

Manchester & Stockport Senior Care Services Limited

Home Instead

Inspection report

Victoria House
179 Hall Street
Stockport
SK1 4JG

Tel: 01614800646

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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

About the service

Home Instead is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 134 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received safe care from staff who knew them well. There was a safeguarding policy in place and staff knew how to identify and report any concerns. The service had enough staff to meet the needs of the people using the service. Staff had been safely recruited and pre employment checks carried out. Medicines were managed and administered safely. A medicines policy was in place. Staff had received medicines training and regular competency checks were in place.

Staff had received a comprehensive programme of support including an induction, training and ongoing supervision programme. The management team carried out regular competency checks to ensure staff were providing safe, effective and quality care that people were happy with. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access a wide range of health care professionals and people received timely care and support.

People received compassionate care from kind and caring staff who loved their job and were passionate about providing good care. People were involved in decisions about their care and were treated with kindness, privacy, dignity and respect. Staff were recruited for their caring nature and had time to spend with people during their care calls.

Care plans were very detailed, inclusive and person-centred and written with full involvement of people and those important to them. Any changes were reviewed and updated to ensure plans reflected current need. Staff knew people well and were aware of people's needs and their individual preferences for care. People were supported to maintain their independence, social links and hobbies.

The service had new franchise owners and a new manager who was in the process of registering with the CQC along with the general manager. Management systems, such as audits and quality assurance, were robust and actively used to monitor and continuously improve the service. There was a person-centred and positive culture with community and staff engagement. The service gave person-centred, caring and professional support to people, their relatives and staff and aimed to continuously improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service at the previous premises was good, published on 26 May 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Instead on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Home Instead

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. Following the visit to the location office, an Expert by Experience completed telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the current manager and general manager were in the process of registering with the Care Quality Commission for this service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be people at home to speak with us. Inspection activity started on 31 August 2022 and ended on 7 September 2022. We visited the location's office/service on 31 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the manager, general manager, training manager and four care staff, known within this service as care professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had taken steps to ensure the safety of people. There was a safeguarding policy and procedure in place.
- Staff had received up-to-date training about how to protect people from harm and abuse. They demonstrated a good understanding of potential abuse and neglect and knew how to report any concerns. Staff were confident any reports of concerns would be acted upon. They were aware of whistle-blowing procedures and the service had a confidential whistleblower number for staff to use. One staff member told us, "I've been going to clients for a long time, so I pick up on what is not normal for them."
- People told us they felt safe. One person told us, "Yes, I do feel safe. They are still wearing all the PPE."

Assessing risk, safety monitoring and management

- People had individual risk assessments in place which covered a variety of risks and their care plans detailed how staff could reduce risks for people.
- People's risk assessments and care plans were reviewed regularly. Staff were aware of individual risks to people and were comprehensively informed on how to manage those risks. Staff they told us they were kept up to date with people's current care needs. They were informed by the management team via text and telephone call when care plans were updated if there were any changes.
- Each person's individual risks had been identified and assessed. They included input from the person and the related risk management plans were very detailed and person-centred. People were involved in managing their own risks.
- Relatives told us they felt their loved one was safe. One relative told us, "Yes, they're definitely safe, the vast majority of carers know my relative well."

Staffing and recruitment

- The service had safe and robust employment checks in place to ensure suitable staff were employed to care for people in their homes. These checks included DBS checks and references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- There were enough staff to support people. People received their visits on time and for the right length of time from consistent staff members. Staff told us they had enough time to complete visits fully and spend time with the person they were caring for. Office staff would contact people to keep them informed if there had been an unavoidable delay. One staff member told us, "We form a very special and unique relationship as we go and see the same person for years."

- Staff told us they have time to spend to sit and chat to people when they visit. One staff member told us, "The person comes first. I don't want to be the staff member that just rushes in. It's a very personal and person-centred service."

Using medicines safely

- A medicines policy was in place and all staff attended annual medication training. Staff also had their medication administration competency checks conducted annually. These checks help ensure staff continued to work safely.
- People's medicines administration records (MARs) were audited for safety and accuracy by the management team on a weekly basis. However, the electronic care recording system used by the service allowed the management team to oversee the management and administration of medicines on a live basis. If there are any problems with medicines or someone had been prescribed a new medicine, the management team were aware immediately and could action this through the care system. Where any errors had occurred, these had been investigated and actions taken to mitigate any future risk.

Preventing and controlling infection

- The service had an infection prevention and control policy to safely manage the risk of infection.
- The service's electronic care system prompted staff to wear appropriate personal protective equipment (PPE) on arrival at a person's home. People and relatives told us staff always wore PPE during a visit. One relative told us, "When COVID-19 was on they [staff] were very strict and they still wear masks and gloves; even the neighbours comment when they see the girls donning masks before coming in."
- Staff received regular infection control and PPE training. Staff also had regular competency checks to ensure the safe and appropriate use of PPE.

