

Warrington Care Services Limited







Home Instead Senior Care

Inspection report

CU16 Warrington Care Services,
Warrington Business Park,
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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	

Overall summary

This inspection was unannounced and took place on the 9 March 2015. A second day of the inspection took place on the 10 March 2015 in order to gather additional information.

The agency was previously inspected in April 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

(Warrington Care Services Ltd /Ta Home Instead Senior Care) is a domiciliary care service. The agency provides

personal care to people with a range of care needs within their own homes. The agency is managed from offices based within Warrington Business Park near the centre of Warrington. At the time of our inspection the service was providing the regulated activity of 'personal care' to approximately 43 people.

Summary of findings

The Warrington local office is operated on a franchise basis and is part of a network of other local offices of Home Instead Senior Care that operate in Great Britain and beyond.

At the time of the inspection there was a registered manager at Home Instead Senior Care. 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.

Home Instead Senior Care had a registered manager in place that had been in post for approximately two years. The registered manager (also the owner of the franchise) was present during the two days of our inspection and engaged positively in the inspection process, together with other members of the office management team and staff.

People who used the service were of the opinion that the service was caring and that their care needs were met by the provider. Comments received included: "The carers are trained very well"; "If ever I had a concern I would speak to the staff"; "You could not replace the girls [staff]. They do what they have to and more besides. They have made my life better"; "We trust them and they [staff] are

very supportive"; "They are very flexible. I can leave them and if there is a problem they will deal with it. This gives me peace of mind"; "The carers do more than enough"; "The carers meet my father's needs" and "The consistency of staff is excellent."

Records showed that the needs of prospective service users had been assessed prior to using the agency. Care plans and risk assessments had also been completed to ensure staff understood how to meet individual needs and keep people safe.

Staff had access to induction, mandatory and other training that was relevant to their roles and responsibilities. Staff spoken with also confirmed that they had received formal supervision at regular intervals.

Systems had been established to obtain feedback from people using the service and staff via annual surveys, quality assurance visits and supervisor spot checks. The national office of Home Instead also undertook internal auditing to monitor and review the standard of service delivered by the agency.

The provider had developed a 'complaints policy and procedure' and people using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue of concern acted upon promptly.

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?

The service was safe.

Policies and procedures were in place to inform staff about safeguarding vulnerable adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

People using the service confirmed they felt safe from harm. Risk assessments were in place so that staff were aware of how to control and minimise potential risks.

Recruitment procedures provided appropriate safeguards for people using the service and ensured people were being cared for by staff that were suitable to work with vulnerable people.

Good



Is the service effective?

The service was effective.

People using the service that were spoken with were of the opinion that their care needs were met by the provider.

Staff had access to induction, mandatory and other training that was relevant to their roles and responsibilities. Staff spoken with also confirmed that they had received formal supervision at regular intervals.

Management and staff were aware of the need to promote people using the service to have a healthy lifestyle and to maintain hydration and good nutritional intake. Systems were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

Good



Is the service caring?

The service was caring.

Feedback received from people using the service confirmed the service was caring.

Staff spoken with told us that they had received training on the value base of social care as part of their induction training which had helped them to understand how to provide person centred care and respect people as individuals.

Good



Is the service responsive?

The service was responsive.

Feedback received confirmed people were generally of the view that the service was responsive to their needs.

Records showed people using the service had their needs assessed, planned for and reviewed by the agency.

People told us that in the event they needed to raise a concern they were confident they would be listened to and the issue of concern acted upon promptly. Records of concerns and complaints, action taken and outcomes were available for reference.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service had a registered manager in place that had been in post for approximately two years. The manager demonstrated a strong commitment to the organisations value base.

A range of systems had been established to seek feedback from people using the service, their representatives and staff. For example, the head office of Home Instead had commissioned a market research company to undertake an annual survey.

Service reviews, quality assurance visits and supervisor spot checks were also undertaken throughout the year to monitor the standard of service and care provided.

Good



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 checked 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 took place on 09 March 2015 and was announced. A second day of the inspection took place on 10 March 2015 in order to gather additional information. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The inspection was undertaken by two adult social care inspectors 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.

Before the inspection the provider completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about (Warrington Care Services Ltd /Ta Home Instead Senior Care). We also looked at all the information which the Care Quality

Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We invited the local authority to provide us with any information they held about (Warrington Care Services Ltd /Ta Home Instead Senior Care). We took any information provided to us into account.

During the site visit we met with the nominated individual who is the registered manager of (Warrington Care Services Ltd /Ta Home Instead Senior Care). The expert by experience contacted 10 people using the service and eight family members by telephone. One inspector undertook home visits to four people who used the service and spoke with two staff. Another inspector spoke with two staff, a recruitment and retention coordinator, a care coordinator and the assistant manager whilst at the agency's office. We also sent a sample of people using the service, community professionals and staff a questionnaire about their experiences and received 20 responses.

