

Archie Care Limited

Home Instead Durham

Inspection report

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County Durham
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20 July 2023
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04 August 2023

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service caring?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Home Instead Durham is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people, people living with physical disabilities and people living with a dementia. At the time of inspection, the service was providing personal care to 58 people.

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 our last inspection we found that the service provided exceptional care and support that had transformed lives. Since then staff had continued to provide outstanding and distinctive care. Respect for privacy and dignity was at the heart of the service's culture and values. Staff were very effective at delivering the support people wanted and had professional but close relationships with them and their relatives. The service was highly adept helping people to express their views so that staff and managers at all levels understood their preferences, wishes and choices.

The service had a track record of being an excellent role model for other services and driving improvement. The provider and registered manager continued to develop and innovate in the support they provided. External professionals said they had excellent working relationships with the service and said it stood out for the quality of care provided. People and relatives said the way the service was led was exceptional and distinctive. Staff were motivated by and proud of the service, which they said was unlike any other they had worked for. Effective governance systems were in place to monitor and improve standards. Feedback was sought and acted on.

Risks to people were assessed and safely managed. The service continued to embed the effective risk management systems we saw at our last inspection. People were safeguarded from abuse. Staffing levels were carefully monitored to ensure people received safe support from staff. The provider had a safe and effective recruitment process. People's medicines were managed safely. The provider had safe infection prevention and control systems in place.

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 this service was outstanding (published 2 May 2018).

Why we inspected

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

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 the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Instead Durham 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Home Instead Durham

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

An inspector and an Expert by Experience carried out this inspection. 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 a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 July 2023 and ended on 4 August 2023. We visited the location's office on 20 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 information gathered as part of monitoring activity that took place on 14 June 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people and 6 relatives about their experience of the care provided. We reviewed a range of records. This included 5 people's care records, with accompanying documentation. We spoke with 27 members of staff, including the registered manager, nominated individual and support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 4 external professionals about the service.

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 outstanding. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and well supported by staff. One person said, "(Staff are) more like friends. I trust them implicitly."
- People were safeguarded from abuse. Staff received safeguarding training and said they would immediately raise any concerns they had. One staff member said, "I would whistle blow straight away, no hesitation. We get taught that from day one."
- Effective systems were in place to monitor people's safety and act on any concerns identified. Records confirmed that action was taken to safeguard people. For example, when one person began to neglect themselves, staff acted with external professionals to monitor and protect their wellbeing.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and effectively monitored. Care plans contained guidance to staff on how to keep people safe, which were regularly reviewed to ensure staff had the latest available information. One staff member said, "The care and welfare of my clients is my number one priority. They come first and anything I can do to make their lives better I do."
- Accidents and incidents were monitored to see if lessons could be learnt to keep people safe. Staff worked proactively to anticipate risks to people and take action to address them. For example, staff gave free advice to people on financial scams awareness to help reduce the risk of this occurring.

Staffing and recruitment

- Staffing levels were carefully monitored to ensure people received safe support from staff they knew. People and relatives told us staff arrived on time and provided all the support people needed. A relative said, "They are excellent. They come on time and stay the length they should."
- The provider's recruitment policy minimised the risk of unsuitable staff being employed. Pre-employment checks were carried out, including seeing references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. Staff received training in medicines management and people and relatives said these were given when needed. One person said, "We are very happy, they are safe and careful with them (medicines)."

Preventing and controlling infection

- The provider had safe infection prevention and control systems in place. These were regularly reviewed to

address any emerging risks.

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.

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant 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

- There was a strong, visible person-centred culture at the service. People and relatives told us staff cared for people in ways that exceeded their expectations. Comments included, "Very kind and caring. I am amazed at the care. The previous care agency was diabolical. I am now a very happy woman. I have recommended them to everyone", "They treat you like a friend. It is not just a job, they do it because they like it" and, "I can't recommend them highly enough."
- People were supported by staff who were open and honest, which had a positive impact on their wellbeing. One person told us, "[Staff member] is like an angel. It is all done with dignity." Another person said, "[Staff member] deserves a gold star, he is fantastic." A member of staff said, "The care is probably the best I have known, everything that can be done is done for people... I would use it for my parents."
- People and relatives said staff demonstrated a real empathy for the people they supported. This contributed to the exceptional care people received. One relative said, "I think the work they do is amazing." Another relative said, "The care, kindness, companionship, dedication and commitment shown to [named person] by her team of caregivers enabled her wishes to be fulfilled and for her to remain safe at home."
- The service was particularly sensitive to times when people needed caring and compassionate support. Staff discussed this with them and helped people explore their needs and preferences in relation to personal and family support. This helped people to feel valued and respected as individuals. A relative said, "(Staff go) above and beyond," and told us how staff used their knowledge of the person to engage with them in truly meaningful ways.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff who worked creatively and proactively to help them maintain their dignity, independence and sense of self. For example, staff had worked closely with a person's relatives and other professionals involved in their care to maintain their care package when changes in their health support needs put this at risk. Staff were successful in this, meaning the person's choices were respected. In another example, staff had quickly responded to changes in a person's medicines to help them to continue to take part in managing these themselves. The learning from this was used to review how other people managed their medicines to see if further steps could be taken to help them do this independently.
- People decided who provided their care and support, and when. For example, people were involved in choosing their staff to ensure these met their personal preferences. Staff spoke positively about the impact this had on people's control of their care. One staff member said, 'Staff are matched with clients, hobbies, likes, etc. which in my personal experience works really well.'

