

Fernbank House Limited

# Home Instead Senior Care Kirklees

## 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 14 February 2017 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Home Instead Senior Care - Kirklees is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 47 people receiving a service.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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. The registered manager was present and assisted us during the inspection.

People said they felt safe and staff treated them well. The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Procedures were in place to support people where risks to their health and welfare had been identified. Appropriate recruitment checks took place before staff started work. People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service. People's care files included assessments relating to their dietary support needs.

People were provided with appropriate information about the service. People and their relatives said staff were kind and caring and their privacy and dignity was respected. They had been consulted about their care and support needs and care plans were in place that provided information for staff on how to support people to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys. The provider carried out unannounced spot checks to make sure people were supported in line with their plans of care. Staff said they enjoyed working at the service and they received good support from the registered manager.

## 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.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

There were sufficient numbers of staff and recruitment processes were in place to make sure that people were protected from staff being employed who were not suitable.

People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

### Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Staff were supported in their roles through regular supervision and an annual appraisal.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences.

### Is the service caring?

Good ●

The service was caring.

People had built up caring and positive relationships with staff

who supported them on a regular basis.

Staff knew people well and understood their likes, dislikes and preferences and supported them in their preferred way and promoted their independence.

People were treated with respect and their dignity and privacy was respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People and their relatives contributed to the planning of their care and support.

Staff were responsive to people's changing needs and where needs changed they took appropriate action.

Care plans reflected changing needs to ensure staff were providing appropriate care.

People and their relatives knew who to contact if they were unhappy about their care and there was a system in place to manage complaints.

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

**Good** ●

The service was well led.

People were encouraged to share their views about the quality of the service provided to drive improvements.

Staff were given guidance and support by the registered manager and understood their roles and responsibilities.

There were procedures in place to monitor and review the quality of the service.

# Home Instead Senior Care Kirklees

## **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 is 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 14 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The inspection was conducted by one adult social care inspector.

The provider was not requested to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with three people who use the service, two relatives, two care staff and the registered manager. We observed the provider and staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the

care records for 10 people, medicine administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

# Is the service safe?

## Our findings

People said they felt safe. One person told us, "I am definitely safe with the staff that come here. I trust them." Another person said, "I feel safe and always know who is coming." A relative we spoke with told us, "I know they [person] is in good hands. The staff are excellent."

The service had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the service. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The registered manager said the staff team had received training on safeguarding adults from abuse and training records we saw confirmed this. Staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

People and their relatives told us that medicines were administered appropriately by staff. One person told us, "Staff make sure I get my pills on time." Assessments of need were carried out which described the support a person needed, whether someone needed prompting to take their medicines or support with administering them. The provider had detailed policies and procedures in place for staff to ensure they were administering safely. Medication administration records (MAR) sheets were completed by staff. Staff received training to be able to carry out supporting people with medicine management. The medicine administration records (MAR) were audited on a monthly basis. The registered manager told us any errors were investigated and the member of staff spoken with to discuss the error and then invited to attend medication refresher training if required.

Risk assessments were carried out to identify any risks to people when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any potential or actual risk. For example, risks to people related to moving and handling. Each person had emergency plans in their care plans in case there were threats to the running of the service, such as severe weather.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with choking, falls, home environment and people's mental disorder. Care workers we spoke with were aware of the importance of ensuring the safety of people.

There were sufficient numbers of staff to meet people's needs. This helped to ensure that people were not placed at risk due to care visits being missed or cancelled. The staffing levels also ensured people received good continuity of care from a team of regular care workers who were familiar with people's needs. Staff told us their workload was manageable and that their schedule allowed them to arrive with people on time and stay for the correct length of time. We looked at a sample of care workers daily schedules for the week of our inspection. These factored in an element of travelling time between each visit. This helped to ensure that staff had sufficient time to complete each call and travel to the next person without being late.

