

Later Living Home Care Limited

Home Instead Senior Care (Rotherham)

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

The inspection took place on 25 and 30 May 2017 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was previously inspected in May 2015 when no breaches of legal requirements were identified and the service was given a rating of Good. At this inspection we found the service remained Good.

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

Home Instead Senior Care (Rotherham) provides personal care to people living in their own homes in the Rotherham area. Its office is based on the outskirts of Rotherham. The agency currently caters for people whose main needs are those associated with older people, but also supports people with other needs, such as a learning or physical disability. In addition to carrying out the regulated activity of personal care, the service provides companionship and home help services. At the time of the inspection, 26 people were receiving personal care from the provider.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People praised the quality of care they received, and told us that staff treated them with respect and cared for them in a way which met their needs.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Staff had received appropriate training in relation to protecting people from the risk of abuse.

Recruitment processes were robust, which helped the employer make safer recruitment decisions when employing new staff.

The provider acted in accordance with the Mental Capacity Act, and assessments of people's capacity were undertaken when their care was planned. Staff had received appropriate training in relation to this.

Staff praised the training that they received and told us it equipped them to undertake their role. Training records showed that staff received a range of training and many held nationally recognised qualifications in care.

People were involved in planning their care. Care plans were personalised so that they met each person's needs and preferences. Care plans were regularly reviewed to ensure that they were suitable to people's

needs. Records showed that people's dignity and privacy was upheld when receiving care, and staff told us that this was the most important part of their work.

There was a comprehensive complaints system which was available to people using the service, and we saw that where complaints had been received they were responded to in a prompt and thorough manner.

Staff told us they felt well supported by the provider, and told us that managers were approachable.

The provider undertook regular audits and assessments to ensure the service provided was of a high quality, and there were systems in place for addressing any shortfalls and implementing improvements.

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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Staff had received appropriate training in relation to protecting people from the risk of abuse.

Recruitment processes were robust, which helped the employer make safer recruitment decisions when employing new staff.

Is the service effective?

Good 

The service was effective

The provider acted in accordance with the Mental Capacity Act, and assessments of people's capacity were undertaken when their care was planned. Staff had received appropriate training in relation to this.

Staff praised the training that they received and told us it equipped them to undertake their role. Training records showed that staff received a range of training and many held nationally recognised qualifications in care.

Is the service caring?

Good 

The service was caring

Records showed that people's dignity and privacy was upheld when receiving care, and staff told us that this was the most important part of their work.

People praised the quality of care they received, and told us that staff treated them with respect and cared for them in a way which met their needs.

Is the service responsive?

Good 

The service was responsive

People were involved in planning their care. Care plans were

personalised so that they met each person's needs and preferences. Care plans were regularly reviewed to ensure that they were suitable to people's needs.

There was a comprehensive complaints system which was available to people using the service, and we saw that where complaints had been received they were responded to in a prompt and thorough manner.

Is the service well-led?

Good ●

The service was well led

Staff told us they felt well supported by the provider, and told us that managers were approachable.

The provider undertook regular audits and assessments to ensure the service provided was of a high quality, and there were systems in place for addressing any shortfalls and implementing improvements.

Home Instead Senior Care (Rotherham)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service's premises on 25 and 30 May 2017. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

We spoke with a sample of people using the service and staff members who provided care and support. We also spoke with the registered manager, the owner of the business, and some of the staff involved in the management and administration of the service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the inspection, the provider completed 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. We also obtained the views of professionals who had contact with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at documentation relating to people using the service and staff, as well as the management of the service. This included reviewing five people's care records, medication records, staff rotas, training and support records, five staff recruitment files, audits, policies and procedures.

Is the service safe?

Our findings

People using the service felt their care and support was delivered in a safe way. Staff were able to tell us about the steps they took to ensure people were cared for safely, including the way in which access to people's properties was managed safely as well as the way in which information such as access codes was protected.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at five people's care plans, all of which contained assessments to identify and monitor any areas where people were at risk, or presented a risk to others. There was clear guidance for staff about the action they needed to take to protect people, and staff we spoke with could describe this guidance to us. Risk assessments were regularly reviewed by managers to ensure they continued to meet people's needs. The provider ensured that staff were able to read these risk assessments prior to undertaking care tasks, in order to understand how to keep people safe.

Policies and procedures were available in relation to keeping people safe from abuse and reporting any incidents appropriately, although we noted that the provider's accident policy did not direct staff to report accidents to CQC where required. Records we checked showed that safeguarding concerns had been reported to the local authority safeguarding team and CQC where appropriate. Records of staff supervision showed that safeguarding issues were discussed and staff could raise concerns, so that any potential safeguarding concerns were identified by managers.

