

Western Consultancy Services Ltd

# Home Instead Senior Care (Weston-Super-Mare)

## Inspection report

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Date of inspection visit:  
04 June 2019

Date of publication:  
16 August 2019

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Home Instead Senior Care is a domiciliary care service that was providing personal and nursing care to 36 people aged 65 and over at the time of the inspection.

People's experience of using this service: The staff worked very hard as a team to help people live independently and safely at home for as long as possible and genuinely cared about doing so.

People were exceptionally well matched with their regular care staff team and people spoke positively about the staff who visited them. Staff went 'above and beyond' for people and people said they were happy to do so.

The service worked very hard to provide people, relatives and the local community with information that would improve their safety, independence and awareness. This included arranging an event that aimed to provide people with information about services and products that were relevant to them and offering people the chance to attend complimentary workshops and training for people, relatives and the community.

People told us the service was responsive to their needs. This included encouraging people to retain control of their lives, choices and independence. People told us they felt comfortable to raise concerns and complaints and these were dealt with appropriately by the registered manager.

There was a team mentality and staff worked with each other and organisations to achieve good outcomes for people. When required, staff supported people to access the healthcare that they needed.

People and their relatives told us the service was safe. Risks to peoples' safety were assessed and there were systems in place to keep people safe from potential harm. Staff spoke confidently about actions they would take if abuse was suspected and referrals were made to the Local Safeguarding team when required.

People told us their medicines were managed safely and relatives confirmed this. Body maps were used to guide staff about what creams should be applied and where. Staff used gloves and aprons to help prevent the spread of infection.

People were assessed, and care plans included detailed information to guide staff about what the person needed and how this could be achieved. The care people received was provided by suitably qualified and well-supported staff.

People told us that staff listened to their wishes and that care was only provided if the person consented. If the person was assessed as lacking capacity to consent, a best interest decision was completed in partnership with the person's loved ones and relevant healthcare professionals.

People, relatives and staff spoke positively about the registered manager, management team and provider. There was a clear management structure and staff were aware of their responsibilities. The registered manager and provider had oversight of the service and were involved with the daily running, checks and auditing.

At the time of our inspection no one was receiving end of life care.

Rating at last inspection: Good (December 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Home Instead Senior Care (Weston-Super-Mare)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was older people.

Service and service type:

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 visit because we needed to be sure that the registered manager and staff would be available to speak with.

Inspection site visit activity started on 04 June 2019 and ended on 04 June 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection the provider submitted a Provider Information Return (PIR). The PIR provides information about what the service is doing and how they hope to improve. We also reviewed information we held about the service.

During the inspection we spoke with ten people, two relatives and nine members of staff, including the registered manager, training lead, care co-ordinators, provider and four care staff. We received feedback from one healthcare professional after the inspection. We reviewed various records including, the training matrix, recruitment files for two employees, four care plans, audits, compliments and complaints.

The provider contacted us after the inspection to provide further information about compliments they had received and updates they felt was important for us to know.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential harm and abuse. Caregivers spoke confidently about actions they would take if abuse was suspected. Comments from Caregivers included, "I would report concerns to the registered manager and this may be referred to the local authority".
- The service worked to raise awareness of abuse. This included creating and distributing a leaflet to people that included information about the types and indicators of abuse and how potential abuse could be reported.

Assessing risk, safety monitoring and management

- People told us they were safe. Comments from people included, "[I'm] Very safe because they [Caregivers] know their job. Each one I've had has been very good. Sometimes I've left money out and there's no problem there'
- Care visits were monitored. Caregivers used a 'logging in' system and alerts were sent to the office if care visits did not start on time. All the people we asked told us they had not experienced a missed care visit.
- Risk assessments were undertaken as required and looked at areas including the environment and manual handling. Risk assessments included guidance for Caregivers about actions they should take to help keep people safe.
- Caregivers were required to log-in and out of care visits, this meant the office could ensure people received care visits when they should. The provider told us people could choose how this happened, either using the person's telephone or Caregivers accessed an app on their mobile phones
- The provider operated an on-call service available 24 hours a day, 365 days of the year. The service allowed people and Caregivers to access a member of the management team for guidance and advice during emergency situations. The provider said the on-call service helped to, "Ensure the safety of our clients at all times."

