

Later Living Home Care Limited

# Home Instead Senior Care (Rotherham)

## Inspection report

Suite 3, Linden House  
34 Moorgate Road  
Rotherham  
S60 2AG

Tel: 01709 242049

Website: [www.homeinstead.co.uk/rotherham](http://www.homeinstead.co.uk/rotherham)

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

The inspection took place on 12 May 2015 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 on 13 January 2014, when no breaches of legal requirements were identified.

Home Instead Senior Care's office is based on the outskirts of Rotherham. The company provides personal

care to people living in their own homes in the community. It supports people whose main needs are those associated with older people, including dementia. The company also provides companionship and home help services.

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

# Summary of findings

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.

At the time of our inspection there were 17 people receiving support with their personal care. We spoke with four people who used the service and six relatives about their experiences of using the agency. All the people we spoke with told us they were very happy with the service provided.

People's needs had been assessed before their care package commenced and they told us they had been fully involved in formulating and updating their care plans. The information contained in the care records we sampled was individualised and clearly identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

People received a service that was based on their personal needs and wishes. We saw changes in their needs were quickly identified and their care package amended to meet the changes. One care plan we checked had not been updated in a timely manner, but the registered manager was in the process of addressing this.

Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role. However, one handwritten medication record we saw had not been completed consistently. The registered manager took action to address this.

Policies and procedures were in place covering the requirements of the Mental Capacity Act 2005 (MCA),

which aims to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. We saw staff had received training in this subject.

We found the service employed enough staff to meet the needs of the people being supported. People told us they were always introduced to their care workers before they provided any care or support and the company tried to match people with care workers they felt would suit them. People we spoke with praised the staff who supported them and raised no concerns about how their care was delivered.

There was a robust recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. We saw new staff had received a structured induction and essential training at the beginning of their employment. This had been followed by refresher training to update their knowledge and skills. Staff told us they felt very well supported by the management team.

The company had a complaints policy, which was provided to each person in the information given to them at the start of their care package. We saw no concerns had been recorded in the complaint file, but numerous compliment cards and letters had been received.

The provider had systems in place to enable people to share their opinion of the service provided and check staff were following company policies.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We found recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training. However, medication records had not always been completed consistently.

Good



### Is the service effective?

The service was effective.

Staff had received basic training about the Mental Capacity Act and they understood how to act in people's best interest.

Staff had completed a comprehensive induction to prepare them for working with people who used the service. This included essential training to help them meet people's needs. They had also received on-going observational assessments and support sessions.

Where people required assistance preparing food staff had received basic food hygiene training to help make sure food was prepared safely.

Good



### Is the service caring?

The service was caring.

Staff demonstrated a very good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People spoke very highly about the care staff who supported them. They said they respected their opinion and delivered care in an inclusive, caring manner.

The company matched people using the service with staff they felt they would get on with and people were introduced to their care workers before they provided care. We found this enhanced the caring experience people received.

The company provided regular information to people who used the service so they knew about local services available to them and community events they may want to be involved in.

Good



### Is the service responsive?

The service was responsive.

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences, as well as their interests and hobbies. The majority of care records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There was a system in place to assess if the company was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular checks to make sure staff were working to company policies and procedures.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. They felt well supported by the management team who they said were accessible and approachable.

Good



# 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.

The inspection began with a visit to the services office which took place on 12 May 2015. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector.

We spoke with one person who used the service and three relatives by telephone and visited three people in their

home's to discuss the service the agency provided. When we visited people we also spoke with three relatives. We spoke with seven staff, who were either care workers or based at the service's office, as well as the provider.

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 service commissioners as well as social and healthcare professionals involved with the company.

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

# Is the service safe?

## Our findings

People we spoke with who used the service, and their relatives, told us, they felt care and support was delivered in a safe way. Two relatives described how the registered manager had visited their family member at home to check that any equipment to be used to transfer people was safe and there were no hazards around the house that needed attention before care was provided.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at copies of four people's care plans at the agency's office and two people's care records when we visited them in their homes. Records were in place to monitor any specific areas where people were more at risk, such as how to move them safely. Where appropriate we saw these had been reviewed and updated in a timely manner to reflect any changes in people's needs. We also saw that as part of the service's initial assessment process an environmental safety risk assessment had been completed. This helped the registered manager to identify any potential risks in the person's home that might affect the person using the service or staff.

Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They described how they ensured risk assessments were adhered to and the arrangements in place for them to enter and leave people's homes safely. In some cases this involved the use of a key safe and in others they gained access by the person letting them in. A relative told us staff were very security conscious adding, "If there are any problems they ring me, for example the key safe was not working so they called me and we sorted it out." We also found staff carried photo identification with them so people could check they worked for the company.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately.

Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in

this subject during their induction period, followed by periodic updates. This was confirmed in the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

The registered manager told us there were enough staff employed to meet the needs of the people being supported by the service. Care and support was co-ordinated from the services office. The person responsible for allocating care workers described to us how staff were matched to each person being supported. All the people we spoke with told us staff were on time and stayed the agreed length of time for each visit. They confirmed they always had the same team of care workers providing their care. People told us care workers were introduced to them prior to providing their care and support. One person told us, "It is so good that they [the service] introduce staff to us first so we can make sure we will get on. I have the same girls all the time, I couldn't be happier."

Care staff told us there was enough staff to meet people's needs. They said having so much time to spend with people made a difference to the level of support they could provide. We found systems were in place to respond to unexpected circumstances, for example to cover sickness, absences and emergencies. The registered manager told us this included care workers having a free hour between each call. A relative commented, "I would have liked them [Home Instead] to have provided more of the care initially, but they told me that at the time they did not have enough staff to do it. That is better than being told they can do it and then letting us down."

Recruitment records, and staff comments, indicated a comprehensive recruitment and selection process was in place. The six staff files we sampled showed that appropriate checks had been undertaken before staff began working for the service. These included requesting six written references, [three being from previous employers], 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. Staff told us face to face interviews had also taken place and we saw documentation of questions asked at the interviews and the staff's answers.

## Is the service safe?

Two recently recruited care workers told us they were not allowed to start supporting people until all the necessary checks had been completed and were found to be satisfactory.

The service had a medication policy which outlined the safe handling of medicines. Where people needed assistance to take their medicines we saw care plans outlined staffs role in supporting them to take them safely. We saw some people were prescribed medicines to be taken only when required (PRN), for example painkillers. These medicines were recorded on the medication administration record [MAR] and staff could tell us why and when they would give them. The people we spoke with who used the service and their relatives confirmed staff gave the correct medication to people at the right time.

Care workers confirmed they had completed training in the safe administration of medicines as part of their induction to the company. We were told only seven people required support to take their medication. We saw the majority of

MAR were completed correctly, but there were a few gaps where staff had not signed the MAR. We saw this had been identified by the registered manager when they audited the records. They told us they were arranging for MAR to be sent to the office more regularly so they could identify shortfalls quickly and discuss them with the staff member concerned as part of their supervision.

We noted that one MAR had been handwritten by a care worker, rather than typed in the office as was the usual practice. It was difficult to read, had not been signed by the person who had completed it, and did not contain the times the medicines needed to be taken. We also saw an antibiotic had been written in the section for PRN medication. We spoke with the registered manager about these issues. They told us they would address them straight away and discuss the shortfalls with the staff member concerned. Visit records indicated the person had received their medication correctly.

# Is the service effective?

## Our findings

People we spoke with said staff had the skills and knowledge they needed to do their job well. They told us they provided very good support but encouraged them to do as much as they could for themselves. They said this helped them maintain their independence.

A recruitment and training manager had recently been employed to co-ordinate and facilitate training. The management team told us new staff completed the company's induction training and their training and development needs were assessed for any additional training needed.

Records and staff comments demonstrated staff had undertaken a structured, three day induction when they were first employed and attended an external manual handling course. The registered manager told us new staff also shadowed an experienced care worker for at least one visit to each person they were to support before working on their own. One recently employed care worker told us, "It was very intensive." Another care worker said, "I really enjoyed my induction. It covered everything I needed." They went on to list the training they had completed which included moving people safely, personal care, first aid and food hygiene.

The registered manager was aware of the new Care Certificate introduced in April 2015 and said the company was comparing their current induction against the care certificate to ensure it met the expected standards. They told us if any changes were required these would be implemented as soon as possible. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Following their induction we found staff had access to periodic training updates and other appropriate courses. For example, the registered manager told us they were arranging for staff to attend dementia training, which would also be available to the family members of people using the service. Staff we spoke with said they felt they had received the training they needed for their job roles. Twelve of the staff employed had also completed a nationally recognised qualification in care.

Staff told us they felt well supported. They said they could speak to the registered manager or one of the staff in the office at any time to ask questions or gain additional support. Care workers we spoke with said they received regular supervision and an annual appraisal of their work. We found regular observation assessments had also taken place to make sure staff were following best practice guidance and individual people's care plans.

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 Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. 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 on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. If someone was unable to make decisions on their own other people had been involved in making decisions in the person's best interest.

