

South Coventry Living Well Ltd

Home Instead Coventry

South

Inspection report

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Date of inspection visit:
16 May 2023
17 May 2023

Date of publication:
31 May 2023

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

Home Instead Coventry South is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to younger adults and older adults, people living with dementia, mental health needs and physical disabilities and sensory impairments.

At the time of our inspection the service was supporting 8 older adults who were receiving personal care. People purchased individual packages of care to suit their own care and support needs. 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

There were processes in place to keep people safe from harm and injury. People were supported by consistent staff who knew them well and how to keep them safe.

A care call monitoring system was in place and actions had been taken by the provider and registered manager to robustly address missed care call alerts.

People and relatives told us staff arrived on time and did not rush care calls. People were supported with the agreed care and support, which was personalised following an initial assessment of needs. For some people this included being safely supported by staff to take their medicines as prescribed. Where nutrition and hydration was part of people's agreed support, staff knew individual's likes and dislikes and supported them with eating and drinking.

Staff had been recruited in a safe way with pre-employment checks being carried out. Staff were trained and received ongoing support from the management team. This included spot checks on their work to ensure they met the provider's expectations. People and relatives described staff as caring and being kind to them.

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 and their relatives had no complaints about the service and described staff as professional in what they did. Feedback was sought from people and their relatives.

The provider and registered manager had systems and processes in place to check the quality and safety of the services provided. Quality checks were used to identify where any improvements were needed, and actions were taken where required.

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

Rating at last inspection

This service was registered with us on 2 August 2021, and this is the first inspection.

Why we inspected

This performance review and assessment was prompted by a review of the information we held about this service.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 Coventry South

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or telephone calls to engage with people using the service and staff.

Performance review and assessment team

The performance review and assessment was carried out by 1 inspector.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own homes.

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 a registered manager in post.

Notice of performance review and assessment

This performance review and assessment was announced. We gave short notice on 10 May 2023 to the registered manager. This was so they would be available to support the performance review and assessment process.

Performance review and assessment activity started on 10 May 2023 and ended on 17 May 2023.

What we did before the performance review and assessment

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 reviewed the information we had received about the service since registration. We contacted the Local Authority and asked for feedback from them. We used all of this information to plan our inspection.

During the performance review and assessment

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls, telephone calls and emails to enable us to engage with people and their relatives who used the service and also with staff. We used electronic file sharing to enable us to review documentation.

We spoke with 1 person and 6 relatives to gain their feedback on the service. Additionally, we gained feedback from 5 care staff and spoke with the registered manager and provider.

We reviewed a range of records. This included 3 people's care plans and multiple records related to risk management and medicine administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We reviewed 3 staff recruitment files.

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 for this newly registered service. This key question has been rated good. This meant people were consistently safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks of potential harm or injury were assessed, and directions were included in electronic plans of care to tell staff how to minimise those risks.
- Staff knew people well and how to keep them safe. A staff member told us, "I support [Name] with all transfers as they have poor mobility and a lack of confidence, so I give clear instructions to help them."
- Staff knew how to manage people's anxiety. For example, 1 person sometimes became anxious during the night. The person's staff member told us, "I have found different ways of calming [Name] which work for them."
- Some people had an identified risk of their skin becoming sore. Staff had been trained to 'react to red' (skin) and knew how to report any concerns. Some people were prescribed cream to moisturise and protect their skin and staff had guidance to follow on where creams should be applied on a person's skin.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe with staff in their homes and were protected from the risks of abuse when their care calls took place.
- The provider had a safeguarding people from abuse policy which informed staff what actions they should take if abuse was suspected. Staff members told us they would report any concerns to their manager. Staff could tell us how they would 'whistle-blow' any concerns to external organisations such as the Care Quality Commission, if they felt any concerns they raised had not been acted on.
- The registered manager understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) of certain events, which included allegations of abuse.

Preventing and controlling infection

- There was an infection prevention and control policy available to staff to refer to. Staff were trained in infection prevention and followed the training given to them.
- Staff had access to stocks of personal protective equipment and used these when supporting people with personal care.

Using medicines safely

- Staff had received training in the safe administration of medicines and people were supported with their medicines where this was an agreed part of their care and support.
- Some people were prescribed topical medicines such as creams for their skin. Directions were in place to instruct staff where creams should be applied on a person's skin.
- The registered manager ensured people had electronic medication administration records (eMARs) in

place. Staff recorded administering people's medicines in line with the prescribing directions.

Staffing and recruitment

- Staff were recruited in a safe way. Employment records and pre-employment checks were in place, including references and a Disclosure and Barring Service (DBS) check had been obtained. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff employed to undertake agreed care calls. People and relatives told us staff arrived at the agreed times and stayed for the duration of the agreed care call and did not rush them with support and care tasks.
- The registered manager had an electronic care call monitoring system. The registered manager informed us the system had been implemented following 1 missed care call during 2022. During 2023, there had been 5 incidents when a staff member had not attended the care call as agreed and alerts had been triggered by the monitoring system. Actions had been taken by the registered manager and provider to ensure such incidents did not reoccur.

Learning lessons when things go wrong

- The registered manager told us lessons were learned from accident and incident analysis. This meant actions could be taken to reduce the risk of reoccurrence.

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 good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- Staff worked within the remit of the MCA and understood the importance of gaining consent from people. People were supported in their own home, and they were not restricted by staff in how they lived their lives.
- The registered manager's initial assessment of people's needs included assumed mental capacity and an assessment if needed. At the time of our performance and assessment review, the registered manager told us everyone had been assessed as having mental capacity.
- Where people were living with dementia, the potential impact of this on their mental capacity had been recognised. For example, 1 person had a mental capacity assessment which informed staff they had some memory loss but retained the ability to weigh up information and make decisions.