Staffing and recruitment

- Caregivers were recruited safely. Two staff recruitment files we reviewed included a copy of the person's ID, employment history, references and a Disclosure and Barring Service reference number. This meant there was less risk of people being cared for by an unsuitable person.
- The provider attended quarterly recruitment and retention meetings with other local Home Instead services. This allowed providers to share what was working well, what could be improved and information about current best practice.
- The service 'screened' applicants with an initial telephone conversation. The provider told us this allowed them to explore if the applicant shared the same values as the service. If applicants were successful, this was followed up with a formal interview. One Caregiver said, "When I applied here I felt they were looking for staff

who had a love for older people."

- The provider offered minimum one-hour visits, so people could receive care and support that was 'unrushed'.

#### Using medicines safely

- People told us that their medicines were managed safely. Comments from people included, "They [Caregivers] see that my medication is taken". One relative said, "They [Caregivers] check it's okay, whether tablets are taken, they do all that. 'It's all fully documented.'"
- The service used 'body maps' to guide Caregivers about where to apply which creams. Comments from people included, "I wash the front of me, she [Caregivers] washes my back, head to waist, then we do waist to knees, then knee to foot and then she creams my legs" and, Caregivers "Always put their plastic gloves on when putting cream on."
- At the time of our inspection the service was trialling Electronic Medication Administration Records (EMAR), measures were in place to ensure that people remained safe during this process. For example, the trial group was small, the process was gradual, and Caregivers were receiving training about how to use EMARs. The service was working in line with best practice as they continued to use paper-based Medication Administration Records (MARs).

#### Preventing and controlling infection

- Caregivers were provided with personal protective equipment [PPE] including gloves and aprons to help prevent the spread of infection. The registered manager told us Caregivers could take what they needed.
- People told us that Caregivers acted to prevent the spread of infection. Comments from people included, "They [Caregivers] wash their hands and wear plastic gloves" and, Caregivers are "Always changing gloves."

#### Learning lessons when things go wrong

- The service worked to implement changes when things went wrong. For example, in response to feedback, the service had recently reviewed and changed how they were documenting the amount of food people were eating.
- The provider analysed the audits to identify themes and to ensure that actions were taken.



# Is the service effective?

## Our findings

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans included detailed information about how best to support people. For example, one person's care plan said, staff "Should speak slowly, clearly and face-to-face and all background noise is minimised so [person's name] can concentrate on communication. Care plans were reviewed six monthly or when a person's needs changed.
- Care planning was flexible and designed to meet the needs of people. For example, the service had arranged for one person receiving a complex package of care to have a review meeting with each person involved with their care present.
- Caregivers provided support to people in a way that ensured positive outcomes. For example, one Caregiver worked with a person experiencing mental health problems. The Caregiver supported the person to increase their confidence and access learning opportunities. The person said, "I feel that the support I have received has made a massive impact on my recovery and where I am today."

Staff support: induction, training, skills and experience

- Caregivers told us they were supported to learn and develop their skills. Comments from Caregivers included, "I have a lot of training."
- Caregivers were supported through an induction that was relevant to their role and those new to care were expected to complete the Care Certificate. The Care Certificate is a set of standards that provide those who are new to care with information they need.
- People told us they were supported by well-trained Caregivers. Comments from people included, "Absolutely, because I've had things that change, they are all clued up if it's getting worse, they [Caregivers] might suggest I call the Doctor. It's now under control, they help" and one relative said, "I have asked what their [Caregivers] experience of dementia is. They do have regular training. I don't think there's anything they are not able to do or understand."

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

- People told us they were supported to eat and drink by Caregivers. Comments from people included,

"They [Caregivers] make my breakfast and prepare my lunch. They do what I ask them to do. One person was receiving help from Caregivers with their evening meal. Their relative said, "The carer next morning checks what has been eaten. It's all working brilliantly. Mum is now at the right weight."

