

Thirteen57 Ltd

Home Instead Senior Care Wolverhampton

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Home Instead Senior Care Wolverhampton is a domiciliary care service which is registered to provide personal care to people living in their own homes. 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. At the time of inspection, 38 people were receiving a regulated service.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Decisions about people's care and treatment were not always made in line with law and guidance.

People told us they felt safe. Staff had received training in how to safeguard people and knew how to identify and report concerns relating to people's safety. Risks were assessed and managed to reduce the risk of avoidable harm. People received their medicines as prescribed. People received support from a consistent staff team at the time they needed it.

People were supported to maintain a healthy diet which reflected their needs and preferences. Staff received training relevant to the care they provided and felt supported in their role. Staff members worked alongside other agencies to ensure positive outcomes for people.

People were supported by a compassionate staff team who treated them with respect. People were supported to make decisions about their care and to maintain their independence, where possible. Staff respected people's privacy and dignity when providing them with care and support.

People's needs and preferences were assessed prior to them receiving care. People and those close to them were involving in the assessment and planning of their care. People and relatives knew how to raise a complaint if the service they received fell below their expectations.

Audits conducted by the provider and management team had failed to identify that assessments of people's mental capacity had not been carried out. People and staff were given opportunities to share their views about the service. People, relatives and staff felt the service was well managed. The provider worked in partnership with others to ensure people's needs and preferences were met.

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 (published 19 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the assessment of people's capacity to make decisions about their care at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Home Instead Senior Care Wolverhampton

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 an inspector and an Expert by Experience (ExE). 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

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 5 June and ended on 10 June 2019. We visited the office location on 6 June 2019.

What we did before the inspection

We used the information we held about the service to plan the inspection. This included checking for any

statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. 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 this information to plan our inspection.

During the inspection

During the inspection we spoke with five people and seven relatives of people who received a service. We also spoke with five staff members and the registered manager who was also the provider. We looked at five people's care records and medicine administration records, records of accidents, incidents and complaints and quality assurance records. We also looked at three staff recruitment records and staff training records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving support from staff. One person told us, "I do feel safe. They [staff] help me to get up wash and dress as I am unsteady on my feet and use a walking frame, so they make sure I am safely held whilst doing this for me."
- A relative told us, "Very safe. Complete peace of mind for me knowing they [staff] are going in and ensuring they have food and not getting dehydrated. They keep him very safe they do."
- Staff had received training in protecting people from harm and knew how to recognise signs of potential abuse and how to report concerns for people's safety.
- The registered manager submitted safeguarding notifications to CQC and had notified the relevant local authority where there were concerns for people's safety.

Assessing risk, safety monitoring and management

- People and relatives told us staff knew about the risks associated with their care and took appropriate action to protect them from harm. One relative said, "[Person's name needs to be supervised when taking a shower. They [staff] get her in safely, put an anti-slip mat down and leave her until she calls them. They are there to ensure she doesn't have an accident."
- Staff were aware of people's individual risks knew and how to manage them safely and effectively.
- Risk assessments were in place to ensure staff acted consistently to protect people from harm. For example, one person who was at risk of falls, had received advice from the falls prevention team about how to mobilise safely and staff also followed this guidance.
- There were environmental risk assessments in place to make sure people and staff were safe in individual homes.

Staffing and recruitment

- People and their relatives told us there were consistent staff available to support them at the times they needed. One relative shared with us, "We have a group of four to five staff that come to him. They are very good at sending him regular ones he trusts."
- People told us staff arrived on time and stayed for the required amount of time. One person said, "They [staff] are good, on time, but if late the office will call and let me know. They never leave early and never missed coming to me."
- Staff had been safely recruited. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed.
- People told us staff supported them with their medicines. One person said, "Staff put on all my prescription lotions and cremes and my dressings. Very careful and methodical doing all of this for me."
- Improvements had been made to the recording of the administration of medicines. The Caregiver manager undertook regular checks of Medicine Administration Records (MAR) to ensure people received their medicines safely. Where errors in recording were identified we saw action had been taken by the Caregiver manager to reduce the risk of a repeated error.

