

Blackpool & Wyre Hi Limited

Blackpool North, Cleveleys and Fleetwood Home Instead

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Blackpool North, Cleveleys and Fleetwood Home Instead are a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection visit there were 30 people receiving a service.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and the Caring domain had improved to Outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We looked at how accidents and incidents were managed. We found some documentation had not been fully completed and did not always have evidence of actions taken. We have made a recommendation around this.

We looked at how medicines were managed at the service. We found some information required updating. We have made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, we found documentation around this was at times conflicting. We have made a recommendation about this.

We saw evidence quality monitoring was being undertaken at the service. However, we found this process was not always robust and effective. We have made a recommendation about this.

We found people were protected from risks associated with their care because the registered provider had completed risk assessments. We received consistent positive feedback about the staff and about the care people received.

We found there was a strong visible person centred culture at the service. The service ensured staff focussed on building and maintaining open and honest relationships with people and their families. People were supported to undertake their hobbies by staff. One person told us, "They take my relative to bingo, the cinema or the pub."

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness.

The management team and staff discussed the people they supported with affection, respect and clear insight into their unique personalities, needs and requirements. This included knowledge of people's personal backgrounds, their hobbies and interests and the emotional support they needed on a day-to-day

basis. Staff and management showed compassion and empathy toward people who used the service. One example we saw was for a person who required further support due to sensory loss. The service had implemented the use of a whiteboard to write on in larger letters so the person could see this.

There was a clear vision and credible strategy to deliver high quality care and support. Staff were aware and involved in this vision and the values shared.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service improved to Outstanding	Outstanding ☆
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Blackpool North, Cleveleys and Fleetwood Home Instead

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger disabled adults.

This comprehensive inspection took place across two dates 09 and 10 January 2018. The first day on the inspection was announced. This was done in order to ensure someone would be at the office for us to speak to. In addition we required consent from people who used the service to provide feedback.

The inspection team comprised of one adult social care 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 home. The expert-by-experience had background knowledge of domiciliary health and social care services.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the time of inspection there were 30 people who used the service. We spoke with a range of people

about Blackpool North, Cleveleys and Fleetwood Home Instead. They included four people who used the service, six relatives, the registered manager, the nominated individual and six staff members.

Before the inspection visit we contacted the commissioning department at Lancashire County Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the home.

We closely examined the care records of four people who used the service. This process is called pathway tracking and enables us to judge how well the home understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, three staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with the carers who visited. One person said, "I feel very safe all the time with them." And, "I feel 110% safe".

We looked at how accidents and incidents were being managed at the service. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. We saw body maps had been introduced to the service in order to monitor if people were found to have any marks on their body during personal care. However we found no documented evidence of the actions taken following the identification of issues. We spoke to the registered manager and nominated individual about this and were told staff notify the office by telephone. The management recognised the need for further staff training on the documentation in order for this to be fully implemented into the service.

We recommend this information is documented in line with best practice in order to allow for an audit trail of the evidence and collation of lessons learned.

We looked at procedures the provider had for the administration of medicines and creams. We saw evidence in daily notes staff were applying topical treatments. However, there was not always full information about what these were or how they were to be applied. When we spoke to the staff about this for one person in particular, they were able to tell us exactly what each cream was for and where it was to be applied.

We saw two medicines support plans that did not contain the most up to date information. We saw refusals of medicines had not been reported. Therefore we were unable to see the full audit trail and lessons learned from these incidents.

We looked at policies and procedures related to medicines management. We found the medicines policy had not been reviewed to include the most up to date NICE guidance for medicines in a community setting. Therefore staff did not always have access to up to date information and guidance.

We recommend the service works within the best practice guidelines for medicines management.

We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.

The service had a 'zero tolerance of bullying and harassment policy' for both staff and people who used the service. Systems were used to reduce the risk of harm and potential abuse to people who used the service.

We found staff recruitment was safe. The service employed enough staff to carry out people's visits and keep them safe. One person we spoke with told us, "I do think there is enough staff, everything is perfect."

Staff were aware of their responsibilities in relation to infection control and they told us they were provided

with personal protective equipment.

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA. The service provided care and support to people who may have an impairment of the mind or brain, such as dementia. We found people's capacity to consent to care had not always been fully assessed and information was at times conflicting. For example, in one person's care file their next of kin had signed for the consent to the service. The MCA stipulates if a person lacks capacity to consent to a decision then a best interest process needs to be carried out. Therefore the correct processes had not been followed. We saw another example where the best interest process had been followed despite the person's capacity being assessed and the form documenting that the person did have capacity. We spoke with the registered manager about this and they explained that this had been a mistake on the paperwork.