Learning lessons when things go wrong

- An accident and incident policy was in place and action was taken by the management team to investigate any accidents and incidents.
- Accidents and incidents were reported and recorded by staff. The service's electronic system allowed an overview of incidents and analysis to demonstrate any trends or repeat incidents. Staff told us if they had any concerns or any incident happened, they would contact the office immediately.
- Where an incident had occurred, the management team took action and outcomes were followed up. For example, one person had left their own home alone and was distressed. The service made referrals to their GP and local social care teams for an urgent review. The person is now in residential care and the service continues to visit them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The management team kept oversight of staff training and ensured staff were competent. Staff received a wide-ranging programme of training and support to enable them to provide safe and effective care.
- There was a comprehensive mandatory suite of training, induction, shadowing and ongoing supervision of staff. Additional training was offered regularly, such as mouth care and pressure area care to meet the needs of the people using the service. Bespoke training and nationally accredited training was also organised for staff who supported people with specific care needs. For example, end of life care and dementia care. Observations of staff practice and staff competency checks and were carried out by the management team regularly throughout the year. The service has its own training room to provide real-life training scenarios, such as moving and handling practice.
- Staff were required to complete The Care Certificate where necessary and received a comprehensive employee handbook when they joined the service. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff were supported with their wellbeing and had access to an employee assistance programme if they required additional support. Appreciation awards were given to staff who had gone above and beyond.
- Staff told us the training, opportunities and support were excellent; they were very complimentary about the training manager and wider management team. One staff member told us, "We have all sorts of opportunities for training and personal development; I could ask for anything."

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

- Detailed pre-assessments had been carried out by the management team prior to people starting to receive care by the service. This ensured the service was able to meet the person's individual needs for care and support.
- Care plans were developed by the management team from these initial assessments and the service ensured people were cared for by competent staff, who knew people's physical and emotional needs and preferences.

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

- People were supported to access healthcare and the service facilitated appropriate and timely referrals to other agencies and professionals. Any concerns were recognised by the care professionals and reported to the office for action.

- The management team told us they would liaise with district nurse teams, speech and language therapy teams and pharmacists to meet people's needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service ensured people were directly involved in decisions about every aspect of their care and support wherever possible, so their human and legal rights were upheld.
- People's care plans included capturing consent to provide care. At the time of the inspection no-one was subject to a Court of Protection authorisation.
- Staff we spoke with told us they understood the need for consent and told us they always ensure consent is provided and choices offered throughout all aspects of care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- An equality and diversity policy was in place and staff had received regular training. The management team demonstrated a good understanding of the protected characteristics covered in the Equality Act 2010.
- All care documentation reflected the person-centred ethos of the service. The management team gave us examples of how they had ensured people's diversity had been embraced. For example, one person required their food prepared in line with their religious needs.
- Staff told us they have consistent care calls and have time during the calls to get to know people. This enabled them to meet people's individual needs in a very personalised way. One staff member told us, "I don't feel like I am visiting clients; I am visiting friends."
- People told us they were treated with kindness and compassion. One person told us, "My regular carer and I are very much in tune; she knows all my likes and dislikes." Another person told us, "Especially in the case of [names], they are more like family than carers."

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

- People were encouraged to express their views and were fully involved in decisions about their own care and the support they received. The person's voice was very much reflected in their care plans and reviews.
- Staff were very knowledgeable about people's preferences for their individual care and support. They told us they were kept up to date and were asked for their input when someone's care plan was reviewed. The service aimed to match people with staff from the outset in terms of background and compatibility. One person told us, "They match carers to personalities. My hobby is my allotment so one of my carers is a keen gardener. We get on great."
- People and their relatives told us they felt their decisions were respected and staff knew them well. One person told us, "They [staff] are all clued up on my condition and on all my personal history." One relative told us, "Carers are a bit like extended family now, they know all our relative's children, grandchildren and great-grandchildren."

Respecting and promoting people's privacy, dignity and independence

- People were supported by respectful and caring staff who promoted their independence.
- One staff member had recently received a national care award. Staff showed a good understanding of how to ensure people were treated with dignity when providing care. They gave us examples of how they showed empathy and demonstrated an understanding about how a person might feel if they were receiving personal care. One staff member told us, "I care for someone how I would want my family member to be cared for." And "I love making that difference to people. If I can just make one person smile, it makes my

heart happy and I feel fulfilled."

