

Chesterfield Home Care Limited

# Home Instead Senior Care Chesterfield (Chesterfield Home Care Ltd)

## 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

This announced inspection was carried out on 23 November 2016. Home Instead Senior Care Chesterfield provides support and personal care to people living in their own homes in Chesterfield and surrounding areas. Prior to our visit the registered manager told us there were 45 people using the service who received personal care.

The service had a registered manager in place 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 2008 and associated Regulations about how the service is run.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by a regular staff member or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human rights to make decisions for themselves were respected and they provided consent to their care when needed.

People were supported by staff who understood their health conditions and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with respect by staff who demonstrated compassion and understanding. People were involved in determining their care and support and were treated in the way they wished to be.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People who used the service and care workers were able to express their views about the service which were used to improve the service. The registered manager provided leadership that gained the respect of care workers and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

## 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 well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency. People's views and experiences in using the service were used to identify and make improvements to the quality of the service they received.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability.

### Is the service effective?

Good 

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's right to give consent and make decisions for themselves was encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

### Is the service caring?

Good 

The service was caring.

People were supported by staff who respected them as individuals.

People were provided with opportunities to be involved in making decisions about their care and support which they could change if they wanted.

People's personal preferences, lifestyle and choices were respected by staff visiting them in their homes in a way that

suited them.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made.

### Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency. People's views and experiences in using the service were used to identify and make improvements to the quality of the service they received.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability.

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## **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 is 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.

This inspection visit took place on 23 November 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with six people who used the service and six relatives. We also spoke with six care workers and six newly recruited care workers undergoing their induction, two care coordinators, the care manager and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. One person told us, "I certainly am (safe) I am happy with them, I have had them a long time." Another person said, "They are nice people I don't feel threatened by them coming into my home. They are quality picked staff." Relatives agreed that their relations were safe using the service and told us the main reasons for this were having staff that their relation knew, in many cases for long periods of time, and the calibre of staff that were employed as care workers. One relative said, "I trust them 100%, [relation] definitely feels safe with the familiar faces, they are genuine nice caring people. There is something special about them."

Care workers were able to describe the different types of abuse and harm people could face, and how these could occur. Information about keeping people who used the service safe by following policies and procedures was included on the provider's PIR. Care workers told us they would report any worries about people's safety to the office (staff) and were confident that any concerns they raised would be listened to and acted on by the registered manager. Some care workers told us about times they had contacted the registered manager to discuss a potential concern about someone's safety, and said they had been given appropriate advice. Care workers also said they had the contact details of the local authority safeguarding team if they needed to contact them directly.

The registered manager was knowledgeable about the processes for sharing information of a safeguarding nature with the local authority safeguarding team. They told us they had sought advice from them in the past to ensure they were following safe practice. Staff told us they had received training on safeguarding people from abuse or harm and we saw this was included on the staff training matrix.

People received their care and support in a way that had been assessed for them to receive this safely. They told us care workers provided them with care and support in a safe way. One person said, "If I am unsteady in the bath I call them and they come and help me." Another person told us how they had nearly fallen when changing a light bulb and said, "They (care workers) have told me not to do anything where I might fall and they will do it for me." A third person told us how care workers gave them confidence and security to go out into their local community. They said, "My mobility is not great and I don't feel safe going out, but I feel safe going out with them, they reassure me and I trust them." Relatives told us how care workers supported their relations with their mobility and said they used any equipment needed safely. People also confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely.

Staff told us how they identified and reduced risks to people when visiting them. A care worker told us how one person had requested they assisted them with having a shower, which was support they had not carried out previously. The care worker looked at the bathroom and assessed that the arrangements there were not safe for the person to have a shower. They contacted staff at the office and a referral was made for an occupational therapist (OT) to visit, which led to some replacement and additional equipment and aids being provided.

The registered manager described how as part of their initial assessment for anyone new using the service they included an assessment of any risks the person may face, and an assessment of the environment to ensure that care could be provided safely. We saw copies of these assessments were included in people's care files. We suggested to the registered manager that some additional information could be included in some of the assessments, which had been included in other parts of the care plan. The registered manager said they would look to do so in future.

There were sufficient staff employed to provide people with consistent care and support which met their needs, and was provided at the time it was planned for. People told us they normally received their care and support from the same individual or group of regular care workers. They told us they had always been introduced to a care worker before they started to visit them. A relative told us their relation had, "Always met the person (staff) before they provided any care." People said that care workers normally arrived on time and always stayed for the full length of their planned call. They said that on the odd occasion a care worker was late, due to something beyond their control, they telephoned to let them know. One person told us their care workers were "really hot on staying the full time."