The registered manager told us staff received training about the Mental Capacity Act [the Act] during their induction. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest. However, two staff were unclear about how this linked into the Act. We highlighted this to the registered manager so they could make sure all staff had fully understood the training provided.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. A relative told us how staff were working with the family to encourage one person to eat more. They said, "They [staff] are very good, he can be funny with his food but they keep an eye on what he eats and talk to us if there's a problem."



## Is the service effective?

Staff described how they encouraged people to be involved in choosing and preparing their meals if they were able to. We saw they had completed safe food handling training as part of their induction to the agency.

People who used the service said they would feel comfortable discussing healthcare issues with staff as they

arose. One person using the service praised the staff for liaising with district nurses and other health care professionals to get them the correct treatment and support. Staff described how they would appropriately support someone if they felt they needed medical attention.

# Is the service caring?

## Our findings

As part of our inspection we visited three people in their own homes accompanied by the registered manager, who introduced us to the people being visited. The people we visited, and those we spoke with on the telephone, praised the care workers who they referred to as friendly caring and professional. They said staff were respectful and treated them in a caring way. One person who used the service commented, “They are marvellous, I can’t fault them, they come to me three times a week and are always on time and good.” Another person said, “They treat me with respect. For example they always ask if they can come up, and if the district nurse is with me they wait until they are told they can come up.” A relative told us, “They are so friendly and helpful. They have made it all very easy for us.”

People said they could express their views and were involved in making decisions about their care and treatment. They told us they had been involved in developing their care plans and said staff worked to the plans we saw. This was also confirmed by the relatives we spoke with. Care files contained detailed information about people’s needs and preferences, as well as their hobbies and interests. Staff told us this helped them understand the person better and provided topics they could talk to people about.

The staff we spoke with demonstrated a comprehensive knowledge of the people they supported, their care needs and their wishes. They told us how care and support was tailored to each person’s individual needs. For example, one care worker told us how they talked to one person living with dementia about their childhood as they remembered that period of their life well.

Staff responses to our questions showed they understood the importance of respecting people’s dignity, privacy and independence. They gave clear examples of how they would preserve people’s dignity. This included closing

doors and curtains, and asking other people in the house to leave the room while personal care was provided. One care worker told us, “I cover the client up as much as possible while I am helping them have a bath.”

Staff also described how they tried to maintain people’s independence. One care worker told us, “You have to build up and maintain their independence, as once it’s taken away it takes away the person themselves.”

The registered manager told us their aim was for every person using the service to be supported by individual care workers or a small team of care staff who knew them well. This was confirmed by people who used the service, the relatives and staff we spoke with. They described how each care worker was personally introduced to the person they were going to support before care was provided. A relative commented, “It was a short notice referral but in a few days they had found the right caregiver [the name the company calls their care workers] to provide support and we had met them.” A care worker told us, “I love that you get that quality time with people and the continuation with the same people on a one to one basis.”

We saw the company provided people with information to enable them to access services in the community. For example, each person was given the Home Instead ‘WOW’ leaflet that outlined what was available in the local area for people to take part in, such as local amenities, coffee mornings and activities. We were told the company could assist people to go to places like the memory cafés. One relative told us, “They [the company] gave him loads of leaflets about community activities to encourage him to go out into the community.”

A social care professional we contacted told us, “I have found Home Instead and its staff to be person centred in their approach to people with dementia and the staff have supported clients to attend our service both at the memory cafes and the singing for the brain group. I have observed the staff to be both caring and professional at all times. I feel confident in making our clients aware of this service. I have not received any negative feedback in relation to the service they have delivered to our client.”

# Is the service responsive?

## Our findings

People who used the service told us they were very happy with the care provided and complimented the staff for the way they supported them. One person who used the service commented, “I can’t grumble at all, I am extremely happy with the support they [staff] give me. They stick to what we agreed.” The relatives we spoke with were also complimentary about the care provision.

When we asked if the service was flexible to meet people’s changing needs we were told it was. A relative commented, “They [office and care staff] fit visits around hospital and doctors’ appointments when we need them to.” Someone who used the service told us, “The care workers are courteous, friendly and professional. They meet all my needs and follow the care plan, but they can be flexible when needed.”

All the people we spoke with confirmed a full assessment of their needs had been carried out prior to them receiving care. A relative told us, “They [the person carrying out the initial assessment] spent ages here, it must have been a couple of hours. We went through everything in detail.”

Staff we spoke with said each person had a file in their home which outlined the care and support they needed as well as provided information about how the service operated. This was confirmed by the people we spoke with and the records we saw while visiting people.