Preventing and controlling infection

- People told us staff used gloves when supporting them with medicines or personal care.
- Staff told us they had access to personal protective equipment (PPE) such as gloves and aprons and used these to reduce the risk of infection.
- Staff had received training in safe practices to control the risk of infection.

Learning lessons when things go wrong

- The management team had taken action when things went wrong, or incidents occurred. For example, when gaps were identified in the recording of medicines administration the registered manager and other senior staff had ensured staff were re-trained to reduce the risk of repeat occurrences.

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 deteriorated to Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 and found it was not.

- At the last inspection we found that although assessments about people's capacity had been conducted and best interest's meetings held, they had not always been recorded. The provider told us they had identified improvements that could be made to their recordings and this was due to be introduced shortly after the inspection. However, at this inspection we found improvements had not been made.
- Where people lacked capacity to consent to their care we found staff had not always assessed their capacity to make these decisions. One person's records showed the person's relative had consented to care on their behalf, without the legal right to do so. A person who has Lasting Power Of Attorney (LPOA) for health and welfare has the legal right to make decisions and sign agreement on behalf of someone who has lost their capacity to make their own decisions. However, the relative did not have LPOA for health and welfare.
- A second person lacked capacity to make decisions about their care and although staff were aware of this, an assessment of the person's capacity had not been undertaken in line with the MCA. The registered manager said that a family member made decisions on behalf of the person, however they had not requested evidence that the family member held legal decision-making powers on behalf of the person.

This meant the provider was not always acting in accordance with the MCA when people lacked the mental capacity to make their own decisions. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider submitted information to confirm assessments of capacity would be undertaken without delay. They also advised a full review of care records would take place to ensure information about other people's capacity was correctly recorded.

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

- People's needs and preferences were assessed before they started to receive care and support to ensure their needs could be met. The assessment included information about people's life histories and important relationships.
- People told us they were involved in the assessment and planning of their care. One person said, "I do this with them and in fact just had it done as had some changes to my medicines. It's very thorough I have a copy here with me."
- Care plans reflected people's needs and preferences and included clear guidance for staff. For example, one person's care plan described their health history and ways in which staff could effectively support the person.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff had the skills and knowledge required to support them. One relative said, "I think staff are well trained. [Person's name] uses a manual hoist operated electronically and staff safely transfer him to get him washed and dressed. To prove the safety, they came from the office to sign off the carers and me when satisfied that we were all conversant with using the hoist for him."
- Staff told us they received training that equipped them for their role. New staff received an induction which they told us was helpful. One staff member said, "My induction gave me a good basis to start from. I learned a lot from working alongside other staff until I felt confident."
- Staff were supported in their role by a team of office based staff who they told us they could contact for any advice or support.

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

- People and relatives spoke positively about the support staff offered to people to help them maintain a healthy diet. One relative told us, "Carers ensure they do not get dehydrated and they will encourage him to add things to his diet. Since the carers have been going he looks so much healthier and this is all down to them ensuring he has nutrition and eats well as on his own."
- Where people had specific dietary needs, staff were aware of these and care plans gave detailed guidance about how people's meals should be prepared and the support people required to eat safely.

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

- People were supported to access healthcare services and support when required. One person told us staff supported them to attend health appointments when needed; "When my husband can't take me to any appointments the carers will go with me and stay and explain things to me so I understand what they are going to do."
- Where staff noticed a change in a person's healthcare needs they contacted the client manager to report this. The client manager then contacted the person's relative or, if appropriate, arranged for the person to have a review with the relevant healthcare professional.
- During our inspection visit to the registered office we observed staff taking phone calls and working with other partner agencies to ensure people received care that meet their changing health needs. For example, staff liaising with a person's GP about their medicines.

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 Good. At this inspection this key question has remained the same Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them with respect. One person said, "The carers are all very kind, very thoughtful and very caring. It is the joy of my week when they come to me. All so nice and kind to me."
- Relatives also expressed positive views, one told us, "Staff are extremely considerate. Every one of them and that also includes the management and the office staff."
- Staff shared with us techniques they used to calm and reassure people. For example, one staff member told us they sang with one person they supported, as this helped the person feel more relaxed. Staff were also aware of people's diverse needs, including any mental health needs. This enabled them to ensure people were treated respectfully.

