out over three days 21st, 22nd and 26th May 2015. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. The inspection team consisted of two adult social care inspectors.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make. Prior to the inspection we sent people who used the service a questionnaire. This asked them to tell us their experiences of Home Instead Senior Care.

At the time of the inspection the agency was supporting 40 people who required personal care. We contacted four people who used the service to seek their views about the agency. This included meeting three people in their own home. We also contacted eight family members and this included meeting two relatives. The inspection was conducted with the acting manager and we spoke with the responsible person for the organisation, a recruitment and retention co-ordindator and seven members of the care team. We received feedback from a health care professional following our inspection.

We viewed a range of records including, care documents for seven people who used the service, five staff personnel files, medicine records, records relating the running of the service and a number of the provider's policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe in their home when the staff were there. People reported, "I trust them implicitly, with my life – could not get better anywhere" and "I could not fault the girls who come here. I could not be in better hands." Relatives said, "I know mum's happy when the carers are there, I trust them implicitly, any problems I know they would ring me. They keep me in the loop" and "They have never missed a call, never been late and I know if they were going to be late they would ring."

Prior to the inspection we sent people who used the service a questionnaire. This asked them to tell us their experiences of Home Instead Senior Care. The feedback we received was positive and no one reported feeling unsafe.

The acting manager informed us they had sufficient numbers of staff to provide care and support to people in their own home. They advised the staffing numbers were adjusted to meet people's needs. We saw calls to people were arranged in geographic locations to cut down on travelling time. This decreased the risk of care staff not being able to make the agreed call time. Staff told us this was never a problem as they were given travelling time between the calls and were able to stay for the full duration of the call. People who received care and support from the agency told us the staff were on time and they received a reliable service. They informed us that in several cases the staff arrived early and at times stayed later. An electronic logging system monitored the times of visits to people.This helped to monitor the safety of people who used the service and the staff.

We saw the staff rota for May 2015 and this showed the call times and staff attendance. The staff we spoke with told us they received their staff rota in plenty of good time and were always informed of any changes in advance. We saw people were supported by small staff teams to help ensure consistency of care. Staff we spoke with told us the small staff teams worked well and this view was supported by the people we spoke with.

The service had an 'on call' system and people we spoke with told us they were able to contact the office at any time. Staff said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of 'normal' working hours.

Systems were in place to minimise the risk of abuse and the acting manager was aware of their responsibilities to report abuse to relevant agencies. Staff had access to an adult safeguarding policy and procedure and the Local Authority's safeguarding procedure. Staff told us they received safeguarding training on induction and as part of their on-going training programme. They told us their 'caregiver (staff) manual' provided information about safeguarding. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident.

We asked the acting manager to show us recruitment checks for staff and these showed robust measures were in place to ensure staff were suitable to work with vulnerable people. New staff had completed an application with a detailed employment record and between two and six references (professional and character) had been sought. The acting manager informed us that where possible six references, three professional and three character, were always requested in accordance with the service's recruitment policy. A staff member told us, "I had to provide six references before I started which is really hard to do but they insist on it as part of the security checks."

Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and records showed the date the prospective employee was interviewed. New staff were provided with a contract of employment and job description.

We looked at how the service supported people who required support with their medicines. Staff told us they had received medicine training and this provided them with the skills and knowledge to support people with their medicines. The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they required with medication. The information recorded varied in detail and did not always record the level of support people needed, including support for PRN (as required) medication. This was brought to the acting manager's attention. On the second day of the inspection we were shown care plans which had been updated to include the level of support people needed with their medicines. This

Good

Is the service safe?

was in accordance with support arrangements recorded in the service's medicine policy. The acting manager made arrangements to provide a copy of the medicine policy in people's homes for staff to refer to. The acting manager acted promptly to address our findings.

Handwritten medicine admininistration records were available for people who required support with their medicines. Handwritten entries were not counter signed by another member of staff. This safety checks would help to assure accuracy of the information recorded. We brought this to the attention of the acting manager and also discussed considering using pharmacy printed medicine administration records. This would help decrease the risk of error in how people's prescribed medicines were recorded. Medicine administration records recorded staff signatures for medicines administered.

Assessments were undertaken to assess risks to people who used the service. These included environmental risks and other risks relating to people's health and support needs. For example moving and handling a person safely in their own home. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff told us about the people they supported and if they had concerns about any aspect of care how they would report it. For example, if a person had a fall or was not eating or drinking well. They told us the benefits of a small consistent staff team meant any signs of a person being at risk were picked up early as they knew people's conditions well.

