

Dixon Dunn Care Limited

Home Instead Senior Care (Redditch and Bromsgrove)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Home Instead Senior Care (Redditch and Bromsgrove) is a domiciliary care agency providing personal care to people in their own homes. The service provides support to younger and older people who may live with dementia, learning disabilities or autistic spectrum disorder, physical disabilities, mental health needs or sensory impairments. At the time of our inspection there were 69 people using the service who received a personal care.

People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Care

People told us staff were exceptionally supportive, compassionate and consistently treated them, their families and homes with respect. People were cared for by staff who had developed an in depth knowledge of what mattered to them. Staff use their knowledge of people's preferences when caring for them, and placed people at the centre of everything they did. People told us this made them feel respected and enhanced their well-being. The provider carefully matched staff to the people they supported. This helped to ensure people's life experiences and values were celebrated by staff, and people were supported to reconnect with their past and promoted their enjoyment of life. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture

There was a positive and person-centred culture, because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. People and those important to them were involved in planning their care. The registered manager and provider regularly checked the quality of people's care and used their findings to improve the quality of the service and to take learning from incidents.

Right Support

Staff supported people to have choice, independence and maximum control over their lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday

life. Staff worked with people, relatives and health and social care professionals to maintain people's health and wellbeing. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

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 Good, published 20/10/2017.

Why we inspected

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

We undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Home Instead Senior Care (Redditch and Bromsgrove) 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 well-led.

Details are in our well-led findings below.

Good ●

Home Instead Senior Care (Redditch and Bromsgrove)

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 team consisted of 2 inspectors.

Service and service type

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

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

The inspection was announced. We gave the service 21 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 spoke with 2 people who used the service and 9 relatives about their experience of the care provided. We spoke with 9 staff, including the registered manager and care staff. We received feedback from a health professional who worked with the service.

We reviewed a range of records. These included 6 people's care records and multiple medication records. We checked 3 staff recruitment and induction files, staff team meeting minutes and compliments received. We saw records showing how staff worked with other health and social care professionals so that people would achieve good care outcomes. We reviewed records relating to the management and safety of the service, including audits, policies and procedures.

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 and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff knew how to identify if people were being abused and were confident senior staff would take action to keep people safe, if this was required.
- People and relatives were complimentary about the actions staff took to protect people. One person told us, "I felt listened to when I raised concerns. They [staff] took me seriously."

Assessing risk, safety monitoring and management

- The provider assessed people's risks and staff took action to mitigate any identified risks.
- People and relatives told us they were involved in identifying safety needs and said staff worked with them to put plans in place to keep people free from harm.
- Staff had a good understanding of people's individual risks and knew what action to take to support them. For example, staff knew when to seek specialist advice so people would have the correct equipment to help them to manage their risks when moving around their homes.
- People and relatives were complimentary about the way their safety was managed. One person told us, "I have a stand aid. They [staff] are trained and they are very rigorous with signing staff off to use it."
- A relative explained staff carefully monitored their family member's safety and said, "They [staff] are our early alarm. They give us our warning. Without the care [person's name] would have died owing to self-neglect, something would have happened, but they keep them comfortable."
- Another relative gave us examples showing how their family member's safety needs had changed over time. The relative explained staff had adjusted the care they provided, so their family member's safety needs would continue to be met.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People told us they could rely on staff arriving promptly to provide their planned care and to stay the expected length of time required. One person said, "The recruitment is brilliant. The best thing is the continuity of carers [staff], I have had a number of them for 3 years. We build relationships."
- Staff gave examples showing how they stayed additional time at the end of care calls when people's safety needs required this. Care staff told us they were supported to do this by senior staff, who would provide additional resources, should an emergency have occurred.
- The provider operated safe recruitment processes.
- This included undertaking checks such as 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 were supported to receive their medicines safely.
- People were administered their medicines by staff who had received training and had their medicine competency assessed, to ensure they followed correct procedures.
- Relatives were positive about the way their family member's medicines were managed. One relative gave us an example showing how the actions taken by staff in relation to the storage of medicines had mitigated risks to their family member.
- People's Medication Administration Records (MAR) showed people's medicines were administered as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff were supported to provide good infection prevention control through training and supplies of appropriate personal protective clothing and equipment.
- Relatives told us staff were careful to dispose of used PPE and contaminated items will stop this help to promote good infection control.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- Staff reviewed any incidents and communicated any required changes to staff, to inform the further development of staff practice and the service.

