

High Peak Senior Care Ltd

Home Instead Senior Care Limited

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 ●

Summary of findings

Overall summary

About the service

Home Instead Senior Care Limited is a domiciliary care agency providing personal care to 133 people at the time of the inspection. The service covers the areas of High Peak and Stockport.

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

The service demonstrated exceptional care and kindness and people we spoke with told us staff were very caring. People were treated with utmost dignity and respect.

Staff were passionate about providing high quality care and went the extra mile for people.

People's care documentation was detailed, person-centred and outcome-focussed.

Staff demonstrated a very good understanding of consent and choice.

The service had a good system in place for staff training, induction, supervision and competency checks. Staff felt very supported in their role.

Feedback from people and staff was very complimentary and positive around the registered manager.

Records were up to date and relevant. The registered manager demonstrated good knowledge, governance and a clear oversight of operations of the service.

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.

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

Rating at last inspection

The last rating for this service was Good (31 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Home Instead Senior Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults with a range of care needs, such as dementia, sensory impairment, learning disability, mental health and physical disability.

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

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

Inspection activity started on 25 June 2019 and ended on 26 June 2019. We visited the office location on both dates.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager, medication co-ordinator and the training co-ordinator.

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

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 good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ Safeguarding policies and procedures were in place at the service. The registered manager was aware of their obligations to report concerns to the relevant authorities.
- ☐ Staff had received training and demonstrated a good knowledge and understanding of safeguarding adults. Staff knew how to recognise signs of abuse and what appropriate action to take.
- ☐ People we spoke with told us they felt safe when caregivers supported them.

Assessing risk, safety monitoring and management

- ☐ Individual risks to people using the service had been identified, assessed and specific risk management plans were in place, up-to-date and regularly reviewed.
- ☐ Environmental risk assessments had been carried out within people's homes to ensure they were safe and to help protect staff from any hazards.
- ☐ The service had contingency plans in place to manage incidents such as adverse weather. People and caregivers have access to a 24 hour on-call system and staff have been given a safe word to use if they feel they are in danger.

Staffing and recruitment

- ☐ Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people. Staff had the necessary safety checks in place before starting work and completed a full induction.
- ☐ There was enough staff to provide for the care needs of people using the service. The service employed two full-time schedulers to organise timely care calls. People told us staff turn up on time and stay for the allotted time period.

Using medicines safely

- ☐ A medicines policy was in place and all staff attended an annual medication training workshop. Staff also had their medication administration competency checks conducted 3-monthly. These checks help ensure staff continued work safely.
- ☐ The service employed a full-time medication co-ordinator to oversee the safe administration of medicines. Audits of medication administration were carried out every three months. There was a procedure in place for staff to report to the medication co-ordinator if a person did not take their medicines for any reason.

Preventing and controlling infection

- ☐ The service had an infection control policy in place and staff had received training in the safe management of infection control.
- ☐ Staff were provided with the required personal protective equipment (PPE), such as aprons, gloves, hand gel and shoe protectors to help prevent the spread of healthcare related infections. People we spoke with confirmed staff always wore PPE when providing care.

Learning lessons when things go wrong

- ☐ Accidents and incidents were recorded, managed and actions taken to mitigate any future risks.
- ☐ A clear procedure was in place for staff to record any incidents or accidents. The registered manager told us they would act on any concerns. For example, if someone had two falls they would make the relevant referral to either the person's GP or the falls team. They told us they would also conduct a full review of the person's care needs.

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. At this inspection this key question has now remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ Detailed pre-assessments had been carried out by the registered manager prior to anyone starting to receive care by the service. They ensured they were able to provide the care the person needed before providing the service. Assessment information fed into care plans and captured people's specific preferences.
- ☐ Staff told us they took the time to get to know people well by talking to them and reading care plans.
- ☐ The registered manager demonstrated a good understanding of relevant guidance relating to care delivery.

Staff support: induction, training, skills and experience

- ☐ The service placed high importance on a highly skilled and training staff team. They employed a full-time training co-ordinator and staff benefitted from a comprehensive programme of required training. Staff were also encouraged to participate in non-mandatory training schemes which they were fully supported to achieve by the training co-ordinator. These included distance learning college courses, for example, end of life care, nutrition and falls prevention.
- ☐ The management team carried out regular competency checks, supervision and appraisal. Staff told us they felt well trained and very supported in their role. One staff member told us, "Training was really good; we did a full week...I feel confident I know what I am doing. I have asked for more training and they have done this for me." Another staff member told us, "The training is amazing; I love it. It enables me to do my role."

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

- ☐ People had a meal preferences and dietary requirements care plan included in their care documentation.
- ☐ Where the service supported people with their dietary requirements, staff completed monitoring charts for nutrition and hydration.

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

- ☐ Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care.
- ☐ Staff told us they received regular communication from the registered manager around people's current

care needs. If anyone's care needs changed they were quickly informed.