The acting manager informed us accidents/incident were reviewed to identify any trends or patterns. Spot checks by senior staff provided a means of identifying these; at the time of the inspection the acting manager informed us there had been no recent incidents. We saw an incident report from 2014 and this showed the actions taken to assure the person's safety and minimise the risk of re-occurrence. 'Near misses' were also recorded and reported through to the office.

Staff informed us they had access to protective clothing. For example, gloves and aprons when providing personal care and meal preparation.

Good

Is the service effective?

Our findings

People who used the service told us they were happy with the standard of care and support they received. People's comments included, "Everything that needs to be done they (staff) do and while they're doing it they are chatting to me. They are really professional I think" and "I could not do without them (staff). I depend on them. They have been coming a while now so they know exactly what I need."

Care documents provided information about people's medical conditions and the service liaised with health and social care professionals to support people if their health or support needs changed. Care files seen showed referrals to health and social care professionals had been made promptly by the staff. For example, GP, district nurse team and social services. Care plans were updated in a timely manner where a change in the care provision was required. A staff member reported, "I know the care plans get reviewed regularly and that helps make sure we are giving the care that's needed." A health care professional told us the agency provided a good standard of care and support for people in their own home.

We saw examples of the care and support provided by the staff and this included the provision of specific observation charts and equipment in their home to help ensure people received the right level of support. Staff told us they felt well informed about people's needs and how to meet them.

We looked at the training and support programme for the staff. Staff told us they received a very good level of support from the management; this included regular training and supervision meetings. Training was provided in statutory subjects such as, health and safety, moving and handling, safeguarding, medication, food hygiene, Mental Capacity Act 2005 and first aid. Staff comments included, "I did a three day induction when I started which included moving and handling, safeguarding and medication training and we have reviews every so often", "I feel skilled to do my work" and "We get lots of training and guidance." During induction staff were shadowed by experienced staff, as they became familiar with the service and the needs of people they supported.

The acting manager told us the staff had key performance indicators for their job role and these were reviewed on a regular basis to monitor staff development and performance. Staff files contained training certificates and these showed staff training was up to date. Supervision meetings were held every three months and staff had an appraisal. Staff support included regular staff meetings. We saw an agenda for a meeting which was structured and covered a number of areas including staff training, medicine records, confidentiality and whistle blowing.

Staff received specific training to support people with more complex needs. For example, stoma care, supporting people nearing the end of life and dementia. The acting manager informed us staff would only support people with more complex needs once they had completed the training and felt confident in delivering the care and support. This view was supported by staff we spoke with.

NVQ (National Vocational Qualifications)/Diploma in Care was on-going for staff as part of their formal learning and development. The acting manager informed us approximately 80% of staff held a formal care qualification.

The acting manager was able to demonstrate an understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) (MCA) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The acting manager and staff had undertaken training in the Mental Capacity Act and the acting manager told us they carried out mental capacity assessments for people who used the service. We saw examples of these assessments and also the service working alongside other health and social care professionals and family members. This helped to ensure decisions were made in people's best interests.

People who used the service were asked to consent to care and support and had signed to say they were in agreement with their plan of care. Staff told us they asked for people's consent before assisting them. They said emphasis was placed on providing individual assistance and maintaining and promoting people's independence.

Staff told us they offered dietary support when needed and they would report to the acting manager and/or family if they had concerns about a person's loss of appetite. A person who used the service told us they were supported by the staff around purchasing their preferred foods.

Outstanding ☆

Is the service caring?

Our findings

We asked people who used the agency if they thought the service was caring. People said it was very caring and their comments included, "The girls that come here are very mature and know what they are doing, they are so patient and respectful" and "I could not fault the carers, they are wonderful. I call them my little angels because that's what they are." Relatives' comments included, "I can't praise the carers enough, they know what they are doing and their do their jobs well", "Having carers has helped my (family member) stay in her own home. They are very caring and my (family member) looks forward to them coming in to see them, "The carers are absolutely top-notch, no doubt about it" and "Care given in the home to our (family member) is excellent." People were very pleased with the consistency of the staff team and they valued the care, support and companionship offered to them.

Six people who used the service and a relative responded to our questionnaires and we received positive feedback about the agency. Overall our discussions with people who used the service and relatives was very positive with much emphasis on the caring approach of staff and the very good standard of care and support.

