

DB (Rochdale) Limited

Home Instead Senior Care

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 

Overall summary

Home Instead Senior Care is registered to provide personal care for people living in their own homes in the Rochdale area. The service also provided light household duties and companionship to people with dementia.

We last inspected this service on 18 February 2014 and found the regulations we assessed were being met.

The provider was given 48 hours' notice of this inspection which took place on 19 August 2015. This was to ensure that the registered manager would be available to assist us with the inspection.

The service had a registered manager in post. 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.

Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm.

Summary of findings

Recruitment procedures were thorough which protected people from the employment of unsuitable staff.

People who used the service or their representative had signed a 'client agreement' to confirm that they had consented to the care provided.

Members of staff told us they received regular training in order to ensure they had the skills and knowledge to provide effective care for people who used the service.

Care workers understood the importance of promoting people's privacy and dignity. People who used the service told us they were treated with respect and the care workers were friendly.

People new to the service were introduced to their care workers before any care was given to make sure they would get on well together.

People's care records included information about people's personal preferences. These plans were reviewed regularly so that staff had the information they needed about the help and support people required.

People who used the service and their relatives were given the opportunity to express their views about the agency by completing an annual survey. The last survey of June 2015 indicated that people would recommend the agency to other people.

Although the people who used the service told us they were satisfied with the care provided they felt confident to make a complaint if necessary.

Members of staff told us they liked working for the service and found the provider and registered manager approachable and supportive.

We saw that systems were in place for the monitoring of the quality and safety of the service provided.

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. People who used the service told us they felt safe when they received care in their own homes from staff employed by Home Instead Senior Care.

Members of staff knew the action they must take if they witnessed or suspected any abuse.

Recruitment procedures were robust and protected people from the employment of unsuitable staff.

Good



Is the service effective?

The service was effective. Members of staff received the training they required in order to provide effective care for people who used the service.

Members of staff responsible for preparing meals were aware of people's nutritional needs and dietary preferences.

Care plans included detailed information about people's individual likes and dislikes.

Good



Is the service caring?

The service was caring. People using the service told us that members of staff were polite and friendly.

Members of staff understood the importance of promoting people's privacy and dignity.

People new to the service were introduced to their care workers to make sure they would get on well together.

Good



Is the service responsive?

The service was responsive. People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs

People received their care from a regular team of care workers. This meant that people were cared for by staff who knew them well.

All the people using the service said they knew how to make a complaint and felt confident to do so if necessary.

Good



Is the service well-led?

The service was well led. Members of staff told us the provider and registered manager were approachable and supportive and they enjoyed working for the agency.

People who used the service told us they would recommend the agency to other people.

There were systems in place for assessing and monitoring the quality of the service provided.

Good



Home Instead Senior Care

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.

The provider was given 48 hours' notice of this inspection in order to ensure that the registered manager would be available to assist us with the inspection. The inspection team consisted of one inspector and this announced inspection was conducted on 19 August 2015.

During the inspection we spoke with the provider, the registered manager and four care workers. We visited one person who used the service and spoke on the telephone with the relatives of four people who used the service.

Before our inspection visit we reviewed the information we held about the service. We did not request 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 any improvements they plan to make. This was because the provider would not have had sufficient time to complete the PIR.

We contacted the local authority safeguarding team and the commissioning team of the service and Rochdale Healthwatch to obtain their views about the service.

During our inspection we looked at the care records for three people who used the service including the medication administration records. We also looked at the training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

We were invited to visit one person who used the service in their own home. This person told us they were happy with the care and support provided by staff from the agency and said, “The staff are fantastic. I feel very safe with them.” The relative of another person described the agency staff as ‘very good’ and were confident that the care provided was safe. The relative of one person wrote the following comment on a survey, ‘They always go the extra mile to ensure my mother is safe and has what she needs.’

Discussion with the provider and the training records we looked at confirmed that members of staff had received training in safeguarding vulnerable adults from harm. We discussed safeguarding with two members of staff and found they had a good understanding of safeguarding procedures and were clear about the action they must take if abuse was suspected or witnessed. One care worker told us that a copy of the safeguarding policies and procedures along with the telephone numbers for relevant agencies such as social services and the police were available in the homes of each person who used the service.

The staff team had access to a ‘Whistle Blowing’ policy. This policy ensured that members of staff knew the procedure to follow and their legal rights if they reported any genuine issues of concern. Two members of staff told us they would not hesitate to report any concerns and were confident that prompt and appropriate action would be taken by the provider or registered manager.