Staff support: induction, training, skills and experience

- Staff received an induction and training which was a mix of taught group sessions and self-directed access to electronic courses. Staff felt positive about training received and that it gave them the skills they needed for their role.
- Relatives felt staff had the skills they needed for their role to care for their loved one. A relative told us, "They know what they are doing."
- Staff had developmental opportunities and had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours of specific job roles in the health and social care sectors.

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

- People were supported with their nutritional and hydration needs where this was an agreed part of their care and support. Staff knew people's likes and dislikes well. A staff member told us, "At each meal time, I offer [Name] a choice, I make sure their table is pulled up close and everything is within easy reach."
- Relatives confirmed staff prepared food and drink according to their relation's preferences. Relatives told us staff left snacks and drinks available for people.

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

- Staff told us they would report any concerns about a person's wellbeing to the manager who would seek professional healthcare support and / or liaise with the person's relatives.
- The registered manager worked with information and guidance given to them from healthcare professionals including community occupational therapists and nurses.

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

- People and their relatives gave positive feedback about the caring approach of staff and the registered manager. A relative told us, "The manager seems to match the staff member with the person. It is a refreshing company because they do care."
- People were supported by consistent staff members which enabled positive relationships to be built. A relative told us, "The staff are caring, and we are very pleased with the quality of care given."
- Staff demonstrated a caring approach. For example, a staff member told us, "I ensure [Name] has all their entertainment essentials within reach, like their headphones, book, remote control and newspaper and also snacks."
- Relatives felt they and their relation receiving support were involved in making decisions about their care. A relative told us, "The manager came to meet me and [Name] and did a detailed assessment. They asked [Name] about any equality wishes but all that was important to my relation was having female staff members which has happened."
- During initial assessments, people were given opportunities to share information about protected characteristics under the Equality Act 2010. Whilst this was not recorded, relatives confirmed conversations had verbally taken place. We discussed this with the registered manager and going forward they agreed a section would be added to their initial assessment form to record important information.
- People were offered a choice about the gender of staff who supported them. Everyone spoken with was happy with their staff members who undertook care calls to them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity. A relative told us, "Staff support [Name] with showering and always keep them covered with a towel."
- Staff demonstrated a positive understanding of why people's independence was important. A staff member told us, "[Name] struggles with memory problems and can no longer keep a record of the time or seasons. I give hints and clues so they can maintain their independence."

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's needs were assessed prior to them receiving care and support from the provider. The registered manager undertook an initial assessment of need and any identified risk of harm or injury. This information was used to create a task-based plan of care.
- People's day to day care and support was based on their wishes. For example, 1 person liked a strip wash on some days and a bath on another day. People and relatives were happy that the agreed tasks were completed on care calls.

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 their can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and was documented in their plan of care.
- Relatives were positive about the way staff communicated with their loved ones. A relative told us, "They have developed a rapport and have a chat and laugh together."
- Some people had sensory impairments such as being hard of hearing or needing to wear glasses. Staff understood the importance of effective communication prior to starting personal care tasks. A staff member told us, "Once [Name] is awake I put in their hearing aids, and this is followed by a chat about how they are feeling that morning."
- Staff used non-verbal communication to enable understanding. A staff member told us, "[Name] has dementia and hearing loss, when talking I get close at their level and face them. I use some gestures, like if I ask if they would like a drink, I show a drinking motion, this is effective."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service offered additional services including companionship visits and support calls to people as well as the regulated activity of personal care. People, or their relatives, could purchase these other services if they wished to.
- People's plans of care gave staff information about hobbies and interests. Staff members were aware of what people liked to chat about and what was important to them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no current complaints about the services they received and were aware of how to contact the office if they needed to raise a concern.
- There was a complaints policy available to people and their relatives. The registered manager told us any complaints and concerns received were used as a way of learning to improve the services they provided.

End of life care and support

- End of life care and palliative support was not currently provided to anyone. In the event of a person reaching end of life care, the registered manager and staff would follow people's wishes and healthcare professional guidance.

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 did promote high-quality, person-centred care.

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

- The provider and registered manager had effective quality checks and audits in place.
- Staff recruitment files contained a check list to ensure important information had been gathered prior to them starting to work for the provider. The registered manager undertook further checks when staff's own vehicles were used for work purposes.
- Spot checks on staff's skills took place. These were used to identify any further training needs staff.
- Medication competency assessments on staff took place. These included both written workbook assessments and observed practice in the safe handling of medicines.
- Checks on people's electronic medicine administration records (eMARs) were completed by the registered manager and had not identified any shortfalls.
- Risk management guidance in people's electronic plans of care was reviewed when needed. For example, if staff raised a concern, the registered manager ensured information was reviewed and updated.
- An out of office hours on-call system operated to support staff. The registered manager and provider operated this and stepped in to cover care calls when needed.

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 registered manager was aware of their legal responsibilities under the duty of candour. Statutory notifications had been sent to us about specific events as legally required.

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

- People and their relatives were asked for their feedback on the service received. Initial feedback was sought once a service had commenced, followed by frequent individual service reviews with people and their relatives.
- The registered manager had a system in place for gaining feedback from people in the form of survey. The 2022 feedback received was positive and had been analysed by the registered manager.
- Staff gave positive feedback about the support they received from the registered manager. A staff member told us, "The manager will call me and ask how people are and whether there are any issues. Any problems are followed through promptly."
- Staff worked within a positive culture that valued them. A staff member described the culture as "very

good and professional". A 'newsletter' celebrated staff's achievements such as completion of their care certificate.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with other healthcare professionals involved in people's care. For example, they worked with community occupational therapists and nurses.
- The provider had partnered with a local football club in the club's meetings for people living with dementia. Both the provider and registered manager were committed to ongoing learning related to dementia care.