Staff working with other agencies to provide consistent, effective, timely care

- Referrals were made promptly when they were required for example, to the GP, Local Authority and Occupational Therapist.
- One healthcare professional said, "The carer from Home Instead (Weston-Super-Mare) who has been working with the client has been excellent and her expertise in the client's individual needs has been invaluable for both the client and family".
- People were supported to move between healthcare services. One compliment read, "I must especially thank [Caregiver's name] who was a superstar helping prepare [relative] for the challenge of the move."

Adapting service, design, decoration to meet people's needs

- People who were receiving care in their own homes retained control over decoration and design of the premises.

Supporting people to live healthier lives, access healthcare services and support

- People told us that Caregivers worked with healthcare professionals and supported people to access healthcare services. Comments from people included, "If you're not well they [Caregivers] would notify the wardens straight away and they would come up" and, "They ring the Doctor for me, I'm a bit deaf."

Ensuring consent to care and treatment in line with law and guidance

- People told us that they did not receive care unless they consented. Comments from people included, "They [Caregivers] ask me if I am happy with them" and, "They [Caregivers] talk to you, when they're with me there is lots of things I ask them to do. They do it willingly."
- When required, the service assessed a person's capacity to make a specific decision. When people did not have capacity to consent, relatives were involved with making a 'best interest decision' and these were clearly documented and accessible to Caregivers.

## 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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- Staff were enthusiastic about their roles, respected people as individuals and went 'above and beyond'. For example, one person had trouble with their hearing and was not sure how they could access help with this. The service researched hearing aids and tests, how the process would work and who to contact. This information was given to the individual, so they could access the service they needed. Comments from relatives included, "They [staff] have bent over backwards for us. They do a really great job. We are lucky" and one person said, "I've had a very difficult time, the office team are very, very good they go the extra mile. I'm so pleased I've got them."
- In 2017 the service introduced 'Be a Santa to a Senior'. Staff created festive displays, presentations and placed them in local businesses, encouraging customers to donate gifts. Gifts that had been donated were collected and distributed by staff. People who received gifts included those who may be at risk from social isolation, people spending time in hospital over the festive period and a local homeless charity.
- The service worked with people to ensure their beliefs were reflected in delivery of their care. For example, one person was matched with a staff member who had the same religious beliefs as them. One staff member said, "Everyone is different, and we have to treat them in a way that respects their faith, culture and choice."
- The service created a leaflet that included information about dignity in care. Staff distributed the leaflet to businesses on the local High Street.
- Free 'Dementia Workshops' were provided for people, their relatives and the local community. The workshops were designed to raise awareness about dementia and best practice to support people. One relative of a person using the service had attended and used the techniques to improve how they cared for their relative living with dementia. People, relatives and staff were also provided with the opportunity to use a device that simulated what it was like to live with dementia.
- In 2017 the service introduced an annual event that focussed on providing people with relevant information about services and products available to them. Staff worked to invite the Local Authority, businesses, charities, a friendship group and the local Fire Service with the aim of, "Encouraging people to live safely and independently at home." One person who had never previously used smoke detectors had one fitted.

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

- People and their relatives were supported to attend the service and speak with staff about their experiences of receiving care. The provider said, "They were really touched to be invited along and quite surprised" and felt it helped staff better understand how important their role was.
- Each month, the provider spoke with a sample of people who had contacted the office to ensure peoples'

experiences were positive and to check if anything could be improved.

- People were exceptionally well matched with staff. People were asked about the type of personality they may prefer their regular staff member to have, for example staff who were quiet, bubbly, a male or a female. The coordinator worked to identify the most suitable staff member and a formal introduction ensured that the person felt comfortable. The coordinator told us they worked, "Very closely with carers" to ensure that people received suitable staff. Staff told us they were well-matched to people. Comments from people included, "She's [staff member] very nice, she and I are getting on like a house on fire. We have a lot in common" and, "They [staff] do what I want, we get on really well."
- The service was looking at ways to make care-plans more reader friendly. For example, one person wished to, "Smell and look good."