- ☐ Staff were responsive to people's care needs and reported any concerns to the management team. For example, during the inspection it was identified by a carer that someone was unwell. The service contacted the GP and practice nurse and arranged for tests to be done, a prescription collected and contacted a family member.
- ☐ People had a specialist care plan which detailed their health conditions and the healthcare professionals involved. We saw evidence the service had worked closely with other agencies such as, district nurses and the speech and language therapy team. Advice and guidance from these agencies were included in care plans.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA

- ☐ The registered manager was knowledgeable regarding the legal safeguards around consent. They demonstrated how they had ensured they were reassured where people's representatives were able to make decisions on their behalf, for example, power of attorney.
- ☐ Staff had received training on MCA and demonstrated a good understanding of the need for consent when providing support to people. They told us they always sought consent from the person before supporting them.

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. At this inspection this key question has now remained outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- □ We saw exceptional care was provided at the service. Dignity, respect and kindness was embedded throughout the management of the service and was reflected in the excellent care people received. All the people we spoke with talked very highly about how caring staff were. One person told us they felt very respected and said, "I think they are very good, they look after me well."
- □ The registered manager was very passionate around empowering people. They told us, "People need to feel empowered. They need to feel empowered to voice their thoughts and opinions. It is made clear to people that they are totally in control of their care package."
- □ People's independence was actively supported giving people greater confidence and promoting self-esteem. Staff we spoke with described how they always put high emphasis on promoting people's independence and choice when providing care. One staff member told us of one person who was unwell and did not take care of their personal hygiene. The staff team dedicated their time purposefully and worked very slowly with the person to provide encouragement and caring reassurance. The person eventually was able to take a shower, clean their teeth and wash their hair independently. The service provided a minimum of an hour call as they believed this promoted person-centred care and a rush-free service. The registered manager told us, "Quality of care is what we are all about to ensure people have the best possible experience. We have to build relationships with people."
- □ People were fully supported to fulfil aspirations and take part in events that were personally important to them. The service had a Dignity Wishing Well where each person was asked what wish they would like to fulfil, and the person was supported by staff to carry out this wish. We saw numerous examples of these fulfilled wishes. One person chose for their dignity wish to be able to buy their caregiver a bouquet of flowers to thank them for a fantastic relationship and this was organised by the service. Another person was fully supported to realise their ambition of going to see Manchester United play.
- □ Staff were also supported exceptionally well by the management team. The registered manager told us, "I want the team to feel supported, valued and loved. I'm as proud as punch of the staff team. We have built the reputation of the service and we value it so much."

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

- □ People were extremely complimentary about staff and the care they received; they told us they were treated with utmost respect and dignity and they would recommend the service to everyone. One person told us, "I am definitely respected. The care is fantastic; they [staff] are kind, caring and happy to spend

time. I have become good friends with them all."

- There was a very strong person-centred ethos throughout the service and policies and care documentation were clearly written to embrace and respect people's personal choices and lifestyle. Policies such as Independence and Autonomy, Privacy and Dignity and Religious Observance were in place. The agency's mantra is "to care for those who once cared for us is one of the highest honours". We saw examples where staff had dedicated time to support people to their preferred place of worship and were fully involved in communities and events surrounding their faith.
- An equality and diversity policy was in place and staff had up-to-date training. The registered manager demonstrated a very good understanding of the protected characteristics covered in the Equality Act 2010. The registered manager had acquired and shared resources from The Alzheimer's Society and the LGBT Foundation to ensure staff were able to provide care that was sensitive to all people's individual needs.
- We heard many examples where staff had gone above and beyond to ensure people we well cared for. For example, two staff walked two miles in the snow to a person whose home had become inaccessible to ensure the lady was safe and cared for. One team staff member had been awarded Caregiver of the year 2018 for the UK for their exceptional care and for being an "outstanding friend and caregiver to all of his clients.
- The registered manager and staff were extremely passionate and motivated to ensure that people who were at the end of their life received the best care and support possible. They endeavoured to ensure people's wishes and choices about their end of life were fulfilled whilst also supporting relatives and carers. One person the service supported was nearing the end of their life and the service had provided level 2 accredited end of life training to the staff involved in their care. The service also provided a joint end of life care package with the local hospice to allow people to stay at home for their care. They also work with a local charity, and the local health service, to provide a rapid response end of life care service, including overnight support, where someone has chosen to return home. The registered manager gave an example where they had driven several miles during the night to support a person and their family during the final moments of their life.