We spoke with staff who demonstrated a good knowledge of safeguarding and were able to describe the signs of abuse, as well as what to do if they had any concerns in relation to safeguarding. We found staff had received training in this subject during their induction period, followed by periodic refresher courses, which were carried out on a one to one basis by senior managers. We saw there was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice, and staff we asked about this were familiar with it.

We looked at the arrangements for monitoring visits to people. People were allocated the same care staff so that they were not supported by people unfamiliar to them, and visit times were scheduled so that there was always a gap between visits for staff in order to reduce the risk of late visits. Staff we spoke with told us that they usually felt there was enough time in each visit to carry out all required care tasks and meet people's needs.

Recruitment records, and feedback from staff we spoke with, showed that a thorough recruitment and selection process was in place. We checked five staff files and found appropriate checks had been undertaken before staff began working for the service. These included six written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had a detailed medication policy which set out how staff should proceed to ensure the safe handling of medicines. Where people needed assistance to take their medication we saw care plans outlined staff's role in supporting them to take their medication in a safe manner. A Medication Administration Record [MAR] was also in place which staff used to record the medicines they had either administered or prompted people to take. Staff's competence in relation to administering medicines was monitored by managers, and we saw that staff files contained records showing that their competence had been assessed regularly.

Is the service effective?

Our findings

People's care was reviewed on a regular basis, to ensure that it was effective and continued to meet their needs. These reviews took place after people had been receiving care for a short time, and then on a regular cycle. They were conducted by senior staff members. Reviews of care looked at whether people's care was meeting their needs, whether they were satisfied with the care they were receiving, and whether any changes were required to make the care more effective. Managers monitored review records to ensure care remained effective. People we spoke with told us they had been involved in reviews of their care, and records showed that people had signed care documents to confirm their involvement and approval.

Staff we spoke with told us they had training to meet the needs of the people they supported. The provider's mandatory training, which took place when staff commenced their roles in addition to ongoing refresher training, included moving and handling, the protection of vulnerable adults and medicines management, amongst other, relevant training. Staff held, or were working towards, a nationally recognised qualification. One staff member told us: "The training is good and it means I know what I'm doing when I'm out there." Another described the training as "amazing" and told us the provider had equipped them well to undertake their role.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures in relation to the MCA and DoLS were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process, people had completed forms giving their consent to receive care in the way set out. Where people had appointed others to make these decisions for them, by way of granting lasting power of attorney, the provider had ensured that it had copies of these authorisations to ensure it acted within the law.

There were details in care plans about people's nutritional needs, and where part of the care package required staff to provide a cooked meal for people, there was information about their food preferences and dislikes in addition to information about choices care staff should offer. Staff used photographs of food where appropriate to encourage people to make choices about meals. Daily records of care showed that staff were acting in accordance with people's care plans and meeting their assessed needs.

Is the service caring?

Our findings

People we spoke with who were using the service at the time of the inspection praised staff and told us the quality of care was very good. One person said: "I've got my life back, I couldn't ask for more." Another told us: "I'm so happy with them, really happy, they do everything I need."

Staff we spoke with told us that a high standard of care underpinned their work and was greatly emphasised by the provider. One staff member told us they had previously worked for another provider and felt that Home Instead Senior Care (Rotherham) had a much more caring approach than their previous employer.

The provider had a policy of only carrying out care visits that last a minimum of one hour. People told us that they appreciated this, as they felt it allowed time for companionship and conversation. Staff told us that the length of care visits meant that they could carry out their care tasks well, and didn't feel hurried or rushed. On occasion, staff could extend the length of the time of the care visit where required by the person.

People using the service told us they had been involved in making decisions about their care and treatment, and said they felt their views were taken into consideration. They told us they had been involved in creating and updating their care plans and said staff supported them in the way that had been agreed in their care plans. Care files contained detailed information about people's needs and preferences, which meant that staff had a good understanding of what was important to them.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. The provider's policy meant that staff were introduced to people before they began to provide care for them, and staff told us that this meant they could get to know the person and their preferences, although we were told about isolated occasions where this had not occurred. People using the service told us they felt they knew the staff who supported them well, and said it was important that the provider ensured only a small number of staff provided support to them. The registered manager told us that their aim was for every person using the service to be supported by a small team of care staff who knew them well.

Staff we spoke with could describe the steps they took to preserve people's dignity when providing support, and gave us practical examples such as ensuring at all times they remembered that they were working in another person's house, checking people's preferences and addressing them in the way they preferred to be addressed. Daily notes, in which staff recorded the care they had provided, showed that staff upheld people's dignity and privacy when providing care.