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

- People told us they supported to make decision about the care and support they received.
- One relative told us, "I have found them so helpful. [Person's name] is waiting to go in for a hip operation and they have been reassuring her and providing information in preparation for her surgery. I have been so impressed by this and it's not exactly part of her care package is it."
- Care records reflected how staff should involve people in decisions. For example, one person's care plan detailed how staff should observe the person's facial expressions when caring for them, to ensure they were happy to receive care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff supported them to maintain their independence. One relative told us, "The carers are wonderful. So thorough and caring and never rush anything and encourage [person's name] to do things for themselves. It was a god send finding them as they are so excellent."
- Staff shared examples with us of how they maintained people's privacy and dignity. This included closing curtains and doors before providing personal care and explaining care tasks beforehand, so people were aware of how staff would be supporting them.

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 remained the same. 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 told us their care was planned in a way that met their needs and preferences. One person told us they felt their carer had been matched to them to meet their individual needs. They said, "They ensure they choose the right person to send most suitable for the care needed."
- Another relative told us they felt staff had a good knowledge of their family member; "Carers offer her food and chat and companionship for support and she really likes this and the way they go about it."
- Staff demonstrated a good understanding of people's needs and preferences. They spoke with compassion about people's life histories, personalities and interests.

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 family carers.

- The provider met the accessible information standard. Where people were unable to read written information, appropriate arrangements were in place to enable them to understand the information provided. For example, staff verbally explained information where a person was unable to read it. The provider told us care plans could be made available to people in alternative formats if required.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern about the support they received if necessary. They told us they were confident any issues would be addressed.
- One person told us they were pleased with the way an issue had been addressed "I had a new staff member come and she was a bit sharp speaking to me. She had her mentor with her and she saw how she was doing this and had a quiet word with her and nipped it in the bud."
- The provider had a system in place to ensure the effective management of complaints and they oversaw complaints investigations and responses to the complainant.

End of life care and support

- There was no-one receiving end of life care at the time of the inspection.
- Where appropriate people's wishes for their end of life care had been considered and recorded. For example, considering people's spiritual or religious preferences.

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 deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the last inspection the provider told us they would take action to improve the quality of recordings around people's mental capacity. They told us they were in the process of introducing new recording systems specifically for this purpose. However, at this most recent inspection, we found these changes had not been implemented.
- We saw some audits systems were in place and new audits were being developed by the provider and the management team. However, the systems already in place had failed to identify some issues. For example, consent being signed by people who may not have had the legal right to do so and people's capacity not being assessed when staff identified they lacked capacity to make certain decisions.

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

- People told us they felt the service was well managed. One person told us, "I think it's extremely well-led." Relatives expressed similar views with one relative commenting, "Extremely, well run. They are easy to deal with, very open and explained in chapter and verse everything I needed to know when we joined them."
- The provider and management team worked to promote a positive culture, which staff told us meant they felt valued and appreciated.
- There was a strong drive within the service to provide a high standard of care. Staff spoke confidently about their success with achieving positive outcomes for people. For example, supporting people to live as independently as possible.

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; Continuous learning and improving care

- The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Where the provider had identified areas of concern or found improvements were required they had been honest and open with people and relatives and apologised for any harm which may have been caused.

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

characteristics

- People and their relatives told us they had the opportunity to give feedback about the service they received. People told us they had recently been asked to complete feedback forms, but that other feedback was shared via telephone calls and reviews of care.
- We saw feedback was recorded by the management team and shared with staff members where appropriate. Staff told us they received details of any compliments, which encouraged them within their role as caregivers.
- Staff told us they were able to give feedback about the service and felt any concerns would be addressed by the management team.

Working in partnership with others

- Staff members and the management team worked in partnership with other agencies to ensure people's health and social needs were met. For example, working with healthcare professionals and supporting people to maintain relationships which are important to them.
- The provider was involved in several local charities and awareness groups. These included Dementia Action Alliance and Age UK. They told us they felt it was important to give back to their local communities and aimed to be seen as a positive role model for their staff team.
- The provider also told us their new office location meant they could offer a training room for use by local groups or voluntary agencies. One person who received support told us, "I am involved with a few other health groups. Home Instead have recently moved premises and offered a room for me to conduct training if I need one. How good is that."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.</p> |