

Radcliffe Care Services Limited

Home Instead Senior Care

Inspection report

The Lookout
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Home Instead Senior Care is a service providing personal care to people living in their own homes. It provides long term, short term, and respite care to people within the community. At the time of our inspection, the service supported 105 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. At the time of inspection there was 63 people in receipt of personal care.

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

People received safe care and were protected from the risk of avoidable harm and abuse. People told us they were supported by a consistent team of staff who knew them well and were always informed of changes and if staff were running late.

Staff were recruited safely and received induction and training for their roles. Staff told us they were supported by the registered manager and received regular supervisions and feedback.

Processes were in place to support people with their medicines if required. Infection control measures were in place including staff use of personal protective equipment (PPE).

Where people required support with their eating and drinking needs, staff had receiving relevant training to enable them to do this safely and in line with people's wishes.

People told us they had access to their care plan, and these were regularly updated to ensure appropriate care was being delivered. Care plans were person centred and identified risk. There was clear guidance for staff on how to support people whilst mitigating risks to keep people safe.

People, relatives and staff felt the management team were approachable, open and transparent. Relatives said they had confidence in staff to perform the health task associated with the complex needs of people and knew when to seek advice and support from other medical professionals.

People were supported to have maximum choice and control of their lives and staff supported support 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

Rating at last inspection

The last rating for this service was good (published 4 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and the time since our last inspection.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Home Instead Senior Care

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 phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out 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 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 inspection

We gave the service 48 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 available to support the inspection. Inspection activity started on 29 December 2023 and ended on 13 January 2024.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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

We spoke with 6 people who used the service and 10 relatives about their experience of the care provided. We received feedback from seven members of staff including the registered manager and care staff. We reviewed a range of records. This included 3 people's care records and their medicines records. A variety of records relating to the management of the service, including audits, policies and procedures and training records were reviewed.

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. The rating for this key question 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 avoidable harm, abuse, neglect and discrimination.
- The provider had effective systems and policies in place. Staff had received training to recognise abuse and protect people from the risk of abuse. They understood the whistleblowing procedure and how to report any concerns.
- People told us they felt safe with safe and the care they received. One person said, "They are brilliant, I wouldn't want to be without them," another said, "I feel 100% safe with staff."

Assessing risk, safety monitoring and management

- The provider took a proactive approach to anticipating and managing risks. Staff were well trained and understood their responsibilities.
- Risk assessments were monitored and reviewed on a monthly basis. This ensured any increasing risks were identified and acted on in a timely manner.
- There was an open culture of learning from mistakes, concerns, incidents, accidents and other relevant events. Staff told us they were confident in approaching management and always received feedback to concerns they raised.

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 Mental Capacity Act (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 found the service was working within the principles of the MCA. Care plans contained best interest decision where applicable and clear guidance on how they wished to be supported by staff during periods of varying capacity.

Staffing and recruitment

- People were supported by a consistent team of staff members who had the right mix of skills to make sure that the care delivered was safe, and they could respond to unforeseen events.

- Staff told us they received regular training, competency checks and supervisions. One staff member said, "If ever I feel I need a refresher on something, for example manual handling training that cannot be done online I can request this and Home Instead are very helpful and accommodating with any needs."
- Staff were recruited safely, and robust checks were in place. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. 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; Learning lessons when things go wrong

- Where people required support with their medicines, this was administered and managed safely. For medicines which were administered 'as needed', further details were added to care plans.
- Staff had completed medicines training and senior staff undertook regular competency checks to ensure staff administered medicines competently and people remained safe.
- The provider had identified a medicine error and responded immediately to ensure the persons safety. A comprehensive review was completed, and lessons learned were shared with all staff members to ensure the error was not repeated.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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. The rating for this key question 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

- The provider promoted a person centred culture. The management team and staff were focused on providing individualised care and achieving good outcomes for people and their families.
- People using the service and relatives were positive about the care and support they received. One relative said, "Visits from Home Instead Care enabled my relative to stay at home for as long as was possible", another said, "They [Provider] changed my life completely, you wouldn't believe the difference it's made to my life."
- Staff we spoke with told us they felt management were approachable and that feedback on ways of working was encouraged. This supported planning and delivery of person-centred care which ensured 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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.
- The provider met their regulatory requirements by notifying CQC of events which they are required to do so. There was an open and transparent culture and the registered manager stated and evidenced when things went wrong people had been informed and actions were taken to make things right.
- People and relatives we spoke with told us they knew how to make a complaint and should the need arise they felt the provider would respond to their concerns quickly. One relative said, "I have never needed to raise a complaint, but the manager is approachable. The communication from staff is very good."

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

- Systems and processes were in place to monitor the quality and performance of the service. Audits of records were undertaken, and action taken if shortfalls were found.
- Staff were clear about their roles and responsibilities towards the people they supported and felt supported in their role. They had regular supervisions, which ensured they provided the care and support at the standard required.
- Staff spoke positively about the management team. One said, "I feel [Provider] are very supportive towards the staff and I feel confident that I am able to discuss any concerns with them. I have a very good working experience and relationship with the company and hope to continue in the future."

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

- The provider involved people and relatives and staff in planning and delivery of care by collecting their feedback by various methods including meetings and online platforms and questionnaires.
- Staff told us they felt valued. One said, "I feel supported. They, [provider] always identify talents and skills and appreciate them and support them and help people to grow within the company."
- People from diverse backgrounds, with specialised and complex care needs, were encouraged and supported to live their life to the full. This ensured people received person-centred care and achieved their personal goals.

Working in partnership with others

- The provider worked in partnership with others including general practitioners (GP's) and district nurses.
- Where advice or guidance had been received from other medical professionals this was documented within care plans, with clear guidance for staff on how to support people.
- One relative said, "They [staff] always respond quickly, [name] needed a new cream and they followed the district nurse's advice straight away, I can't fault them."