Is the service responsive?

Our findings

People we spoke with told us that their care had been tailored to meet their needs. They told us that if they wanted to change the way they were supported, for example if they needed more or less assistance, the provider ensured that the change was quickly implemented.

We checked five care files, and saw they contained detailed information about all aspects of the person's needs and preferences. This included clear guidance for staff in relation to how people's needs should be met in accordance with their care assessments. These were set out in sufficient detail so that staff could follow what was required. There was information in each person's care plan about their families, life histories, employment histories and interests, to help staff better understand the person they were supporting. The staff we spoke with told us that they had time to read people's care plans, and said they could do this either at the provider's office, or in people's homes.

In the records we checked we saw that when people had changing needs which required healthcare attention or the input of other external professionals, the provider had taken the appropriate steps to liaise effectively with professionals to ensure that the person's healthcare needs were met. This included examples we saw of the provider working with district nurses, occupational therapists and other specialist health teams.

Records we checked showed that staff completed a daily record of each care visit they made to people. This included a thorough report on the care they provided and any changes in the person's condition, or any concerns or issues that arose. Staff completed these records to a good level of detail, which meant that managers checking these records could monitor what care was being provided and whether it was being provided in accordance with people's care plans. These records were then used to plan any future care and any required changes.

In the provider's PIR, which we asked them to provide prior to the inspection, they told us they had received three complaints in the year prior to the inspection. We checked complaints records and saw that complaints had been thoroughly investigated, and each complainant had received a written response setting out, where appropriate, what the provider would be doing in response to the complaint.

We checked the provider's arrangements for making complaints. Information about making a complaint was given to each person when they began receiving care. This told people how to make a complaint, what they could expect if they made a complaint, and how to complain externally should they be dissatisfied with the provider's internal processes. However, we cross-checked this with the provider's own complaints policy and noted that the policy did not, in contrast with the information given to people, direct complainants to the correct route of external remedy.

People we spoke with told us that they would be confident to make a complaint if they needed to, and said they believed the provider would handle any complaints well. One person said to us: "I'm sure they'd sort anything out, but I can't imagine having anything to complain about."

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, in accordance with the requirements of their registration.

Staff told us they felt well supported to carry out their duties, and said that management support was always available. One staff member said: "I can just call in the office if I want to see them [the management team] it's always welcoming." Another said: "The support is amazing." One staff member commented that the provider ensured they had a good work-life balance, and another described their employer as being "like a family." Some staff had been employed by the provider since its inception in 2012.

We saw that the provider used surveys, conducted and analysed by an independent body, to gain feedback about its service from staff and people using the service. The feedback gained via this method was overwhelmingly positive with, for example, every respondent stating that they would recommend the service to others, and every person using the service agreeing with the statement that their care worker was "well matched to their needs." The provider had been highly rated on a national reviews website, resulting in them achieving the highest score in the area at the time of the inspection.

We asked a sample of community professionals about their views of the service, although only one responded to our request for information. They told us they found Home Instead Senior Care (Rotherham) to be "very approachable." The provider was active within the local community, and was represented on, or led on, a number of local organisations aimed at supporting older people, or sharing best practice in this field.

The provider communicated with staff by means of formal supervision, appraisal and team meetings. We checked supervision and appraisal records and saw that they were used to identify training needs and development plans for staff, and showed that staff's knowledge and abilities were improved and supported via this method. Staff we spoke with told us they found team meetings to be helpful as they included training events and were an effective way to discuss their practice and different ways to meet people's needs.

The provider carried out thorough audits of the way the service was provided, including using a system of unannounced spot checks on care visits. We checked records of spot checks and saw that they consisted of managers observing staff carrying out care tasks as well as checking staff knowledge on various topics including safeguarding and medication. Staff we spoke with confirmed that they had been spot checked and described it as a thorough, quality monitoring process. We saw other checks and audits had been carried out to assess whether the service was operating to expected standards. This included areas such as health and safety, the quality and completeness of care records and medication administration. Where shortfalls had been found action plans had been completed which highlighted areas to be addressed.

The management team had developed a continuous improvement programme, which formed part of managers' meetings. We saw that this was an ongoing programme which identified and implemented

improvements to the service. Managers spoke with knowledge about this programme and we saw that some improvements identified had already been implemented at the time of the inspection.

The provider had an up to date Statement of Purpose, as required by law, and we noted that it contained all the information required, setting out the aims and objectives of the service. The latest CQC rating, of "Good," was prominently on display in both the provider's office and on their website, which again is a legal requirement.