We looked at the care plans of three people who used the service. These plans identified any risks to people’s health and wellbeing. The guidance for staff to follow in each of these care plans clearly explained how people wanted to

be supported by staff to manage any risks. The risks included mobility, health and safety, personal care and memory. This helped to ensure that care was person centred and promoted people’s independence. Care plans also included environmental risk assessments so that any identified risks were managed appropriately in order to promote the safety of people who used the service and members of staff.

Policies and procedures for the management of medicines were in place. These provided members of staff with information about their role and responsibilities when helping people who used the service with their medicines. Members of staff responsible for administering, assisting or prompting people to take their medicines had received appropriate training in order to ensure this was carried out safely. We saw that records were kept of people’s prescribed medicines and the time to be taken. Care workers had signed the medicines administration records or recorded in the daily activity log when people had taken their medicines.

We looked at the recruitment files of three members of staff. These files included an application form with details of previous employment and training, an interview record, two written references, proof of identity and a criminal records check from the Disclosure and Barring Service. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff.

There were policies and procedures in place for the prevention and control of infection. Members of staff told us they had received training in infection control and were supplied with protective equipment such as gloves and aprons.

Is the service effective?

Our findings

Discussion with members of staff confirmed that they had a good understanding of the needs and preferences of people who used the service. One person said, “They’re enormously helpful.” The relative of one person said, “Home Instead is one of the best companies for care provision.”

It was clear from the information contained in the three care plans we saw that people who used the service and their representatives had been involved in the care planning process. Where possible people who used the service or their representative had signed a ‘client agreement’ to confirm their approval and consent to the care provided.

Care workers were also responsible for preparing meals for people who used the service if this was included in the care package. We saw that one of the care plans we were shown contained information about the person’s dietary preferences. The records of the care provided also included details of the meals they had eaten. The registered manager told us that where problems were identified with a person’s nutritional status action would be taken to manage this issue.

Four care workers told us about the training they received. This included moving and handling, dementia, safeguarding, infection control, food safety, first aid, management of medicines, fire safety and nationally recognised vocational qualifications in health and social care. In addition to this all members of staff had been enrolled to do the recently introduced care certificate. We looked at the personnel files of four members of staff and found they contained records of the training they had completed. This confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice.

The registered manager explained that new employees were required to complete a structured induction programme. This involved learning about key policies and procedures and attending mandatory training before new staff had any contact with people who used the service. New members of staff were then introduced to the people they would be caring for and shadowed a more experienced member of staff usually for one shift or until confident in their role. A care worker who had recently started working for the agency told us she was receiving the support she needed from senior staff. This care worker also explained that she had been introduced to the two people she was caring for as part of the induction programme and was developing positive and professional relationships with them both.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. People living in their own homes or are not usually subject to the Mental Capacity Act or DoLS. However, information about this legislation was available from the provider if required.

There was a system in place to ensure that all members of staff were supported through regular supervision meetings with their line manager. We asked two care workers about their supervision and appraisal meetings. They both said they found these meetings helpful and gave them the opportunity to talk about anything relevant to their work with the agency. We were shown records of these meetings which confirmed that work related issues and training were discussed.

Is the service caring?

Our findings

The care workers we spoke with understood the importance of promoting people's privacy and dignity. One care worker told us that she always chatted to people and asked them what they wanted her to do.

All the people we asked told us that members of staff treated them with respect. One person said, "The carers are very friendly and treat me with dignity and respect when carrying out personal care, the regular team know my likes and dislikes." Another person said, "The staff are lovely and always polite." The relative of one person said, "The carers are very friendly and treat mother with dignity and respect in everything they do for her."

During our visit to the home of one person we saw that the care worker was courteous and obviously got on well with the person she supported. There was much friendly banter and the person said, "She acts the fool to suit me, she's wonderful." The relative of one person told us the care worker was lovely and gentle. The relative of another person said, "They're very caring. They do all tasks over and above what's in the care plan."

Comments written by people who used the service and their representatives on a survey commissioned by Home Instead Senior Care included; 'The carer is polite, friendly, helpful and takes really good care of me.'; 'Nothing is too much trouble. The care staff really do care.' and 'My mother is very happy with her carer.'

Arrangements were in place to ensure that the care and support needs of people new to the service could be met. After the initial request to provide care had been made people were supplied with a copy of the brochure and information about the cost of the service. The registered manager visited people to discuss their care needs and personal preferences. This process also enabled the registered manager to determine which care workers would be suitable to provide the care required. Before any care was given the care workers were introduced to the person to make sure they would get on well together.