Is consent to care and treatment always sought in line with legislation 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.

- The provider was working in line with the Mental Capacity Act.
- Staff gave us examples showing how they involved other key agencies where people wanted support to make some decisions.
- Relatives told us they were consulted and were involved in meetings where decisions were taken in their relative's best interests.

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. At this inspection the rating has remained Outstanding. This meant people were truly respected and valued as individuals extremely well. They were fully empowered as partners in their care.

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

- People were exceptionally well supported and treated. People's diverse needs and experiences were equally respected.
- People and relatives said staff enhanced people's lives, improved their well-being and the care exceeded their expectations. One person told us, "They [staff] go above and beyond. It is difficult to say how, it is just the people they are, and how well they care for me. They are all brilliant. I get on with them all. The [staff] seem to like being here and we like them being here."
- A relative told us, "Everyone is excellent, they're top quality carers [staff]. We call them the 'A Team'. The carers [staff] we have are grand." Another relative said, "Our carers [staff] are wonderful. I cannot fault them. They can't do enough for us. They are interested in how we are. We are at complete ease with them. We honestly cannot fault them."
- The provider allocated staff to people with shared experiences and interests. One relative said, "The [registered] manger is very good at finding a common bond. They are great at matching [staff] and [person's name] interests."
- Staff valued the bonds they had built with people and were motivated to go the extra mile. One staff member said "The best bit about my job is the thanks from all the clients and knowing I have made a difference."
- Relatives gave us examples of additional support staff gave their family members, because of the extremely caring relationships developed. These included staff assisting people to reconnect with their past and celebrate their histories. One relative told us, "Staff came up with a really good idea to look up places from 60 years ago when [person's name] was growing up. This triggered their memories and made them engaged."
- Another relative told us how staff regularly enhanced their family member's life on a daily basis, by bringing in homemade cake. The relative said, "They [staff] are so lovely."
- Staff were committed to using their exceptional understanding of what mattered to people when caring for them, so people would experience unexpected moments of happiness and be supported to enjoy their lives.
- Staff spent time chatting to people about their interests and supported people to spend time in the local community. This enhanced people's well-being. One relative said, "They engage [person's name] in conversation, they try to get their memory back, bring magazines in and try to jog their memory. They bring [person's name] out of herself."

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

- People were supported exceptionally well to express their views and make decisions about their care.
- One relative told us, "I do get involved in care plans, it is a partnership, we work out a way forward. We have [review] sessions and go through the care plans because things do change. We discuss ways forward."
- Another relative told us the provider was proactive in contributing their ideas and suggestions during multi-agency meetings to plan their family member's complex care. The relative said, "We have a meeting this afternoon with the occupational therapist and physiotherapist, about [person's name] hoist, so [person's name] gets the best daily experience."
- Relatives highlighted how skilled and committed staff were when using their knowledge of people's preferences, so they were involved in day to day decisions about their care. A relative said, "One time, I knew a new carer [staff] was coming, so I said to just do a jacket potato, because this would be easier. But the new [staff] found out [person's name] liked chips from the chip shop, so even the new [staff] went back out to get chips, because they asked [person's name] what their preferences were."
- People with protected characteristics and their families were fully and involved in decisions about their care. Records showed what a positive impact this had on one person receiving care. The registered manager told us, "I am most proud of the work done for this person, the [staff] matching process and the family writing their own care plan." The registered manager explained the family's care plan formed the basis of their own care planning processes, so they could be sure the person's preferences would be fully met.
- Relatives told us staff actively listened to people's decisions, checked their body language and provided gentle encouragement to accept care. One relative said because of this, "I would not hesitate to recommend [the service] and if I need more help it will be them that I go to."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were exceptionally well respected and promoted.
- People told us staff were committed to ensuring their dignity and privacy needs were met. One person told us, "I have help with personal care and they [staff] are very good. They don't make me feel uncomfortable. They are wonderful."
- Relatives gave us examples of action staff took to promote their family member's dignity. One relative said, "You have to get on with the person if you have personal care. It is intimate. The care the [staff] deliver is very thoughtful, very caring, very considered. They have become our family. Staff are fantastic, because for them the person is the priority."
- Staff encouraged people to maintain their independence and worked in imaginative ways to do this. A relative told us about their family member's care needs and said, "One [staff member] came in with a new light up toothbrush which encouraged [person's name] to brush their teeth."
- Another relative emphasised how staff adapted support on a daily basis, so people retained control of their own care by doing some elements of this independently. The relative told us staff discreetly checked this was done, so their family member's skin health needs were met. This promoted their family member's autonomy.
- People and relatives said staff consistently demonstrated respect. One relative said because of staff's approach, "They do become part of your family. They spend time talking to me too. I look forward to [staff] coming and they treat our home with respect."