Staff told us there were sufficient care workers employed for them to carry out their calls as planned, and spend the time required with people who used the service. This included the scheduling officers who were responsible for ensuring all calls to people were planned for and covered. They described how they made any changes needed, including providing cover for a call with another care worker known to the person, in the event of the planned care worker being off work at short notice. Care workers said they always visited people who they had met previously as part of an introduction process. A care worker told us they were always introduced to people who used the service before providing them with any care.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. We spoke with a group of newly recruited care workers who were attending the office as part of their induction. They all confirmed they had been through the required recruitment process and described this as "thorough." Recruitment files showed the necessary recruitment checks had been carried out and additional information had been requested and obtained when this had not been provided in a candidate's initial application form.

People were encouraged to manage their own medicines, but support was provided to people if they required this to ensure they took their medicines safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently or with the help of a relative. One person described how care workers gave them their medicines in a pot as they were unable to remove them from the packaging themselves. They said the care workers then, "Wait for the pot, I have them (the tablets) while they stand there. They have to sign for them when I have had it." Relatives said care workers provided their relations with the support they needed to take their medicines and as far as they knew this was done safely. One relative said how the care workers kept them informed of when they needed to arrange for more medicines to be ordered, so their relation did not run out of these.

Care workers told us they underwent training in administering medicines before they were able to support anyone with taking these. Care workers also said that once they had successfully completed the training, they had to be observed and assessed to ensure they could complete this support safely. The registered manager said any care worker could request further training if they wanted, and if they felt a care worker would benefit from undergoing the training again to ensure they were following safe practice then this

would be arranged. We saw this had been done when one care worker had not completed a record correctly.



# Is the service effective?

## Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. People told us that staff understood their needs and provided them with competent support. A person who used the service told us, "I think they are suitably trained, what they do, they do very well." Another person said, "They seem to know what they are doing, I've not had any issue in that regard." Relatives also spoke of care workers having the skills they needed and following safe practices. One relative said, "They are certainly careful in washing their hands and using gloves. They seem to know what they are doing." One person told us care workers may have contact with children when they supported them, and the provider had ensured all care workers who visited them had completed a safeguarding children course.

Care workers told us they had the training they required to carry out their duties. This included an induction for new care workers and refresher training when needed. They told us they were able to request any additional training they felt they needed. Some newly recruited care workers who were undergoing their induction spoke positively about the topics they had covered so far, and were clearly finding this informative and enjoyable. The training officer reported to the registered manager at the end of the day that they were a very enthusiastic group who were enjoying this training. A care worker told us how to do their job "became automatic because we have been so well trained."

Another group of care workers came to the office during the afternoon to attend the third module of a course on dementia awareness. This was being led by the new care manager, who had been trained to provide this course. We saw the training matrix which showed the training staff had completed, including that some staff had completed the care certificate. The care certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Care workers told us they received individual support from the registered manager to discuss their work. The provider described in their PIR how they monitored care workers practice. Care workers said they had planned observations carried out when they were working to see if they were following the correct practices and procedures. The registered manager told us all staff also had an annual appraisal where they were given feedback on their work performance.

People told us care workers listened to them and asked for their agreement before providing them with any care or support. A person told us, "They (care workers) always ask me. I would soon say if I didn't agree." Another person who used the service told us they had agreed to their care plan and had signed to confirm this. Care workers told us how they sought people's verbal consent during visits before carrying out any care or support. They described how people were supported to make decisions by providing them with choices, which included using visual prompts if this helped a person to make a decision.

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.

We checked whether the service was working within the principles of the MCA and found care workers were able to describe how they followed the principles of the MCA in their work and gave examples of how they did so. This included expecting people were able to make decisions for themselves, providing people with any support they needed to make a decision and recognising people may make a decision that may be seen as unwise by some other people. The registered manager told us they were in the process of implementing a system to assess the capacity of one person who used the service to determine if they could make decisions and give consent to their care for themselves, and they showed us the process they would be using.

Some people said they did not require any assistance with preparing meals, others told us care workers would provide them with the assistance they needed to have a meal during their visit. They told us that care workers would either heat up a prepared meal or make them a light snack, such as some sandwiches. A person told us, "I say what I want and they get it for me." Relatives told us care workers made their relations light meals and snacks when needed. They also said they had seen their relations having been left with a cold drink after their visit.

Care workers described the different support they gave to people with preparing and eating their meals according to their needs. They knew when a person had a specific diet to follow that meant they needed to avoid certain foods or have their meal prepared in a specific way. Care workers also said they made people a hot drink during their visit and would leave a cold drink within the reach of anyone they visited who was unable to make one for themselves. One care worker told us one person they visited, "May not eat a sandwich I leave for them, but they do have the hot meal while I am there."