We looked at the care plans of three people who used the service. These plans contained information about people's care and support needs and their individual likes and dislikes. There were also clear directions for staff to follow to ensure people's needs were met. This enabled staff to provide care which was person centred and promoted people's dignity and independence.

Is the service responsive?

Our findings

The registered manager explained that people who used the service received their care from a regular team of care workers. This meant that people were cared for by staff who knew them well and understood their individual needs and preferences.

All the people we asked told us the care workers were reliable and had never missed a visit. The relative of one person said, "It's the same care worker except when they are off. They're very good; it's exactly what I need and serves the purpose I employ them for." The relative of another person said, "It's a very good service. We have the same team of carers, they stay for the correct length of time and they're generally on time unless there's a problem with traffic."

Care workers were required to complete a record of the care and support provided at each visit. These records were kept with the care plan in the person's own home in order to ensure all staff had the information they needed about the care provided and any recurring difficulties. A duplicate copy of each person's care plan was also stored securely at the office.

The care plans we saw included records to demonstrate that reviews of the care and support provided took place every six months or when the needs of the person changed. People who used the service and their representatives were involved with these reviews in order to ensure that the care provided continued to meet their needs. This process also meant that care workers had up to date information about the care and support people required.

The care and support provided by the agency included assistance with personal care, companionship and light household tasks. Companionship was especially important for people with dementia. One care worker told us that she

supported one person to do whatever the person wanted. This included going to the hairdressers, a luncheon club, a local café, walks in the park and visits to Hollingworth lake. The relative of one person told us that time was allocated for companionship and the care worker supported the person using the service with craft activities and knitting.

Another care worker explained that on one occasion she had visited a person and found that the person had just wanted to talk and be listened to. The care worker said this person's mood had improved as a result of having had the opportunity to talk to someone.

People who used the service could also choose to become involved in 'Community Circles' which was a scheme devised to help people to extend their network of support and increase community involvement.

People who used the service and their relatives were encouraged to express their views about the agency by completing a survey annually in June. This survey was carried out and evaluated by an independent company which had been commissioned by the national Home Instead Senior Care organisation. A written copy of the outcome of the survey was placed in the care records kept in the homes of each person who used the service. The most recent survey carried out in June 2015 indicated that people using the service were happy with the care provided and would recommend the agency to other people.

A copy of the complaints procedure was included in the 'Client Journal' which was supplied to people when they started using the service. All the people we asked told us they knew how to make a complaint and felt confident to do so if necessary. The relative of one person said, "There's nothing to complain about." The relative of another person said, "We're more than happy with the service."

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

The members of staff we asked told us that they enjoyed working for the service and that the provider, registered manager and office staff were approachable and supportive. One care worker told us there was always someone in the office and a senior member of staff was on call outside of office hours and at the weekend. This meant there was always someone senior to offer advice or take charge in the event of an emergency.

The relatives of people who used the service told us that when they needed to ring the office for anything staff were always helpful.

We saw that policies and procedures for the effective management of the home were in place. These included, infection control, medicines management, health and safety, lone working, fire safety, complaints, training and development, gifts and gratuities, management of accidents and incidents and safeguarding. These policies were reviewed regularly and up dated when necessary by staff at the head office to ensure they were up to date and provided staff with the correct information. Members of staff were given a copy of the care givers manual which included copies of these policies and procedures.

There was a system in place for the provider and registered manager to monitor the service. These audits included staff recruitment procedures, training and the care records of people who used the service.

The registered manager and a senior member of staff were responsible for monitoring the performance of care workers by carrying out spot checks. These checks involved visiting people who used the service to check that care workers arrived on time, were dressed appropriately, followed correct procedures and were competent to safely manage medicines. Records of these checks were seen in the files of three care workers.

The registered manager told us that staff meetings were held every three months and took place in the afternoon and repeated again in the evening so that all members of staff had the opportunity to attend. At these meetings care and management issues were discussed. A speaker was also invited to these meetings to talk to staff about a variety of topics such as Parkinson's disease, strokes and Rochdale circles. The next staff meeting had been arranged for September when the speaker would talk about the end of life care. Members of staff were encouraged to suggest topics they were interested in and would assist them with their caring role.

Information received from the local authority commissioning team prior to this inspection confirmed that there were no concerns about how the agency was being managed.