Staff were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to care documents and were given time to read them and to ask questions about people's care plans. They felt this was an important part of getting to know what mattered to people. We saw people's consent had been sought around decisions about their care package and level of support required.

Staff told us privacy, dignity and confidentiality were discussed on induction and that this formed an integral part of the organisation's training programme. A staff member said, "The agency expects high standards at all times." The dignity training looked at various elements of care. This included personal care and how to maintain a person's dignity at all times. Staff told us their care practices were observed by senior staff when they started and through the on-going training programme. This was to ensure staff were caring for people in a respectful and dignified manner. Staff told us male clients were asked if they would prefer a male member of staff to assist them with personal care, as a mark of respect.

Staff announced their arrival at people's homes and knocked before entering. We observed staff using people's preferred name and supporting them in a polite and courteous manner. Staff chatted freely to people and there was plenty of good humour and positive interaction.

At the point of recruitment the acting manager informed us staff were employed for their compassion and commitment to provide excellent standards of care. The feedback we received strongly affirmed this view, as people and relatives told us this was reflected in the staff's day-to- day practices. Discussions with staff showed a genuine interest and very caring attitude towards the people they supported. Staff told us, "I am a caring person and I take care of people as if they were my own parents", "I love my job and I do it to the best of my ability. We get regular spot checks to make sure we are giving good care,", "I like to stay longer and talk with people and their families, it's very important to spend time with them" and It's a wonderful job and I enjoy providing care."

The PIR recorded, 'Caregivers (staff) working on a one-to-one basis with clients, building a relationship of trust and friendship, this starts with a caregiver introduction through our matching process'. Staff told us they were always introduced to people before providing care and support and had time to get to the know people. We were given examples of how staff were matched with people who used the service who had the same interests and also small teams of staff were allocated to each person. This was seen as an important element of building solid relationships based on trust and friendship. The acting manager was able to demonstrate the improvement in people's wellbeing by providing a consistent team of staff. The PIR advised us "we always endeavour to maintain a 1:1 ratio of clients to caregivers (staff). Staff said this really helped them to get to know people and to understand what was important to them and how they wish to be treated. These measures showed the service were willing to go that 'bit extra' to ensure care was delivered on a more individualised basis.

Senior managers demonstrated a very clear understanding and commitment to providing person centred care. Person centred care ensures people receive care and support tailored to their individual need. Staff told us the ways in which the calls to people were arranged made a difference,

Outstanding ☆

Is the service caring?

as they were able to spend quality time with people, they were not rushed and the standard of care not compromised. This was confirmed by the people and relatives we spoke with.

The acting manager carried out checks on people's care records to ensure any actions required were acted upon promptly. For example, the acting manager had helped to organise an increase in a person's care package to improve their wellbeing. We saw that regular reviews were held with people so they could share their opinions and views about the service. Staff told us the importance of listening to people as they felt this helped to improve their practice and provide a better service.

We were shown an example of good practice around staff training which heightened staff's awareness of people's needs and the challenges they face. For example, staff tried on glasses which had been shaded, so that it gave them an understanding of what it was like to be partially sighted.

A matching report identified staff who knew people well and shared the same interests. This helped continuity of care. Staff we spoke with told us this worked very well.

Staff met with relatives on a regular basis and we saw good support systems for them. For example, relatives were invited to attend dementia workshops to help understand dementia and the care provision.

The acting manager informed us they were able to provide support for people who were reaching the end of life. The agency had links with a local hospice for guidance and support. Twenty staff had completed an end of life course to develop their skills and knowledge in this area.

The acting manager was aware of how to contact local advocacy services should a person who used the service require this support.

Good

Is the service responsive?

Our findings

We asked people who used the service if staff were responsive to their needs. People told us they were. One person told us about the support they received and how the staff had been working with another health professional to help improve their condition. Another person told us about the staff rota and how this was always made available to them. They said, "The same carers come all the time but I just like to know who is coming and when." A relative told us how a member of staff had responded to their relative being unwell. They said, "(staff) took over and could not have done more. (Staff) rang the doctor who came out, then rang the office who rang me and (staff) stayed there until I got to the house. Wonderful and really professional." Another relative reported, "When the manager first came to see us we told them what we needed and they listened." The relative went on to say their family member received the care they needed.