People described how they were supported with their healthcare needs and they felt care workers understood how these affected them. One person told us that care workers "understand." They went on to say how, "They (care workers) can tell how I am when they walk in, the first thing they do is ask how I am." Another person told us how they sometimes could not remember things and "got in a tizz" They said, "If I lose my head a bit they (care workers) get me back on it." Relatives told us how care workers understood their relation's health and had knowledge of health conditions they had. They also said they appreciated how they kept them informed of any changes they noticed with their relation so they could arrange for any healthcare appointment if they needed this. One relative told us care workers, "Most definitely (provide their relation with any support they need to maintain their health and wellbeing.) They raise any concerns which I very much appreciate, they tell me about any marks and things, we have a communication book and it is written straight down."

The provider described in their PIR taking people's health and wellbeing seriously and responding to any concerns as a priority. Care workers told us they always asked people questions to determine how they were feeling, and observed them for any indication that they may be feeling unwell. They spoke of knowing people well so they would notice any changes that may suggest someone was not feeling well. Care workers provided people with planned and, on occasions, urgent support with health related issues. This included accompanying people to medical appointments and if needed contacting health professionals and the emergency services. Care workers spoke of supporting people with a number of differing healthcare conditions and said they did have some knowledge about these, but would welcome further training if it was provided. The registered manager told us there were information sheets about any relevant health conditions in people's care files at their homes.

## Is the service caring?

### Our findings

People who used the service and their relatives consistently praised and complimented the care workers who visited them and described them as kind, caring, genuine and patient. They also strongly praised the office based staff as being thoughtful, helpful and considerate.

Staff told us they enjoyed their work, found their work rewarding and enjoyed helping people. They spoke of building relationships with people and of being genuinely interested in what mattered to people they visited. Care workers also spoke of how the agency's ethos, which they told us was to care for people who needed them to. One care worker told us, "It is how I feel about elderly care." The recently recruited care manager said they had applied for the position as they had been impressed "by the company values." The registered manager spoke with passion about the service and the quality of care they provided for each person they supported.

The provider stated on their PIR that, "Clients' cultural, spiritual and social needs are also discussed and clients are able to say how they want these to be upheld." People told us how they had been treated as an individual and had not made assumptions about them. One person who used the service told us, "The first thing that struck me was they didn't assume I was [something I am not]" and they described the service as being "open minded." Another person told us how everyone at the agency had taken into account their personal situation and they had felt exceptionally supported by this. A care worker told us when they visited people they "stepped into their world."

People's views were sought, respected and acted upon to ensure they received the service that they wanted. The provider described in their PIR how they involved people in preparing their care plans. People who used the service told us about preparing their care plan with the registered manager and their views being acted upon. A person told us, "They gave me the opportunity to say what I wanted and I feel that was taken into consideration." People also said that care workers did as people requested when they visited. One person told us that care workers, "Listen to me and do what I want." They added, "I wouldn't let them in the house if they tried to tell me how to do anything!" Another person said, "The beauty of it (my care) is I can say what I want." Relatives also told us that their relations were involved in planning their care.

Care workers said they involved people "as much as they can" in their care by always asking what they wanted. The registered manager described how they involved people in the initial assessment of their care. This had been carefully thought out to make the person feel comfortable and involved in the process. The registered manager said they then looked to find a care worker who would match the support and interests of the person, adding that they would not use a care worker to support a person if they did not appear to provide a good match.

In their PIR the provider referred to providing people with an opportunity to involve an advocate in planning their care. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. The registered manager told us they provided each person who used the service with information about local advocacy services. They told us there was no one who used the service at

present had the support of an advocate, however they would facilitate this if needed. The registered manager referred to occasions they had put people in contact with another organisation for advice and support.

The registered manager told us how they were involved in advocating with some other professionals on one person's behalf for them to be able to continue to live to home. This matter had not yet concluded, but in the meantime the service was providing additional support without charge whilst decisions about the person's situation were made.

People were treated in the way they preferred and they found care workers were friendly and respectful. People told us how care workers provided them with care and support in a dignified way. One person said, "I am a very private person and they respect that, but if they need to come (into the bathroom) and help me they do." Another person told us that the support they needed when having personal care was provided in a dignified way and said they really appreciated that. Relatives told us they felt their relations were shown respect by care workers when they visited them in their homes.

Care workers told us ways they showed respect when in people's homes. These included conducting themselves in a polite and courteous manner in the way the person who used the service preferred. They also spoke of, and records showed, people were addressed in the way they wished to be.

We found that people's independence was encouraged and supported. The provider stated in the PIR that the care and support they provided was designed to encourage people to maintain their independence. One person told us how care workers enabled them to have an increased level of independence by providing them with the support they needed to achieve this. They said, "They (care workers) are really good at understanding my independence, they only assist me where I can't do things."