We looked at a range of records including six care plans belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; five staff files; minutes of meetings; complaint and safeguarding logs; visit schedules; staff deployment systems and training and audit documentation.

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided by Home Instead Senior Care to be safe.

People spoken with confirmed that they felt safe and some people qualified this. For example, we received comments such as: “I am happy with the service. I feel safe. They would not take anything from me” and “The carers encourage me to take a shower so I do while they are here. It makes me feel safer.”

We visited four people at home and requested to view their ‘client journals’ (a file kept within each service user’s home) which contained a range of information relevant to the service provided by the agency.

We saw that each file contained a range of risk assessments relating to the physical health of each service user, their moving and handling needs and their home environment. We noted that there was limited space to record details of the action required in order to minimise risk.

At the time of our inspection the service was providing personal care to approximately 43 people. We looked at the electronic systems and manual records used by the agency to deploy staff resources with the care coordinator. We noted that staff were allocated travelling time between each visit and this was confirmed in discussion with people using the service and their representatives.

We were informed that the agency had 45 staff, that were responsible for the delivery of personal care. We saw that wherever possible the care coordinator endeavoured to deploy the same staff to support people using the service however this could sometimes change due to annual leave, sickness, staff training or when staff had moved on to new jobs.

The registered manager and care coordinator reported that the agency had sufficient capacity to meet the needs of the people using the service. A business continuity plan was in place, however this was in need of development and review.

The registered provider (Home Instead Senior Care) had developed a recruitment and selection policy to provide guidance to management on recruitment processes. We looked at a sample of five staff files. In all files we found that there were: application forms; interview records; a

diversity development form (which included a question related to physical and mental health); references, disclosure and barring service checks and proofs of identity including photographs. All the staff files we reviewed provided evidence that the registered manager had completed the necessary checks before people were deployed to work with vulnerable adults. This helped protect people against the risks of unsuitable staff.

The registered provider had developed internal policies and procedures to provide guidance to staff on ‘safeguarding’ and ‘whistle blowing’. A copy of the local authority’s safeguarding procedures was also in place for staff to reference.

Discussion with the provider and recruitment and retention coordinator, together with examination of training records confirmed staff had completed ‘safeguarding of vulnerable adults’ training as part of their induction. When we talked with staff they also confirmed that they had received this training via the agency and were provided with a laminated card with details of how to recognise and report abuse internally and how to whistle blow to external agencies. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

Staff spoken with demonstrated awareness of the concept of abuse, awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated a sound awareness of how to whistle blow, should the need arise.

The Care Quality Commission (CQC) had received no whistleblowing concerns since the last inspection in April 2013.

Information we reviewed prior to the inspection provided evidence that the registered manager had a history of reporting safeguarding incidents to all relevant authorities including CQC. This helped to ensure measures were put in place, where necessary to protect the safety of people who used the service and others.

We viewed the safeguarding records for the agency. There was a safeguarding tracking log in place which indicated that there had been one safeguarding referral made by the agency since the last inspection.

Is the service safe?

Records confirmed that safeguarding concerns received by the agency had been referred to the local authority's safeguarding unit in accordance with the organisation's procedures.

The agency had a medication policy and procedures in place to provide guidance to staff responsible for the administration of medication to people using the service.

Examination of training records and discussion with staff confirmed staff responsible for the administration of medication had received medication training as part of their induction training which was refreshed periodically. Staff responsible for administering medication also received medication competency observations prior to the administration of medication and periodically thereafter.

We received permission to visit four people at home and used the opportunity to review the arrangements for managing medication.

We noted that the agency reviewed risks associated with the administration of medication as part of the physical health risk assessment. Likewise, the level of support people using the service required with medication was assessed as part of the initial assessment and was included within each person's care plan.

The manager reported that the agency worked closely with one dispensing pharmacist to ensure a responsive service. We saw that medication administration records (MAR) were produced by the pharmacist and completed by staff following the administration of medication. We noted some minor recording issues. For example, one person had been on a short course of medication and there was no entry to identify when the course of medication had been completed. Likewise, we noted that another person's medication administration record detailed that medication should be administered at 08:00 am and carers did not arrive until 10:00 am. Furthermore, in another case the level of assistance required with medication had been amended on a care plan to level 1 (required prompt) from level 2 (required administration) when in reality staff were administering. We raised these findings with the management team who agreed to address the issues raised. Similar issues were noted following the agency's recent quality support audit and an action plan was in place to address the issues.

Records were available to confirm that the manager reviewed personal care files on a monthly basis. This included a review of MAR records to monitor medication management and recording issues.

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided by Home Instead Senior care to be effective.

