

Mmeds Care Ltd

# Home Instead Senior Care

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

### About the service

Home Instead Senior Care is a domiciliary care service providing personal care to people living in their own homes. Services were provided to adults with a wide range of health and social care needs including physical disabilities, mental health needs and dementia. At the time of our inspection there were 93 people receiving a service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Everyone complimented and highly praised the staff team and gave examples of the outstanding care that was delivered. One relative said, "They [staff] are excellent from the manager all through the organisation, I cannot speak highly enough of them."

The service was very flexible and adapted to people's changing needs and wishes, enabling positive outcomes for all people. People's care records were personalised and up-to-date. The service had forged successful partnerships with other stakeholders, was actively involved in research and aimed to provide an excellent care experience for people.

Very strong systems were in place to ensure care was individualised and to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the registered manager. One relative commented, "We chose Home Instead because of their reputation. We haven't been disappointed. I'd say their leadership is one of their strongest assets."

The service consistently strived to ensure that people had the best possible care, and that they were supported in a compassionate, dignified and safe way. One relative told us, "The quality of care, their compassion is outstanding."

Staff were highly-trained, knowledgeable and passionate about the service giving people the very best experience they could. They were enthusiastic and believed passionately in the ethos of the service. Staff consistently told us, "It's the best care organisation I've worked for."

Communication was very effective and staff and people were listened to. One person told us, "The staff are

very good at ringing about any changes, they never send in anyone we don't know, we always have an introduction." Staff were well-supported and were aware of their responsibility to share any concerns about the care provided.

Staffing capacity was sufficient and staff deployment was effective to ensure people's needs were met in a safe, timely and consistent way. Robust vetting procedures were in place when recruiting new staff.

Medicines management procedures were in place. People did not report any concerns with their medicines. We have made a recommendation to further review some medicines management procedures.

Infection control procedures were being followed. There were enough masks, aprons and gloves available for staff to use. One relative told us, "Staff are very thorough about using personal protective equipment [PPE]. They have been ultra-careful when it comes to covid-19 and I've seen them always wearing their masks and washing hands."

People were involved in decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff were very confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued and respected and consistently used to support quality service development.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was outstanding (published 24 March 2018).

#### Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Instead Senior Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

### Is the service caring?

Inspected but not rated

At our last inspection we rated this key question outstanding. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

### Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Home Instead Senior Care

## Detailed findings

### Background to this inspection

#### The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 26 October 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

#### Inspection team

This inspection was carried out by one inspector, a medicines inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it was part of a pilot and we needed to ensure staff were present in the location office to support this new way of working virtually.

Inspection activity started on 2 November 2020 and ended on 10 December 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We communicated with two people who used the service and 14 relatives about their experience of the care provided. Not everyone who used the service, communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with 11 members of staff including the registered manager, assistant manager and nine care workers.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We communicated with three professionals who work in partnership with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- There were systems in place to manage medicines safely, but some improvements were needed.
- The provider had a medicine policy in place, but some further information was required.
- Medicines care plans were not always person-centred, some lacked detail around individual needs and preferences for the medicines people took.
- Guidance for medicines prescribed 'when required' were not available for the people we looked at or did not contain enough detail for staff to administer medicines consistently.

There had been no impact to people as they had received their prescribed medicines from a stable staff team, who knew people's care needs well.

We recommend the provider further expands care plans and risk assessments to provide further consistency for new staff members supporting people.

### Learning lessons when things go wrong

- Learning from accidents and incidents was shared with the staff to raise awareness and promote safer working practices.
- Any accidents or incidents were recorded and monitored. Reports were analysed, to look for trends, enabling any safety concerns to be acted upon.

### Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and managed. Measures were put in place to remove or reduce the risks.
- Risk assessments included environmental risks and any risks due to the health and support needs of the person. People's individual circumstances were recorded in each risk assessment and staff were given guidance on how to protect them from harm.
- Systems were in place to help ensure people received support in the event of an emergency. An on-call service was available when the office was closed.

### Preventing and controlling infection

- Systems were in place to reduce the spread of infection.
- Staff were trained and regularly updated with best practice infection control and prevention procedures. All staff had increased their knowledge in relation to the coronavirus pandemic.
- The provider ensured staff were equipped with Personal Protective Equipment (PPE) which included

masks and gloves and completed spot checks to ensure it was being used correctly. One relative commented, "The staff all have PPE, they are meticulous about cleaning and following protocols. I was informed of the position with regard to covid-19, all the girls are well-trained."

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. Without exception all people and relatives told us people were safe with staff support and trusted staff. One person commented, "The carers are wonderful, I'm quite safe with them."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.