We recommend the service ensures the principles of the MCA are followed for each person and the documentation is completed in line with best practice.

We found holistic assessments were carried out by the registered manager before any person received a service. Assessments took place to ensure people's needs could be met by the service. People's initial assessments had been used to create their care plan. Individuals and their relevant family members, where appropriate, had been consulted during the assessment process.

The staff training is ongoing and evidence has been seen of staff completing training. We checked the full training records of four staff and viewed the training matrix for the service. Training subjects included areas which affected the wellbeing of people, such as safeguarding. Staff told us they received adequate training in order to care for people effectively. For example a staff member said, "There is lots of training, the support I get is excellent." We saw evidence of formal supervision currently taking place for staff, all of the staff told us they felt supported in their role.

People's needs for nutrition and fluids had been considered. Files contained likes and dislikes with regards to food and drink. The service users we spoke with said they were given choices on what meals they wanted making and choices of drinks.

People were supported by staff to live healthier lives. Staff supported people to healthcare appointments and arranged these if necessary. The service referred people in a timely manner, if required, to other services

such as chiropodist and GPs. We saw evidence the service had liaised with external agencies to adapt two people's premises to better meet their changing needs.

Is the service caring?

Our findings

At the last inspection, people received care and support that was provided with kindness and compassion. At this inspection, we found further improvement had been made and we have changed the rating to Outstanding. We found that the service had invested in people's care plans. Within the care plans as well as through discussions staff were able to demonstrate how they had built and sustained relationships with the people they supported.

We received consistent positive feedback about the staff and about the care that people received. People told us: "The staff are fantastic, really caring." And, "They are very caring, I cannot fault them."

People benefited from having regular staff who they knew well. One person said: "Staff go above and beyond." Another told us, "They pick my relative up when they are feeling down; they change the atmosphere completely."

Staff received training to help ensure they understood how to respect people's privacy, dignity and rights. Managers assessed how staff used these values within their work when observing their practice. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks. We saw evidence in care planning that people's privacy and dignity was considered. One care plan was detailed about the personal care tasks and how the gentleman wished to be covered up when receiving personal care. People we spoke with were complimentary about the staff and everyone felt the staff respected their privacy and dignity.

Respect for people's privacy and dignity was fundamental to the culture of the service. People told us they felt respected and listened to by staff and management. Staff we spoke with showed good awareness of confidentiality, privacy and dignity. Staff told us, "I treat people how I would want to be treated; we have to put ourselves in their shoes." And, "Knowing people well helps us care for them in a kind and dignified way."

Staff were highly motivated and described their work with a clear sense of pride and enthusiasm. One staff member told us, "The company values are excellent; it is all about the client." We saw a strong visible person centred culture at the service. The service ensured staff focussed on building and maintaining open and honest relationships with people and their families. People told us they were given time during care visits to develop relationships with care staff. One person said: "My carer is always busy but chats whilst she is working. She is always very interested in what I have to say and is always cheerful." One relative told us, "My relative in law looks forward to them visiting, the staff are like friends."

We saw evidence people were supported by the staff to explore sources of additional support including leisure activities. People were encouraged to attend a sing-along group monthly; this group was started and is facilitated by the service. The singing group is free for people to attend and is open to anyone in the community that wishes to attend. A professional singer attends and interacts with everyone. There is a bar, dance floor and good lighting, the aim of the group is to create an atmosphere similar to an evening out. This allows people with dementia and their carers time to socialise with confidence. It also offers a chance

for carers to meet in an informal setting have a break as staff dance and support people during the group. Additionally other care services utilised this group as they attended with people from other local residential homes. The singing group was promoted by the Alzheimer's society to their clients.

The management team and staff discussed the people they supported with affection, respect and clear insight into their unique personalities, needs and requirements. This included knowledge of people's personal backgrounds, their hobbies and interests and the emotional support they needed on a day-to-day basis. One person told us, "My daily routines are exactly as I want". Another said, "My carer takes me to the golf club for lunch so that I can see all my old friends".

Staff and management showed compassion and empathy toward people who used the service. One example we saw was for a person who required further support due to sensory loss. The service had implemented the use of a whiteboard to write on in larger letters so the person could see this. The staff could use this board to write down which staff were coming next for the person as this is something that they could become anxious about. The implementation of the whiteboard reassured the person as they were aware of who was coming to see them and when.

Another example was for a person who had difficulties with their speech. This person was often becoming frustrated due to their difficulties. The service matched staff to the package who had completed training in communication skills. The staff team worked with this person and developed a good rapport in order to facilitate improvements. We saw evidence that this person is making huge progress with their speech therapy this was supported by other professionals.

