

Assured Lifestyle Limited

# Home Instead Senior Care

## Inspection report

Plantsbrook House, 94 Gracechurch Shopping Centre  
The Parade  
Sutton Coldfield  
West Midlands  
B72 1PH

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08 March 2023

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Tel: 01213234200

Website: [www.homeinstead.co.uk/suttoncoldfield](http://www.homeinstead.co.uk/suttoncoldfield)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Home Instead Senior Care is a domiciliary care service providing care and support to people living in their own homes. The service provides support to older adults, some of whom may be living with dementia, a physical disability or a sensory impairment. At the time of our inspection there were 79 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

At the time of the inspection there was no registered manager in post. There had been a change of ownership to the company and the new nominated individual was in the process of developing and introducing new processes and systems.

Without exception, everyone spoken with was complimentary about the service they received from their individual care staff members. The staff we spoke with were dedicated to the people they supported and passionate about their role within Home Instead Senior Care.

Feedback was sought from people, relatives and staff through surveys, care reviews and staff supervisions. The provider worked effectively with health care professionals. People and relatives felt involved in the planning of their care.

People received personalised care from kind staff members who had the skills and knowledge to carry out their roles and responsibilities effectively. People and their relatives all told us how wonderful, caring and kind their care staff were.

Staff were aware of their obligation to report any concerns and the provider had processes in place to support them. They knew the signs to look out for if people were at risk of being abused and who to report concerns to.

The provider had safe recruitment practices in place to make sure people were supported by suitable staff members.

People's needs were assessed before they joined the service. Care plans were person centred and daily recordings were detailed. Risks to people were identified, assessed and clear information was available to staff to support them to provider safe and effective care.

People's medication was safely administered by staff, who had received the appropriate training. There were effective measures in place to help reduce and mitigate the risk of cross contamination between home visits. The provider made sure there was a plentiful supply of personal protective equipment (PPE) for the staff to use.

Incidents and accidents had been investigated and appropriate action taken. Measures had been put in place to mitigate future risk of occurrence.

The culture of the provider was open and transparent. All the staff told us they felt valued and well supported by the provider and the management team.

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.

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

Rating at last inspection

The last rating for this service was good (published 14 October 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Instead Senior Care on our website at [www.cqc.org.uk](http://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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Home Instead Senior Care

## 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 conducted by 1 inspector and an 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.

#### 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager was in post and told us of their intention to submit an application to register. No application had been submitted at the time of the inspection.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 8 March 2023 and ended on 13 March 2023. We visited the location's office on 8

March 2023.

#### What we did before the inspection

We used information gathered as part of monitoring activity that took place on 4 January 2023 to help plan the inspection and inform our judgement. We also 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 spoke with 7 care staff, 3 people and 5 relatives of people about their care experience. We also spoke with the current service manager, care staff supervisor and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 5 care plans including risk assessments, medication records, incidents and safeguarding's. We looked at 2 staff files. We also reviewed staff training information and the provider's policies and quality assurance processes.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff knew how to report and recognise when people may be at risk. One staff member told us, "First thing, you don't record on daily logs because family can access. I would reassure the person and explain I have to speak to the office straight away."
- There were procedures in place that were followed to ensure people were protected from potential abuse. The nominated individual and manager were able to demonstrate when they had acted upon concerns.
- People felt safe receiving care and support from staff. One person told us, "I'm definitely safe with the carers being at my home. They come twice a day and take care of all my personal care in a very professional way."

Assessing risk, safety monitoring and management

- Individual risks to people were assessed, monitored and reviewed. There was clear guidance in place for staff to follow. For example, how to move and transfer people safely using hoisting equipment. We saw care plans and risk assessments were reviewed to reflect changes that had occurred for people. People and their family members had been involved in discussing their care plans and risk assessments. One person told us, "I have a care plan and very satisfied that it reflects my care and it gets reviewed regular. I'm not very mobile, but the carers have been very professional in avoiding me falling."
- Environmental risks in people's homes were considered to ensure the safety of themselves and staff.