## Is the service responsive?

### Our findings

People told us that before they started to use the service they had discussed what care they needed so a plan of their care and support could be written. They also told us that their care plans described their needs and how these should be met. A person said there was, "An initial visit to see who I was and what I was after." Another person said, "We worked out a care plan originally and update it when required. They talk about it with me."

Relatives felt people's care plans addressed their needs and any changes were made as and when needed. One relative described how they had been through the care plan with their relation and care workers to make sure this accurately described the care their relation wanted. They also said this was updated when there were any changes in their relation's needs.

Care workers told us they had read people's care plans before they visited them to be introduced so they knew about the person and their needs before they met them. The care manager said the introduction process including the care worker attending the office prior to meeting the person to read through the person's care file. We found whilst people's care plans did refer to the care people needed, they did not always contain the level of detail that explained exactly how the person would like to be supported. We discussed this with the registered manager who undertook to include greater detail in future care plans they prepared.

People told us the care and support they received met their needs. They spoke of how care workers stayed for the full duration of their call and said if they had completed the planned tasks then care workers would look for more things to do. One person spoke about how care workers worked off their own initiative, which was what they needed them to do. Care workers said there was sufficient time allocated for all visits to enable them to provide people with the care and support they wanted and to a high standard.

People were given opportunities to raise any concerns and they were told how they could make a complaint. People told us they had been provided with a copy of the complaints procedure when they were given their care plan documentation. One person remembered discussing this with the registered manager when they had first visited them. People also said if they had any concerns they would contact the registered manager and were confident they would sort any problems. A person told us, "I would first go to [registered manager] and would be confident they would sort anything out."

Relatives also said they had been informed on how to make a complaint if they needed to. One relative said that if their relation wanted something doing a certain way they said so and it was addressed. The relative said there had been no need to take any issue to the registered manager as care workers sorted anything that was not right.

Care workers were aware of the complaints procedure and told us this had been covered as part of their training. They told us they had not been aware of any complaints, but were confident if a complaint was made this would be properly and thoroughly dealt with.

## Is the service well-led?

### Our findings

People felt the service was well run and they described positive experiences when they needed to contact the management team and spoke of being spoken to politely by helpful office staff. One person who told us they had used a number of different care companies said, "Home Instead are absolutely the best care company I have ever had." Other people told us they would recommend the company to anyone looking for care at home and one person told us that they had recently done so. People also described how they felt their wishes had been acted upon. One person described about the efforts made to find them the care workers with the skills they needed to have. Relatives also described their experiences of contacting staff in the office as positive and helpful. One relative said, "They are very good, I am grateful I found this company they definitely provide the best quality care, I am very confident about that."

Care workers said they felt welcomed when they came to the office and that they were provided with the practical support they needed to enable them to carry out their work. This included having a rota in advance of the calls they would be doing each week. The resources they needed were always available, such as personal protective equipment (PPE) and forms, charts and other paperwork. The provider described in their PIR of having an open, fair and transparent atmosphere within the service. We saw care workers and office staff having general conversations with each other and these were relaxed and good natured. Care workers told us they had support out of normal office hours through an on call service operated by office staff. They told us staff meetings, took place, although there had not been one recently. Staff knew what action to take if they felt there was any attempt to withhold or conceal poor or dangerous practice by following the provider's whistleblowing policy.

The registered manager told us that office staff had a daily meeting where they looked at anything that needed to be done, changed or followed up on with regard to people's care and support. Any action that had not been completed was highlighted to make sure it would be seen through to completion. A relative told us, "They work as a team, they obviously talk to each other and leave messages for each other."

People were confident in the way the service was managed and had confidence in the registered manager. They spoke of knowing the registered manager and seeing them on a regular basis. One person told us, "I have known her for a long time. She hasn't forgotten me as they have got busier. She still comes and sees me and takes me out shopping." Care workers spoke appreciatively of support they had received from the management of the service, which had included some personal matters as well as work related issues.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place, which the provider was required to notify us about.

There were systems in place to monitor the service and recognise what was working well and if any improvements were needed. These involved having regular contact with people who used the service to ask them for their views. This was done formally using a quality assurance questionnaire and meeting for a 6

monthly service review, as well as listening to what was said during routine conversations that took place.

There were systems in place for records made in people's homes to be collected and returned to the office. These were then audited to ensure people had received their care as planned, or if not the reason for this was clearly documented. We noted that some of these records could have been more thoroughly audited, and we shared some of these observations with the registered manager. They told us the new care manager had been recruited as it had been recognised that additional management support was needed to complete all the management tasks.