The care records we sampled contained detailed information about the areas the person needed support with and how they wanted their care delivering. Care plans were easy to understand and provided good detail about the person’s needs, likes, dislikes and interests. They were very individual, providing staff with good guidance and details about any specific areas where people were more at risk.

People confirmed they, and if appropriate their relative had been involved in planning their care. Where possible people using the service had signed their care plans to show they agreed with the planned care. If they were unable to do so, a family member had signed the plan to acknowledge it met the person’s needs. People told us they had also been involved in periodic care reviews, but said they could request a review at any time if their needs changed.

Staff we spoke with said they felt the care plans provided very good detail. One care worker told us, “I always ask them [the person using the service] what they want to do each day, but I already know what they are interested in as it’s all detailed in their journal [care file].”

The company had a complaints procedure, which was included in the information pack given to people at the start of their care package. The registered manager told us no complaints had been received since our last inspection. We checked the complaints file and saw no complaints had been recorded since 2013. However, there was a system in place to document concerns raised, what action was taken and the outcome.

The people we spoke with told us they had never had to raise and concerns but would feel comfortable doing so if they needed to, either with their care workers or the office staff. One relative commented, “I have sometimes emailed the office to ask about things being changed, but these were not complaints. They got back to me straight away and sorted things out.”

The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves. We also saw people had been given information about how to contact advocacy services should they require additional support. Advocates can represent the views and wishes of people who are unable to express their wishes themselves.

# 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.

People who used the service, and the relatives we spoke with, told us they were very happy with the service provided. One person told us, "They [staff] communicate well with each other and me, this keeps things running smoothly." Another person said, "They [office staff] phone regularly and ask if everything is okay, I can't fault them." We also saw numerous complimentary letters and cards had been sent to the company praising the care staff had provided and how care packages had been organised. One person had written, "I have and always will recommend your service to others." Another person had commented, "It is a wonderful company that cares for their clients and staff."

When we asked if there was any way people felt the service could improve no-one could think of anything that was really lacking, but one person mentioned that they would like to have a weekly rota sent to them saying which of their care team was visiting each day. We discussed this with the registered manager who said it would not be a problem to do this.

The provider had used surveys, phone calls and care review meetings to gain people's views about how the service was operating. The questionnaires we sampled from the 2014 survey indicated that people were happy with the service they or their relative received. Comments included, "Fantastic service, we are very happy with the caregivers [care workers]." Another person wrote, "Staff use their common sense." The registered manager told us the outcome of the survey was included in the April edition of the 'client newsletter' which was posted out to people.

Staff told us meetings were held periodically where they were provided with information, discussed any issues they had and shared experiences. They said they also had informal chats with the management team when they needed to talk something through or required additional support. We looked at the minutes from the meeting in December 2014 which included a talk on foot care which included caring for the feet of people who had diabetes. We were also told a company newsletter was used to share information with staff.

When we asked staff if there was anything they felt the service could improve they said that they enjoyed working for the agency and were happy with how it operated. They did not highlight anything they felt needed improving.

We found the company had a clear staff structure which helped to make sure people received a smooth service.

We saw a system was in place to monitor how the service was operating and staffs' performance. This included audits being completed locally and by the company's head office, as well as observational assessments of how staff were working. For example, recruitment files contained a checklist used to make sure all essential checks and processes had been followed when new staff had been employed. We also found activity logs were being audited to ensure care staff were completing them correctly and there were no changes in people's care needs.

We contacted five social and healthcare professionals to ask them for their opinion of how the company was operating. Overall their comments were very positive, but one person said they had recently had a communication problem with the service regarding changes in their care package. We discussed this with the registered person who explained the reason for the delay in responding to them. Another person told us they had attended a meeting to speak to staff and had met staff during visits to people's homes. They commented, "I was very impressed at the calibre of staff I met. It is clear Home Instead have high standards for recruitment. I would consider them for my mum's care if and when it is needed." They went on to tell us that they felt the provider "Clearly had a good rapport with his employees." A third healthcare professional told us, "The dealings I have had with them have been professional and to a very good standard."

Another person said they had worked alongside the company in providing support to people living with dementia. They told us they had also worked with the provider in connection with the Rotherham Dementia Action Alliance. They said they had found them to be "Passionate about delivering a quality service to people with dementia and also very supportive to those that care for them." They added that the provider had, "Worked very hard to raise the profile of dementia across the Rotherham area and has signposted a vast amount of people to our service. The service provides to be a quality service that is person centred and meets the needs of people with dementia and those that care for them."