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

- The registered manager led by example and was extremely passionate when talking about high quality, person-centred care. They gave us numerous examples of where the service had a very positive impact on people's wellbeing; they were able to demonstrate how outcomes for people had improved their quality of life. One person received practical support around their home due to a physical disability. However, they reported to staff that what was really important to them about the service was that they felt really listened to.
- People and those important to them had significant involvement in making decisions about their care and support delivery. Care plans had been written with full involvement of the individual person and their families. People received a schedule of their care each week so they knew who to expect, when and what would be happening at each visit so that people could be clear on their expectations. People were in control of who visited them. They were contacted after their first day receiving the service to see if they were happy with the service and the staff supporting them. The RM told us, they ensured a trusting and friendly relationship is built through their matching service. People were specifically matched to their caregiver's personality, choices and preferences for compatibility. This showed a highly person centred approach, putting people at the heart of their care and support. One caregiver used to be a joiner and they were specifically matched to a person who had an interest in woodwork and craft, so they could work together on projects.
- People and their relatives were exceptionally complimentary about the service and there was overwhelming praise for the service. There was a very large number of thank you cards and letters displayed at the service. For example, "Many, many thanks for your professional care. Mum has felt loved and

cherished by your carers." And "Thank you for your patience and kindness when caring and visiting mum, and for making her time spent at home enjoyable. The service you all provided for mum and me, was exceptional, extremely reliable and empathetic. Thank you so much. "

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. At this inspection this key question has now remained good.

This meant people's needs were met through good organisation and delivery.

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

- ☐ People's care records were very person centred, detailed and specific to the individual and their needs. They had been written and reviewed with full involvement of people and those important to them. Sections in care plans included information around what is important to individuals; background, family, socialising, activity choices and exercise.
- ☐ Staff had a very detailed checklist when visiting people known as 'top tips for every visit' to ensure people received personalised, attentive care. Examples included; does he/she need their glasses? Does he/she require the tv on? Does he/she need a fresh tissue?
- ☐ The service provided training for staff in person-centred support. The registered manager told us they wished to ensure people get the best possible experience. They told us, "We have to build relationships and understand what their needs are...care is personal and it's special. The families are also very important to us."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- ☐ The registered manager was aware of the Accessible Information Standard (AIS) and each person's specific communication needs were detailed in their care records. There were a number of people who received their weekly schedules in large print as this was their preference. During the inspection there was no-one using the service who required their information in any other format.

Improving care quality in response to complaints or concerns

- ☐ There was a comments, compliments and complaints policy in place. People were made aware of how they could comment on the service they receive; information on how to complain was included in the service agreement and also kept in a file in each person's home.
- ☐ We reviewed the complaints file and saw they managed effectively. This included records of details, investigation, outcome and further actions.

End of life care and support

- ☐ The service had an end of life care policy in place. Staff receive training on how to best support someone

at the end of their life as part of their induction. However, some staff had received more specialised training, and this was being extended to all staff by September 2019.

- Some people had do not attempt cardio pulmonary resuscitation (DNACPR) in place. This is where people, their families and a health professional have identified where resuscitation would likely be unsuccessful, therefore, the person is not for resuscitation. Staff were aware of who required resuscitation or not and this was recorded in peoples care files.

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 good. At this inspection this key question has now remained the good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- ☐ There was an excellent management team with a wealth of experience and wide and varied expertise; all of whom believed in providing a quality service.
- ☐ All the people we spoke with were very happy with the service. One person told us, "They're great and would recommend them."
- ☐ Care plan documentation was highly person-centred and focussed on positive outcomes for people.
- ☐ People and those important to them were included all aspects of care delivery. The registered manager told us they felt care was individual and 24/7 and if someone needed a light bulb changing or a loaf of bread picking up; this would be done without question.
- ☐ People told us the management team were very supportive and helpful, they told us, "They are great...I couldn't fault them."
- ☐ There had not been any serious incidents at the service; however, the registered manager understood their responsibility to let people know if something went wrong under their duty of candour.

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

- ☐ The provider had a robust and organised system of quality monitoring and auditing systems. These systems were employed effectively, and any required action taken quickly. This gave the management team clear oversight to ensure the safety and quality of the service. Regular checks and audits enabled the provider to maintain their high standards.
- ☐ The registered manager was knowledgeable around their regulatory requirements and wider legal requirements, such as health and safety. The service is part of a large, national franchise organisation and managers receive regular updates from them on their legal and regulatory requirements.

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

- ☐ The service employed a number of ways to check the quality of the service and gain feedback from people on their views and opinions. High importance was placed on the satisfaction of people and their families which was central to the service. The service was flexible and accommodating of people's individual needs

and preferences.

- ☐ Staff were motivated through their involvement in the service, such as dignity champions, suggestion schemes and regular team meetings.
- ☐ The service delivered presentations and training to the community, GPs and families. For example, scam protection, falls prevention and dementia awareness.

Continuous learning and improving care

- ☐ There was a strong culture of learning and improving within the service. High importance was placed on a highly skilled and fully supported staff team. Staff told us management were approachable and they felt very supported in their role. One staff member told us, "I feel 100% supported, if I have a problem they will sort it; they [management] are really involved."
- ☐ A suite of regular audits and checks were carried out regularly to assess and improve the quality of the service.
- ☐ The registered manager was enthusiastic and passionate about continuous improvement of the service. They told us of their aspirations to be the best they could possibly be.

Working in partnership with others

- ☐ The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people using the service.
- ☐ People had been supported to access a number of services, such as GPs, district nurses and other community healthcare professionals. The registered manager had developed relationships with local authorities, social work teams and local health services.