Each of the people we spoke with were happy with the consistency and timing of their care visits. One

person told us, "I have the same few people visit me, which I like." A relative said, "Staff always stay for a full hour, they do what they need to do and then spend as much time as possible chatting. I know my mother likes that." Where calls were late, people told us they were informed of this. For example, one person said, "If they are going to be late because of weather or traffic they always let me know." The registered manager told us they would only accept new packages of care for a minimum of one hour to ensure time was spent talking with people.

Appropriate recruitment checks took place before staff started working at the service. Records showed staff completed an application form and had a formal competency based interview as part of their recruitment. The manager had obtained references from previous employers and checked with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred from working in adult social care settings.

## Is the service effective?

### Our findings

People and their relatives felt confident in the skills of the staff and told us that they received effective care that met their needs. One person who used the service said, "They do everything I need them to and more." A relative told us, "The staff who visit are great. They provide all the care my relative needs."

Care workers had been provided with essential training to ensure they were able to meet the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role. The service had a training spreadsheet with details of training provided for staff. The registered manager informed us that she checked to ensure that care workers had received appropriate training and updates when needed. Staff were also able to access training at a local college in topics such as; dementia care and diabetes.

New care workers had undergone a period of induction to prepare them for their responsibilities. They told us that they found the induction helpful. They had signed to indicate when induction had been completed. During our inspection we saw a group of new staff receiving induction training. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, safeguarding adults, and information on health and safety. All new staff were required to complete the 'Care Certificate'. The 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Following induction new care workers were shadowed by more experienced care workers to ensure that they were well supported.

Established members of staff completed regular mandatory training which included fire safety, first aid, food hygiene, medicines, moving and handling, safeguarding adults, health and safety and infection control. Staff had also received training the Mental Capacity Act 2005 (MCA), challenging behaviour and person centred care.

Staff told us that they received supervision from the registered manager on a regular basis. During this they were able to talk about whether they were happy in their work, anything that could be improved for staff or the people they cared for and any training that staff would like to do. In addition staff said that there was an annual appraisal system at which their development needs were also discussed. Records we saw confirmed this. One member of staff told us, "Supervision is really useful and my opinions are valued."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the agency was working within the principles of the MCA. The registered manager told us that people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Staff were aware of the importance of seeking consent from people when offering them support. One member of staff told us, "It's important that I always ask permission before completing any care, to make sure the person wants it doing or is comfortable for me to begin."

People were supported to eat and drink well. A number of people using the service, required support with meal preparation and maintaining good nutrition. This involved the care worker making a light lunch or snack or heating a pre-prepared meal brought by family or friends. People's preferences in relation to food and any special dietary requirements were recorded in their care plans and staff were able to describe to us the importance of protecting people from the risk of poor nutrition or hydration. Where people were known to be at risk of not eating well, food or fluids charts were put in place so that this could be monitored and concerns raised with relevant professionals.

## Is the service caring?

### Our findings

People receiving care and support from the service told us that staff were kind and caring. One person told us, "Staff are wonderful, they do everything I require and more." A relative said, "They really are good. They care, shop and cook but most of all spend time, which I know is valued." Another relative added, "They [person and staff] have a real relationship, the staff are wonderful."

People and their relatives said they had been consulted about their care and support needs. One person who used the service told us, "They (staff) talk to me about my needs and make sure everything is good." Another person told us, "If anything changes for me then the care changes. It's simple." A relative told us, "I am very involved in my relatives care. I also participate in review meetings, the staff and I come to solutions together."

Care staff understood the importance of promoting people's independence and supporting them to retain as much control as possible. One person told us, "They always ask if I can do things myself. Some days I can and others I can't but it's nice to be asked." A care worker told us, "I always ask people if they would like to do their care themselves, I don't take anything for granted."

People were treated with respect and the support they received helped to maintain their dignity. One person said, "They are always polite and respectful." Staff described how they ensured curtains were drawn and doors closed before assisting with personal care and that people were clothed for as long as possible. Staff were mindful of people's privacy. A staff member told us, "There is a key safe for access to the house but I always knock before going in."