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 Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service.
- Relatives told us the approach taken by staff and how the service was led encouraged them to work together, so their family members had the care they wanted. One relative said, "They [staff] are responsive to what I raise, whatever the issue, or if I [identify] another care need."
- A person emphasised this open and constructive way of working was embedded across all the staff team. The person said, "If I have any problems, which I don't, but if I did, I would just call the office and they are wonderful too. They are always checking on me and asking if everything is okay."
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Staff were committed to ensuring the care offered to people reflected their wishes and aspirations. This helped to ensure opportunities for people to engage in their care were maximised and people achieved good outcomes.
- A relative highlighted how well their family member had been empowered by staff to improve their mobility. Another relative said there had been improvements in their family member's nutrition because of the way staff tailored the care to meet their family member's needs.
- Records also showed people's well-being had increased because of the careful and sensitive way staff cared for them and met their preferences.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People were encouraged to decide what care they wanted. This helped to ensure that each individual's protected characteristics were identified and plans put in place to support them.
- People and relatives were also asked to give feedback on the care provided so the service could be further developed. People and relatives told us their views were listened to and actions taken as a result of the feedback they gave.
- Relatives said communication with staff was very good, and told us this ensured they were involved in how their family member's care needs were met. Relatives also told us staff took time to ensure communication was two-way, and said they could rely on staff responding to any queries they raised.
- A relative said how much they valued having instant access to their family member's care updates. These

had been made available through the provider's information technology systems. This gave the relative an overview of the care provided, so they knew their family member was safe and well.

- Care staff told us recent changes to the ownership of service had been communicated well, and the focus remained on providing care to people. One staff member said, "The clients [people] still come first. The standard of care has not changed and the quality and length of calls does not change."
- Staff said they saw the registered manager and senior staff regularly, and found them approachable, supportive and open to suggestions they made to improve people's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider, registered manager and senior staff made regular checks on the quality of care people received and how the service was run. These included checks to ensure people's care preferences and needs were met and people had received their medicines as prescribed. Checks were also made to ensure staff were including people in their care and caring for them safely.
- The registered manager was supported by the provider to understand their role and responsibilities. This included the requirement to notify the Care Quality Commission (CQC) about key events at the service.
- Staff told us they were supported to understand people's care needs through regular meetings, discussions and changes to people's care plans. This helped to ensure people received the care they wanted.
- The provider understood their responsibilities under the duty of candour.
- The registered manager knew they needed to be open and honest, if anything went wrong with people's care.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The registered manager reviewed key events in the service, to see if any learning could be taken from these.
- The registered manager regularly met with the provider's other registered managers, so they could share ideas for improving people's care further.
- The provider had ensured there were sufficient resources available to develop the service further. This included dementia specific equipment, such as information technology based therapeutic equipment, designed to provide stimulation and comfort to people living with dementia. The provider had also continued to invest in training for staff, so the service would continue to develop.

Working in partnership with others

- The provider worked in partnership with others.
- Relatives told us staff undertook effective work with other health and social care professionals, such as people's GPs and occupational therapists, which had a positive impact on their family member's health and well-being.
- Staff gave us examples of when they had advocated with other organisations so that people's health needs would be met.
- A health professional we spoke with told us they could rely on staff making appropriate referrals to them and following the advice they gave, so people's health needs would be met.
- The registered manager contributed to external care networks, such as skills agencies and local hospices, so they could receive and share best practice.