Staffing and recruitment

- There were enough staff available to support people. There had been no missed calls or complaints about late calls. Staff told us if they were running late, they would contact the office to let them know who would contact the person to make them aware. People all told us staff arrived as scheduled and would stay the allocated length of time. One person told us, "The carers are always reliable and turn up on time."
- Staff had received the relevant pre-employment checks before they could start working in people's homes. The provider's recruitment processes included completing checks with the Disclosure and Barring Service (DBS). This information includes details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions. References from past employers were also requested.

Using medicines safely

- Medication was administered safely to people. People told us they had no concerns with the support they received from staff with their medication.
- There were protocols in place for staff to follow where people had 'as required medicines'. The protocols stated when the medicines should be given. We saw from records and conversations with staff and people,

these were administered in accordance with those protocols.

- Staff had received medication training and their competencies were reviewed by managers to make sure they were safe to administer medicines. One relative said, "The medication is top notch in the way it's handled by the carers on duty. They are really well trained. Nothing seems too much for them."

#### Preventing and controlling infection

- The provider had effective processes in place to prevent and mitigate the risk of cross contamination. Staff were provided with PPE. One staff member told us, "We wash our hands before helping the client and in between our duties, regularly changing our gloves and wearing full PPE. If you're not feeling well our policies tell us never come to work. We need to be very careful because we support some very vulnerable people." A relative said, "They [staff] have excellent hygiene standards. They always wear PPE at all times. They always wash their hands and keep the environment clean."

#### Learning lessons when things go wrong

- Staff knew how to report any incidents, accidents or events. The provider made sure all incidents were recorded, investigated and reviewed with appropriate action taken and measures put in place to mitigate future reoccurrences. Any learning was shared with staff.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question as good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- One recent safeguarding incident had been reported by the provider to the local authority. However, the nominated individual had not informed CQC. We discussed with the nominated individual and the new service manager about the legal duty to keep CQC informed of any notifiable incidents. A notification to CQC was submitted at the time of the inspection. The provider also immediately introduced a tracking system to include notifications to CQC to make sure any future notifiable incidents would be reported.
- The provider did not have a registered manager in post. The nominated individual had recently appointed a new manager. The manager was in the process of reviewing their training before submitting their application to CQC to become the registered manager.
- In October 2022 the company changed ownership. The nominated individual was developing quality assurance systems to give them consistent oversight of their service. The new processes needed time to become embedded into practice. The nominated individual told us the assurance processes would help to maintain the high quality care currently being delivered to people.
- The manager told us there were monthly quality assurance audits completed. For example, audits of care plans, risk assessments, medication administration records, complaints and compliments. We saw any changes to people's needs was promptly communicated to staff through daily updates and reviews. Any issues or learning was shared with staff promptly.
- Staff received spot checks and supervision. A record was completed to show any actions needed to be taken or followed up.

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

- People and their relatives were involved in the planning and review of their care and support needs. One relative told us, "We have a care plan kept in the folder. It's all itemised to their care needs. It gets reviewed regularly. There have been falls, but nothing serious and nothing the carers don't take responsibility for getting support."

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

- The provider understood the duty of candour requirements. When needed, the provider worked openly with people and their families to ensure information was shared and any learning shared with staff.

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

#### characteristics

- People felt listened to and confirmed they were asked for feedback. Some of the comments included, "I can't praise them [staff] enough." "The company introduced my relative to the carers before they started which I thought was very special." "The carers are very patient."
- People and relatives told us they felt fully involved in their care, to make sure the care plans met their individual support needs. One person told us, "I have a care plan in place and I've been in discussions around it."
- All the staff we spoke with received supervisions and felt supported by the provider. One staff member told us, "Home Instead is a really good company. We get the time to do our job well. We're not rushed and get the same clients. It's a lovely job and they [the provider] give you support and give you incentives. You feel valued and confident to do the job with support and training with practical updates so you feel very confident doing the job."

#### Working in partnership with others

- The provider worked in partnership with health and social care agencies. Staff told us they would contact the GP and/or district nurse if people required medical support and were not able to do this themselves.