We received positive feedback which confirmed people spoken with were of the opinion that their care needs were met by the provider. Comments received included: “The carers are trained very well”; “If ever I had a concern I would speak to the staff”; “You could not replace the girls [staff]. They do what they have to and more besides. They have made my life better”; “We trust them and they [staff] are very supportive”; “They are very flexible. I can leave them and if there is a problem they will deal with it. This gives me peace of mind”; “The carers do more than enough”; “While we were on holiday the carers took mum out to a garden centre and to lunch. She receives lots of support so she is able to stay in her own home”; “The carers meet my father’s needs” and “The consistency of staff is excellent.”

Examination of training records and discussion with the registered manager, recruitment and retention coordinator and staff confirmed staff had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities.

Staff spoken with reported that they had received an ‘employee handbook’ and a ‘caregiver [staff] manual’ which contained key information on the agency and policies and procedures that were relevant to their role and responsibilities.

We noted that new staff undertook induction training that consisted of three modules that were linked to the Skills for Care Common Induction Standards (a comprehensive induction that takes account of recognised standards within the adult social care sector).

The agency also provided staff with on-going and refresher training in the eight common induction standards via e-learning. Training topics covered via induction training included: Moving and Handling; First Aid; Food Hygiene; Safeguarding; Health and Safety; Hand Hygiene and Diversity and Equality.

Additional training provided for staff included medication, dementia, catheter care and mental capacity. Level two

and / or three national vocational / diploma in health and social care qualifications had also been completed by 11 staff. A further eight additional staff had also been registered to complete the training.

Some gaps were noted for mental capacity; dementia and catheter care training. Likewise, the training matrix did not identify the date that staff had completed fire training however we noted that this subject had been covered within module one of the induction training.

We raised these issues with the registered manager who reported that mental capacity e-learning would be completed for all outstanding staff by April 2015 and that all staff responsible for caring for people with catheter care needs had completed the training.

We saw minutes of office staff and caregiver [staff] meetings which had taken place at weekly and quarterly intervals respectively. On-call meetings were also coordinated on a monthly basis. Staff spoken with confirmed that they had also received formal supervision and records of first supervision, introduction, training and shadowing and periodic supervision records were stored within files viewed. We noted that the frequency of staff supervisions was variable.

We saw that the agency had a corporate policy in place entitled ‘Mental Capacity’ that included guidance on best interest decisions. We saw that there was also a section relating to obtaining consent within the medication policy and procedure.

We noted that systems were in place to liaise with the local authority should a mental capacity assessment be required and an awareness from the management team of the need to liaise closely with the local authority; other professionals; formal appointees and relatives should the need arise. The provider also maintained a list of people using the service who had Power of Attorney for their affairs.

We looked at six ‘client journals’ (a file kept within each service user’s home) to see if the provider had obtained the consent of the people using the service to the care being provided for them or if their relatives had signed an agreement to the care being provided to their family member. We saw that people using the service had signed consent forms and confirmed agreement with the information contained within their care plans.

Is the service effective?

We spoke with the management team and staff regarding the promotion of healthcare, hydration and good nutritional intake within the context of person-centred care and respecting people's rights to choose what they eat and drink.

We noted a record of dietary intake was maintained as part of each service user's notes and that staff had received

training on the ageing process, particularly with respect to digestion, the urinary system and the importance of eating healthily and hydration as part of the induction programme.

Staff spoken with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going basis. Systems were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

Is the service caring?

Our findings

We asked people who used the service or their relatives if they found the service provided by Home Instead Senior Care to be caring. Feedback received was positive and confirmed people spoken with were of the opinion that the service they received was caring.

For example, comments received included: “I am very pleased with the service. The girls [staff] are kind and respectful”; “The carers are very friendly and they make me feel comfortable”; “I can talk to them [staff]. They always listen and understand”; “The carers shower me. They are very respectful and dignified with me”; “The staff are kind and caring. They chat to me and make me feel better”; “The ladies [staff] are very kind, caring and professional. They explain and coax my father to do things”; “The carers that come have a good relationship with us”; “The care is excellent”; “The carers are top quality” and “The care givers [staff] are very good and very helpful”.

Staff told us that they were given time to read people’s initial assessments, care plans, risk assessments and other

key records prior to supporting people. Staff were also provided with introductory time to help them to build relationships and gain an understanding of the needs of people using the service and how best to support them.

‘Client journals’ (a file kept within each service user’s home) showed that people had been involved in providing personal information and agreeing and reviewing the support they received. Systems were also in place to regularly gather the views of people who used the service or their representatives via surveys, service reviews, quality assurance and spot checks.

We asked staff how they promoted dignity and privacy when providing care to people using the service. Staff spoken with told us that they had received training on the value base of social care as part of their induction training which had helped them to understand how to provide person centred care, respect people as individuals and maintain confidentiality.