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality and record keeping. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

The registered manager acted as a good role model for the staff team and championed the importance of person-centred care, this helped to ensure that all of the staff we spoke with had a clear understanding of person-centred care and were motivated to provide high quality care and to achieve positive outcomes for the people they cared for. Staff spoke of the importance of not just supporting people with the practical tasks, but of also meeting people's emotional needs.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and which was provided by a regular team of care workers who knew the people they cared for well. One person told us, "It's nice to see the same faces, they know just how I like things done." Another person said, "I really can't fault anything they do." Staff confirmed that people received a good consistency of care from a regular staff team which allowed them to get to know people well and meet their needs in a person centred manner. For example, one care worker said, "I see the same people all the time. People like that level of routine and familiarity."

Assessments were undertaken to identify people's support needs before they started using the service. Initial assessments covered areas such as personal care and well-being, family involvement, sight, hearing and communication, mobility, medical requirements, personal safety and risks, dietary requirements and social, religious and cultural needs. Care plans were developed outlining how these needs were to be met and included detailed information and guidance for staff about how each person should be supported. The care plans showed that people using the service and their relatives, where appropriate, had been consulted about their needs. We saw daily notes that recorded the care and support delivered to people. We also saw that care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. A member of staff told us before they provided care to someone they visited the person, with other staff or the registered manager, to be introduced. They also shadowed experienced staff and read the persons care plans to get to know about them and what they needed.

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people wanted. The assessments and care plans captured details of people's abilities and wishes with their personal care. People told us staff knew how they liked things done and that staff followed their wishes.

Care plans were reviewed formally every six months and each review included a visit to people to make sure they were able to participate. Comments made by people about reviews included, "They (senior staff) come every so often to see if everything is ok." And, "The manager asks if everything is still ok." People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes to the registered manager so that the care plans could be updated. The care plans seen were up to date. Daily records were detailed and showed that care provided by staff matched the care set out in the care plans.

People's preferences for activities and interests were also detailed in their care plan. This included people who enjoyed going out for walks or going shopping. One care plan detailed that a person, 'Is actively involved in the family business.' The registered manager also told us how they had organised sessions of armchair Zumba for people to access.

The service had a complaints policy and information about how to raise concerns or complaints about the quality of care provided was included in the service user guide people received when they first started using

the service. People had good relationships with the office staff and felt comfortable calling them with any concerns. For example, one person said, "If I had any concerns I know I could report them." A relative told us, "If I had a problem I could get in touch with the manager or owner, all the details are in the book they gave us."

## Is the service well-led?

### Our findings

People using the service and their relatives spoke positively about the service. One person told us, "Everything seems well organised. I've never had a problem." Another person said, "Everything works well." A relative remarked, "I think the agency is very well run, it's much better than a previous agency we used."

The service had a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and whistleblowing.

There was an open culture which promoted teamwork within the service. Staff told us they enjoyed their work. One member of staff said that, "I really enjoy working here, we work really well as a team." Another member of staff said, "I can see or speak to my manager whenever I need to about any advice, issues or concerns."

The registered manager held regular staff meetings. Staff told us they valued these meetings as they provided them with an opportunity to raise any concerns or suggestions, and to be updated on any planned developments in the service. We saw there was a 'bright ideas' box where staff could make suggestions about any aspect of the service. Guest speakers had also been invited to team meetings such as an occupational therapist and a dietician which raised staffs awareness of particular topics to assist their practice.

Staff knew about the whistle blowing policy and procedure and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally about poor or abusive practice without fear of reprisal.

The registered manager completed a range of audits and checks to monitor the quality of the service. We saw that the agency had scored 100% compliance in all recent audits, including medication and daily notes, suggesting that it was performing well. Whilst there were no accidents or incidents reported we saw there were systems in place to ensure that they would be analysed and reviewed to ensure they could not have been prevented.