Respecting and promoting people's privacy, dignity and independence

- Staff worked with people to help them maintain their independence. For example, one person could no longer use a cash machine (ATM) independently because of their deteriorating eyesight. Staff contacted a charity for information about talking ATMs that would be accessible to the person and supported them to access a talking ATM. Comments from people included, "Always friendly and happy. Keep me happy and independent."
- The provider offered people, relatives and the local community opportunities to access free 'Scam Awareness Workshops'. The workshops provided information about common scams and ways people could protect themselves, one event saw 300 people attend.
- People told us that their privacy was respected. Comments from people included, "Very private. If I said, "Could you manage to wash my back?", they [staff] would be putting a towel round me' 'The two I've got are superb' and, "They [staff] always say, "Do you need help with dressing and washing?"". 'They [staff] keep me covered up with a towel when they wash my hair".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were personalised, reflected the person's interests, preferences and included detailed information to guide Caregivers. People told us they were involved with developing their care plans. Comments from people included, "Yes I was involved. It's reviewed about every six months" and, "They did an assessment; the manager comes around and does another assessment. We are dealing with a very organised group of people."

- People were supported to retain maximum control of their lives and to make their own choices. One Caregiver said, "We need to make sure each individual has their needs met. We shouldn't treat all people the same. We should fit in with their needs". People told us they remained in control. Comments from people included, "They [Caregivers] always say to me "What job do you want done now?". They always ask me what I want" and, "We [Caregivers and person] have chats, "What do you want me to do today?", it's all very easy."

- The provider went over and above the requirements of the Accessible Information Standards. For example, one person with a visual impairment wished to pay their bill using Direct Debit, however was unable to as information on the documents was in very small font. The provider designed a large print version and once it was sent to the organisation and approved for use, the person was able to pay using Direct Debit. The Accessible Information Standards are important because they ensure people with a disability or sensory loss can access information how they need to.

- The service used technology to improve the lives of people. This included falls sensors and pivotells. A pivotell is a device that automatically dispenses a person's medicines. The registered manager said, "If someone doesn't need the care then don't put the care in. It's about independence."

Improving care quality in response to complaints or concerns

- Complaints and concerns were responded to appropriately and actions were taken by the service. This included providing people with an explanation or supporting Caregivers with spot-checks and supervision sessions. People told us they felt comfortable to complain. Comments from people included, "No complaints, if I did have, I'd pick up the phone and grumble".

- Compliments received by the service included, "Over a two-and-a-half-year period [relative] probably had six carers. They were each as nice and caring as was possible to be" and, "The care and support given to my [relative] was second to none. I'd recommend anyone to use them, they always have gone above and beyond with smiles on their faces all the time."

End of life care and support

- The relative of one person who received end of life care from the provider said, "They [Caregivers] all seemed to be doing the job because they wanted to help others. I really couldn't praise the [Home Instead] Weston Super Mare branch more highly. They simply could not be bettered on every count."

- At the time of our inspection there was no-one receiving end-of-life care.



# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received person-centred care and told us they received care that was excellent quality. Comments from people included, "There are a regular group of carers, it's really important as my [relative] has lost cognitive ability so it's amazing to have consistent Caregivers who understand it. Without that consistency I don't think we could achieve [good outcomes]" and, "The lady in the office called me and said someone would be coming to ask how I'm doing' I said, "It was brilliant, she's a lovely girl.""
- The registered manager had been nominated and won an award for the quality of their assessments.
- During a period of inclement weather, the provider had driven Caregivers to their visits so people who needed care received it. During the same period, the provider picked up medicines for one person and delivered them to the person's home.
- The service received one compliment from a relative that said, "I am writing to express my thanks for the quite amazing service that your company has provided over the past 12 months. The carers that you have provided have each been exceptional people, with considerable empathy. In [person's] own words, "You have literally changed my life". Indeed, his physical health seems to have improved over the period, in part I am sure, because of the support that you have provided.
- The provider was proud they had achieved a feedback score of 9.8 out of ten on website used by people to review their experiences of care service. Of 26 people who reviewed, 24 said they would be, "Extremely likely" to recommend the service and 23 people described the service they received as, "Excellent."