Staff were able to give examples of how they promoted good care practice such as knocking on doors and waiting for permission before entering people’s homes; speaking people using their preferred name; asking people how they wished for care and support to be delivered before offering assistance and promoting independence and wellbeing.

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided by Home Instead Senior Care to be responsive to their needs.

Feedback received confirmed people were generally of the view that the service was responsive to their need.

Comments received included: “They take me out for a walk, they are very reliable”; “They always arrive on time”; “I have no concerns”; “The carers are kind and caring and always on time”; “The carers make sure my husband has his medication on time”; “The carers have made a vast improvement to my uncles life”; “I am very pleased with the service. The carers are very kind to my wife. She is quite poorly and sometimes it can take quite a while to get her out of bed. They are very patient and understanding”; “The carers support my mum to be independent. They hold the cup for her but allow her to drink herself” and “The carers give lots of social input”.

We visited four people at home and requested to view their client journals (a file kept within each service user’s home) as part of the visit. We found copies of documentation that had been developed by the provider within each file. Files viewed were set out well with an index system and were easy to follow.

Files viewed contained a range of information such as: signed agreements for the service, medication (where appropriate) and data protection; statement of purpose and emergency and advocacy contact information; service user information; initial assessments; care plans; risk assessments; required services information; activity log sheets; medication administration records; expenditure records; key form, visitor records; accident and incident reports and quality assurance information. This information ensured people using the service had access to important information on the agency and helped staff to deliver person centred care.

The provider had developed a ‘complaints policy and procedure’ to provide guidance to people using the service and their representatives on the procedures to follow. A copy of the procedures was included within the client journals.

We reviewed the agency’s complaints file and tracking log. Records indicated that the agency had received three complaints since the last inspection. Records of the incidents, associated correspondence, action taken and outcomes were available for reference. This confirmed the agency had acted upon concerns and complaints.

People using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue of concern acted upon promptly.

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided by Home Instead Senior Care to be well led.

Comments received included: “The service is amazing. I have never had any concerns”; “I cannot fault this service”; “The service is excellent”; “There were a couple of hiccups in the past but they were dealt with quickly and efficiently”; “Every two or three months a member of staff comes out to discuss my relatives needs and to see if there is any more they can do”; “The service is well led. I have had conversations and e-mails. They turn up when they say they will. If they have to cancel for some reason they will offer an alternative but this is very rare”; “The management puts my mind at rest” and “The management pay attention to detail”.

Home Instead Senior Care had a registered manager in place that had been in post for approximately two years. The registered manager (also the owner of the franchise) was present during the two days of our inspection and engaged positively in the inspection process, together with other members of the office management team and staff.

Discussion with the registered manager confirmed she had senior management experience in the adult social care sector. At the time of our inspection the manager had not completed the Level five Diploma in Leadership for Health and Social Care in Adult Services. The manager reported that it was her intention to register to undertake this course.

Staff spoken with reported that the registered manager was approachable and supportive. Feedback included: “Melissa is caring and supportive”; “Melissa is absolutely marvellous” and “I feel very valued.”

The manager demonstrated a strong commitment to the organisations value base and one employee stated “Melissa is a great manager. She is so committed to the service and takes her role and responsibilities very seriously.”

The provider had developed a range of mechanisms to seek feedback from people using the service, their representatives and staff. For example, the head office of

Home Instead had commissioned a market research company to undertake an annual survey during June 2014. This involved the distribution of surveys to people using the service and staff. A summary of the results and an action plan had been produced to ensure the on-going development of the service.

Furthermore, the national office of Home Instead had also undertaken quality support audits of the service on an annual basis. This was last completed in February 2015. The audit identified that the ratio of staff to service users was quite low and this could have the potential to cause difficulties when scheduling or taking on new business. The registered manager confirmed that the agency continued to recruit new staff to address this issue.

Service reviews, quality assurance visits and supervisor spot checks were also undertaken throughout the year to monitor the standard of service and care provided.

We noted that the agency did not have a comprehensive auditing system in place for monitoring medication. Records were however available to confirm that the manager reviewed personal care files on a monthly basis. This included a review of MAR records to monitor medication management and recording issues.

Information on Home Instead Senior Care had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service. A copy of this document together with information on emergency numbers and the names and contact details of office staff was included within each person’s ‘client journal’.

We noted that the registered manager had made efforts to develop community links and partnership working with a range of organisations including: the dementia alliance steering group; dignity champions network; Warrington disability partnership; elderly care network; a GP practice; later life and memory service and other voluntary sector associations to promote the agency and to share and receive information.

A business continuity plan was in place however this was in need of further development, to ensure an appropriate response in the event of a major incident.