- People and their relatives were all complimentary about how caring staff were. One person had fed back during a review, "All the staff that visit are kind, caring, courteous and have lovely personalities. They are chatty and bubbly and we like their company when they visit." Another person told us, "They [Staff] treat me with kindness and compassion. I cannot complain about them in any way." One relative told us, "I feel reassured my relative is cared for by genuine, caring people who have enabled my relative to stay in their own home."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and those important to them were involved in planning their support and care delivery that was personal to them.
- Care plans were outcome focussed, promoted people's independence and were very person-centred. There was clear evidence of involvement of people and their loved ones in the planning of their individual care and support. Care planning had encompassed every detail that was important to each person. For example, "[Staff] to make sure [Name's] glasses are clean before offering them once they are sat in their chair in the lounge."
- Staff told us they were kept informed of people's preferences and had time to read care plans, personal histories and previous visits.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and these were detailed in care documentation to guide staff on people's preferred method of communication.
- The management team told us they have access to different formats and languages and have a list of staff who speak different languages.

Improving care quality in response to complaints or concerns

- The service ensured people were aware of how to complain or comment on the service and complaints were responded to appropriately.
- There was a complaint policy and procedure in place and the management team told us they actively encourage complaints. The service acted to remedy the situation where a complaint had been made and they told us they shared learning from complaints with the staff team. We reviewed the complaints file and found that complaints had been documented and responded to in accordance with the complaint policy and procedure. However, we received a complaint during the inspection period from a relative and they told us they were dissatisfied with the response from the service to their complaint.
- People were given information on how to make a complaint when they initially started using the service and regular reviews of the quality of the service were carried out. People and their relatives told us they had

been informed on how to make a complaint, but no-one had felt they needed to complain. One relative told us, "I've never needed to escalate to a full-blown complaint as any issues are sorted out quickly; management are very responsive."

End of life care and support

- The service had an end of life care policy in place. Staff received training on how to support someone at the end of their life as part of the Care Certificate. However, some staff had also received more in-depth accredited end of life training.
- Care plans setting out end of life wishes are put in place when a person is nearing the end of their life. One person told us, "My spouse received end of life care. They [staff] were very good, I could not fault the carers at all. They set the plan up so my spouse could come out of hospital. It was a bad time for us, but the carers were marvellous, they did everything for us."
- Staff were also supported when a person they cared for was nearing the end of their life. One staff member told us, "I was really supported by the staff here and I was upset when [Name] died and the service took the calls off me that afternoon."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had very new governance structures in place with a new owner and new manager. The service was part of a large, national franchise organisation and managers received regular support and information from them on their legal and regulatory requirements.
- There was continuous oversight through a programme of auditing and responding to emerging or changing care and support needs and about the day to day operation of the service.
- The management team was able to access the electronic care system used by staff to know in real time how the service was performing. The management team carried out a series of regular quality checks, and where issues were found, action was taken and monitored to continually improve the care people received.
- Accurate, complete and contemporaneous records were kept for people and care plans accurately reflected people's care needs.
- The management team was knowledgeable around their regulatory requirements and wider legal requirements, such as health and safety. They were aware of the requirements of their registration with CQC and had submitted statutory notifications as and when required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team demonstrated their awareness of their duty of candour and their responsibility to monitor and act on accidents, incidents and complaints.
- The service was quality and performance driven; lessons were learned from incidents and this learning was shared to improve the service.

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

- There was a clear positive and person-centred culture at the service. Care plans were outcome focussed and respected people's equality and diversity. The management team told us they "want to continue providing the high quality of care we feel we demonstrate on a daily basis".
- The training manager told us how they instill the values of person-centred care and demonstrated to us how initial and continuing training is based around ensuring staff provide person-centred care.
- Regular feedback was sought from people and staff to monitor the quality and effectiveness of care delivery. This was analysed and fed back into the running of the service.

- The service produced regular newsletters for people and their relatives, staff and wider stakeholders.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involves people, relatives, staff and the wider community in the delivery of person-centred care.
- The service had a good presence within the local community, and we saw many examples of community engagement. These included holding friendship cafes and crafting at the local hospital. The management team told us they were passionate about ending social isolation and loneliness, particularly after the pandemic. People were also supported to access benefits they may be entitled to. The service is also involved in campaigns in the community, such as dementia friends and scam awareness.
- The management team told us they ensure staff feel appreciated with awards, gifts, activities and birthday treats. Staff told us they felt very supported in their role and we received very positive feedback about the management team as fair and approachable. One staff member told us, "I love my job. I love I can get involved in the community. I feel I have a new family with the staff and clients. I just love it." Another staff member told us, "I feel like I am part of a family at work. They [management] have bent over backwards to accommodate my needs as well. I feel very fulfilled, they recognise and show appreciation when we go above and beyond."
- The aspirations for the service reflected a passionate desire to provide a person-centred, caring and professional service to people, their relatives and staff and to continuously improve.
- The management team worked closely with the local authority and health care teams to share information. During the pandemic, the management team had worked closely with the local authority, health care organisations and public health departments to ensure Government and local guidance on safety was adhered to.