- The service was very effective at helping people to express their views so that staff and managers at all levels understood their preferences, wishes and choices. People and staff felt respected, listened to, and influential. One person told us, "They keep in touch regularly." A relative said, "They actively ask for it (feedback). There is regular dialogue, phone calls and a review every 6 months."

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 outstanding. The rating for this key question has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People and relatives said the way the service was led was exceptional and distinctive. The provider's vision and values were imaginative, and people were at the heart of the service. For example, staff were producing a guide to their local community listing clubs, societies, education, church coffee mornings, choirs, fitness classes and other activities across County Durham that may be of interest to older people to help prevent loneliness and isolation in local community. One person told us, "1st class service, brilliant service." Another person said, "I can't recommend them highly enough."
- Staff were motivated by and proud of the service. There were consistently high levels of constructive engagement with staff, who spoke very positively about the culture and values of the service. Comments from staff included, 'I have never enjoyed any role as much as I have enjoyed my role within Home Instead Durham. It's actually changed my life' and, 'I have no ideas on how the service can be improved because it's an amazing company with amazing staff.'
- The provider and registered manager had a strong organisational commitment and took effective action towards ensuring that there was equality and inclusion across the workforce. For example, we saw how one member of staff had been supported through a difficult period by the registered manager and nominated individual. This included numerous welfare checks and opportunities to seek further support. A member of staff said, "The management is amazing, they are so caring. I would want my relatives to have this kind of care, we absolutely go the extra mile."
- Staff were open and transparent with people, including when things went wrong. People and relatives confirmed that they had regular and honest communication with staff.

Continuous learning and improving care; Working in partnership with others

- The service had a track record of being an excellent role model for other services and driving improvement. We saw evidence of continued development and innovation since our last inspection. For example, the registered manager was participating in a university research project to improve care pathways for people living with a dementia. In another example, staff organised and ran training sessions on dementia for members of the public. They had adapted their own dementia training to help teach their local community more about the condition and advise on how to support people living with a dementia. These workshops had also been accessed by external professionals in the local area. In another example, staff ran a 'Memory Café', which was open to the community and intended to overcome social isolation. In doing so staff had worked with a local museum to share resources for this, and the cafes were also being used to

share advice from other professionals. An external professional gave us positive feedback on the impact of the café.

- The provider and registered manager placed a strong emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring and assurance arrangements. A relative told us how staff, on the basis of how well they knew the person they were supporting, suggested a change to their care package which would give them more time to access activities they enjoyed. The relative said, "That was their suggestion. They are always thinking of mum." An external professional said, "I think the Home Instead model should be adopted by all care agencies."
- The service had a systematic and very effective approach to working with other organisations to improve care outcomes and people's overall wellbeing. For example, staff were relaunching a pre-COVID-19 scheme called 'Be a Santa to a Senior' whereby the public were encouraged to donate gifts which were then given to older people (not the provider's own service users) in the local community who did not have family or friendship networks. An external professional told us, "I don't think I have any negative comments or suggestions for improvement from what I have seen and only wish more care agencies were as proactive, engaging and caring in the local community."

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

- The provider and registered manager carried out a range of checks to monitor and improve standards at the service. Where issues were identified, action was taken to improve them. For example, one audit had identified an issue with one person's records. This was immediately acted on and discussed at meetings with staff.
- Staff were supported in their roles and felt involved in the running and development of the service. Staff working out in the community said they regularly visited the office to meet with their colleagues and discuss their work. One member of staff said, "The office is always open to staff to drop in, we say the kettle is always on and we always have cake and biscuits."

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

- Feedback was regularly sought from people and relatives. This included regular conversations as well as structured methods such as feedback surveys. The results of the most recent survey in 2022 contained positive feedback on the service, and people and relatives felt their feedback was acted on. A relative told us, "(Staff) definitely they take note of our suggestions."
- Staff felt engaged with the service and able to contribute any suggestions for improvement that they had. Regular staff meetings took place to update staff on any recent developments and also to give them an opportunity to share any feedback they had. One member of staff said, "They're really good at supporting, it is amazing. You never feel like you're working on your own, they try to do regular meet ups."