People's individual's needs, strengths and levels of independence were taken into account. One example we saw was for a person who wanted to be involved in making his breakfast. The care plan clearly documented the person was able to put their own sugar on their cereal.

We saw staff actively supported people to develop their independent living skills. Independence was promoted within care planning and by the staff. We saw evidence where people had their calls reduced due to their increased abilities to be independent. One example of this was for a person who had lost their confidence due to a stay in hospital and they required 24 hour support at home upon discharge. By offering consistency and continuity of caregivers the person got to know the staff team very well and started to trust them. Slowly the staff were able to get the person to spend 15 minutes alone. The staff gradually withdrew for longer periods with plenty of reassurance given. This person is now confident enough to live at home independently and has care at meal times and overnight. This showed that the input from the service had resulted in a positive outcome for this person.

Another example was for a person who was discharged from hospital following a fall. They required two members of staff to visit three times per day. The person had anxiety around falling. The staff worked with this person looking at ways to mobilise slower to prevent dizziness. Additionally they worked with other professionals to get mobility aids in place and spent time with the person building their confidence to use the aids. The person now independently mobilises around the house with a walking aid. They no longer require the use of a wheelchair and staff now support in the mornings only as needed.

We saw carers and people who were cared for were involved in the care planning process and this documentation was person centred. People has signed their care plans to show agreement. We asked people if they felt they were involved in how their care was planned and we received positive responses from them. One person told us, "My relative has signed their care plan and I have also agreed to it, it is a very good care plan" they added "the care plan took several hours to put together but the staff were very thorough and

went into all my relatives likes and dislikes". Another said, "I have agreed to my care plan, I have it in the ring binder they use and they update the log every time they visit".

Staff and management actively supported people in identifying potential sources of additional help and advice, including access to independent advocacy services. Staff were aware about how to access local advocacy services for people, should they so wish. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Is the service responsive?

Our findings

People we spoke with told us they felt staff were responsive to their needs. One person told us, "If I wanted to change anything they [staff] would, they are very accommodating." Another person told us, "When they have new starters they will come supervised so that they can get to know my relative and what is important to them".

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs. These included whether the person required easy read or large print reading.

The provider had taken steps to meet people's cultural needs by ensuring support was available for people to access local amenities that supported particular ethnic and cultural groups.

Each person had a care plan which was tailored to meet their individual needs. We saw care records were written in a person centred way and we observed staff followed the guidance in care records. Staff took note of the records and provided care which was person centred. Care records were regularly reviewed; this meant people received personalised care, which met their changing needs.

People were supported to undertake their hobbies by the staff. We saw examples of people being supported to attend bowling, garden centres, tea dances and to the singing group facilitated by Blackpool North, Cleveleys and Fleetwood Home Instead.

People were encouraged to maintain relationships with people. We were given an example where care staff updated people's calendars with important dates. One staff member checked the calendar during the home visit and saw it was the person's relative's birthday and so supported them to call them to wish them happy birthday.

People told us they were encouraged to raise any concerns or complaints. The service had a complaints procedure. We saw evidence of complaints and information was available to show how those complaints had been reviewed, investigated and responded to. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

The service was not supporting anyone with end of life care at the time of the inspection. However we were able to see a recent example where the service had facilitated the person's wishes to stay at home.

Is the service well-led?

Our findings

We saw evidence quality monitoring was being undertaken at the service. However we found this process was not always robust and effective. The audits did not include information surrounding the details of issues and how these had been rectified and lessons learned. We discussed this with the registered manager and the reasons for this were identified.

We recommend the service works within best practice guidelines for completing quality assurance and to ensure they have oversight of the process.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a clear vision and credible strategy to deliver high quality care and support at the service. Staff were aware and involved in this vision and the values shared. There was a positive staff culture at the service. Managers were aware of and reviewed the staff culture; this was evidenced in the support offered. Staff told us they felt supported and valued by the management team. Management had the skills and knowledge to lead effectively, they were well respected by the staff team. The leadership was visible and inspired the staff team to provide a quality service.

We saw evidence of a staff meetings being held regularly. These were well attended by staff. The meetings were used to share best practice and facilitate communication. There was evidence information was shared with the wider staff team about individual service users via email.

Surveys were sent to people who used the service to gain their views. This information was analysed and action taken in order to facilitate improvements at the service. Staff surveys were completed and the feedback analysed to allow for actions to be implemented.

The management team attended forums and meetings with other stakeholders in order to facilitate partnership working. The service was working in partnership with the police helping to spread awareness of their initiative supporting people with dementia.

The service had on display in the reception area their last CQC rating, where people who visited the service could see it. This is a legal requirement from 01 April 2015.