People who used the service had a care file. Staff completed an initial review sheet with people who wished to use the service and their relatives where appropriate. This helped to build up a picture of people's needs and how they wanted their support given. People had a plan of care based on assessed need. A plan of care records people's care needs and instructions to staff on how to provide care and support in accordance with individual need. We found the content of people's care plans varied in detail. We discussed this with the acting manager as to how better record information to make them more person centred. On the second day of our inspection we were shown a number of care plans which had been updated and these provided a more rounded picture of people's care and support and how they wanted this given. Along with people's plan of care, risk assessments and daily records were in place. The daily records provided an over view of the care and support given by the staff.

People's care was subject to regular review with them and with relatives where appropriate. For example, for one person, following a review the staff had arranged a specialist piece of equipment to aid the person's communication and help achieve more independence for them. For another person, the care plan had been updated following a medication review by their GP.

Discussions with staff, our observations and feedback from people who used the service and relatives showed that the staff knew people well and staff respected people's choices and decisions about their support needs.

Information about how to contact the agency out of normal working hours was made available to people who used the service. Staff told us what actions they would take in an emergency and this involved always reporting an incident to senior staff on call. A staff member said, "Any accidents I would call the doctor if I needed to and then ring the office and fill in the form on the care plan. It's important to record everything."

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. A relative said, "We have never had to complain because everything has been really top class but we have been given the office number to ring if we need anything." The acting manager told us if a complaint was received it would be investigated and lessons learnt shared with the staff.

The service has systems in place to help monitor how the service operated and to enable people and relatives to share their views and make suggestions. This included the provision of satisfaction questionnaires, the results of which were analysed and shared with the staff.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had an acting manager in post. The acting manager had applied to the Care Quality Commission (CQC) for the position of registered manager. Following the inspection the acting manager became registered with us. The staff told us the acting manager was “Excellent”, “Supportive”, “Well liked” and “Did a great job.” Feedback from the staff was positive regarding how the service was managed and how people’s needs were put first.

With regards to providing feedback about the service a person said, “I have completed surveys and always take part in my care plan reviews. So yes, I feel really involved in my care plan.” Relatives’ comments included, “I need to go to hospital every other week for a check-up and they (staff) sit in for me and I don’t have to worry about a thing. I trust them with my life,” and “I heard good reports about Home Instead, that’s why we went with them. They are so professional and keep in touch and let me know what’s happening. I really feel my point of view matters to them.”

The service had a seasonal newsletter and this was distributed to people who used the agency as a means of giving up to date news and report events.

Staff were supported by senior staff and this included care co-ordinators, team leaders and office staff. We saw the service had an effective management structure. There were clear lines of accountability and ways of working and the roles and responsibilities of staff were clearly defined. Staff told us the responsible person for the agency was actively involved in the service and we found this to be the case. A staff member said, “I am never alone, there is always someone to call if I was worried about a client.”

The agency had systems and processes in place to monitor the service and drive forward improvements. This included regular staff and management meetings and also a daily huddle to discuss events from the night before, concerns and any new issues arising. Care plans were audited (checked) and spot checks were undertaken in people’s homes to make sure they were happy with the care provision and also to monitor staff performance. The spot checks were carried out every three months and discussed at staff supervision meetings. The acting manager told us if issues were identified extra staff training and support was provided.

With regards to auditing medicines practices there was no formal medicine audit however the acting manager informed us checks of medicine records were undertaken and staff practices observed if this corresponded with the time of the spot check. This was confirmed by staff we spoke with. The provider’s corporate audit completed earlier this year highlighted some discrepancies around recording the level of medicine support for people who used the service. The acting manager informed us an action plan had been drawn up to address the issues. We discussed undertaking a more formal internal medicine audits to help monitor safe medicine practices.

We saw a number of policies and procedures which were provided by the national office. These were updated in accordance with ‘best practice’ and current legislation. A policy a day was made available to staff to refresh their knowledge around the chosen topic. Staff told us a number of policies were discussed at staff induction and through their on-going learning.

Support systems for staff were in place. Staff attended regular staff meetings and phone calls to staff took place every two weeks to check on staff welfare and to identify any training needs or support. We also saw staff were acknowledged for their hard work. The acting manager told us “We do care about the staff.” Staff told us management were very supportive.

People's views had been sought through the use of questionnaires, as part of assuring ‘excellence’. This provided feedback in areas such as staff interaction, communication, ‘caregivers (staff) going the extra mile and ‘caregiver taking an interest in me’. Overall the percentages and comments made indicated a high level of satisfaction for the service. Where actions had been needed these had been taken.

The agency had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel confident in using it and that the appropriate action would be taken.