Staffing and recruitment

- There were sufficient staff to support people. People, relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met consistently. One person said, "There is great continuity of care, they match people with staff."
- Relatives and people said staff were reliable, arrived as arranged and stayed for their allocated time. If any calls were late people were kept informed or if their care worker was changed. One person commented, "The carers come seven days a week, they're always on time, we get the same people on the same days."
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. Application forms were completed, references and proof of identification were checked.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately. Records were available to show where lasting power of attorney (LPA) was in place. LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- We received consistently positive feedback about the caring nature of the service and staff's empathetic approach. People and relatives constantly referred to the trust, kindness, understanding and sensitivity to people's individual needs as reasons why they felt the service was exceptional.
- Staff promoted an exceptionally strong person-centred culture where people were at the heart of the service. One person commented, "The carers are wonderful. They help me with any problem I have."
- People and relatives were introduced to staff before they started working with them and they were supported by the same staff on a regular basis. A relative commented, "[Name] has two regular carers, they are fantastic, they are interested in [Name], it's not just a job they really care."
- Staff were aware of, and had an in-depth understanding of people's needs, anxieties and aspirations. They established consistent and trusting relationships with people which enabled people to relax with the support provided. One relative commented, "[Name] loves, [carer], trusts them implicitly, they are the only one [Name] lets shower, [Name] can get upset but the carer coaxes them along gently."
- There were several examples of where staff had gone the 'the extra mile' to provide exceptionally caring and compassionate support and worked with people to improve their well-being and quality of life. One relative told us, "Without exception staff are brilliant. They help [Name] face time me, they sent me a video of [Name] playing a keyboard which one of the carers had found for them."

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

- Every effort was made to ensure people were supported to express their views so that staff understood their preferences, wishes and choices, including where people may not communicate verbally.
- Communication methods such as large print, pictures and other bespoke methods of communication were used to help people remain involved and retain ownership and be responsible for decision making in their lives.
- People received their care and support from a service which was entirely flexible and able to respond to individual requests and changes. One relative said, "We discuss the visits and what is needed, we recently changed the times of visits because of the change in the hour and the dark nights had confused [Name]."
- People and their families were informed and involved in their family member's care. A relative told us, "They keep me up-to-date with everything I can't fault them. They're sensible, I don't get bombarded with calls but they [staff] do let me know."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People's care and support was assessed and planned in partnership with them and their relative.
- Care was personalised and responsive to people's individual needs. It was delivered by staff who knew people well. People, relatives and other professionals were fully involved in planning how staff would provide care. One relative said, "Initially they [staff] provided companionship but as [Name]'s needs changed it has become more nursing care."
- Care plans were in place covering all aspects of people's social and health care needs. We discussed that care plans could be broken down further to provide instructions of what staff needed to do to help maintain the person's independence and deliver the care in the way the person wanted, where staff may not know the person. This was addressed before the end of the inspection. One relative told us, "They help my family members do extra things, they think laterally to deal with things."

End-of-life care and support

- At the time of the inspection no person was receiving end-of-life care.
- Staff had received training about end-of-life care and systems were in place to support people at this time.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care; working in partnership with others

- There was a very strong focus on continuous learning and improvement and keeping up-to-date with best practice to ensure people's needs could be met.
- The registered manager and staff were champions for dementia care and researched their interest to promote best practice and raise awareness of dementia and Alzheimer's disease within the community.
- Management were fully committed to provider forums and events that were organised via local and health authorities and specialist services such as the dementia care alliance, Dementia Matters and Age UK.
- The service had an excellent record of being a role model for other providers. They worked in conjunction with external professionals and the local University to improve services for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager led by example to create a culture which was incredibly caring and supportive to people who used the service and staff.
- An exceptionally motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people who were referred to the service. One relative commented, "The service is absolutely amazing, it's revolutionized my life."
- The management team were committed to protecting people's rights with regard to equality and diversity. Staff were trained to understand how they supported people's rights and this was embedded in their practice.
- Arrangements were in place to ensure people were central to the delivery of care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was exceptionally well-led. The ethos, vision and values were led by the provider and registered manager. People, relatives and staff told us the registered manager and management team were very approachable. One relative told us, "The leadership and organisation is excellent. I work in healthcare and I see the struggle to provide high quality care in great complexity. They have been exemplary throughout."
- Staff shared the vision of the service to provide individualised care and to put people first. All people commented very positively about support they received.
- The registered manager worked well to ensure the effective day-to-day running of the service and had

clear arrangements in place to cover any staff absences.

- People received their care from a service that continually monitored standards and constantly looked at how improvements could be made. The governance and improvement agenda were mostly effective to improve service provision, apart from the area identified at inspection and this was being addressed as part of care plan reviews.

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

- People had been engaged with throughout the current pandemic to check their well-being and ensure their needs continued to be met.
- People and relatives told us communication was very effective. Communication was achieved in several ways, including via newsletters, email, telephone and home visits. One person commented, "They [management] check regularly every couple of months and make any changes. They get to know you."
- The registered manager had considered how people, relatives and staff were meaningfully involved in making decisions about how the service was designed and run. Regular surveys were carried out with people, relatives and staff to collect their views.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.