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

- There was a clear staff structure, people, staff and relatives spoke positively about the management team. Comments from people included, "My sense is that it is really well managed" and, "I think it's well managed, there has been no problems. One Caregivers member said, "All the staff are wonderful, they supported me through my illness."
- The service operated various rewards and incentive schemes for staff. These included, 'Caregiver of the Month Award', Caregivers were presented with a gift and a certificate that was displayed in the service. One person nominated their regular Caregiver for the award, the person and management team surprised the Caregiver at the person's home and presented them with their award. There was also an assistance programme offering staff the opportunity to access support and counselling and the service held a monthly 'well-being' event encouraging Caregivers to visit the service and participate in relaxation activities. One Caregiver said, "Thank-you, I was chilled out for the rest of the day and I really recommend the Caregivers to attend if they can."

- The registered manager and provider had oversight of the service and were involved with daily running, auditing and checks. This included auditing peoples' daily care records to check Caregivers were working in accordance with information contained in care plans and reviewing completed MARs. When errors or omissions were identified these were followed up with appropriate actions, for example a supportive supervision and learning was passed on to Caregivers.

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

- The provider used different ways to communicate with staff, people and their relatives. A newsletter was distributed monthly to people and staff containing various information, for example details of local clubs accessible to people, events being held by the service and awards won by staff. A secure mobile phone app was also used to make Caregivers more accessible and responsive to people and their relatives.
- The provider used different ways to engage with staff. These included, running workshops at team meetings and, social events as a way of 'team building'. Local healthcare professionals, such as Physiotherapists and representatives from the Fire Service, were invited to facilitate training sessions with staff.
- During the inspection, Caregivers visited the office throughout the day to take part in an independently run survey. Results from the last survey included 100% of people said they would recommend the service and 100% of staff said they were proud to work for the service. People were also provided the opportunity to complete an independent annual survey. The provider contacted us after the inspection and told us, 96% of Caregivers and 100% of office staff completed the survey.
- The provider was working to raise awareness of issues faced within the Lesbian, Gay, Bisexual and Transgender [LGBT] community. A presentation for 'Pride Month' was displayed in the entrance to the office and included information such as what 'Pride Month' was and where people could go for advice and support."

Continuous learning and improving care

- The service reviewed accidents and incidents to ensure themes and trends were identified. Recent improvements were made to this process in line with published guidance about best practice, including a daily 'office huddle' to discuss events of the previous day and information about actions that should be taken. The provider told us, "The system has significantly improved the tracking and auditing and [was] positively impacting on care provision."
- The registered manager and training lead recently attended a course that looked at ways to improve the safety of recruitment processes and explored how people could be involved with the recruitment of Caregivers.
- Caregivers were proud to have been nominated and won both regional and national awards. These included an award for 'Outstanding Commitment to Learning and Development' and a 'Best Employers in Care Award'. In 2017, the provider was awarded 'Domiciliary Care Organisation of the Year'.
- The provider offered people, relatives and local organisations, such as Stroke Association Groups and Sheltered Housing, opportunities to access free 'Scam Awareness Workshops'. The workshops provided information about common scams and ways people could protect themselves, one event saw 300 people attend. One Caregiver used their training to intercept telephone fraud when a person was asked for their bank details.
- The provider had become a Dementia Champion. The provider received training and told us being a Dementia Champion allowed them to, "Provide workshops in the community to help people who are in contact with loved ones and friends who have dementia."
- The provider took steps to ensure people new to the service were pleased with the initial support and visits they received, this included a follow-up courtesy call the day after an initial care visit. Follow-up



'Quality Assurance Reviews' were then held at monthly, quarterly and six-monthly intervals. The reviews were used to ask three questions, "What works well? What doesn't work well? and What could we improve?"

#### Working in partnership with others

- The provider worked in partnership with a meal distributor to offer 'Good Nutrition' talks to people, relatives and the community. These talks provided people with information about eating a healthy and balanced diet. The provider called participants to gain their feedback as a way of driving improvement.
- The service had contacted the local Fire Service to undertake free fire safety checks of peoples' homes.
- The service made monthly donations of refreshments to a local group that promoted intergenerational links and relationships.
- The provider went over and above the requirements of the Accessible Information Standards. For example, one person with a visual impairment wished to pay their bill using Direct Debit, however was unable to as information on the documents was in very small font. The provider designed a large print version and once it was sent to the organisation and approved for use, the person was able to pay using Direct Debit. The Accessible Information Standards are important because they ensure people with a disability or sensory loss can access information how they need to."