

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?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection visit took place on 23 and 24 September 2015 and was announced.

At the last inspection on 16 September 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Blackpool North, Cleveleys and Fleetwood Home Instead is a privately owned domiciliary agency situated on Red Bank road, Bispham. The agency provides a wide range of services including personal care, companionship,

Summary of findings

medication support, meal preparation and light housekeeping. The agency's office is located on the second floor and cannot be accessed easily by people with mobility problems.

At the time of our inspection visit Blackpool North, Cleveleys and Fleetwood Home Instead provided services to 28 people.

There was a registered manager in place. 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.

People told us they had been visited by the registered manager before their support began and had an assessment of their needs undertaken. One person we spoke with said, "The whole procedure was very thorough. Their philosophy is to match you with staff you will get on with. This has worked very well for me."

We spoke with seven people who were supported by the service. They told us they were receiving a reliable and consistent service and they liked the staff who supported them. They said staff were caring and conscientious and they felt safe when receiving their support. One person we spoke with said, "I have no concerns about my safety. I am receiving the best care possible."

People told us they were supported by the same group staff who understood their support needs and how they wanted this to be delivered. They told us the staff who visited them were professional caring people and they looked forward to their visits.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks, telephone monitoring and care reviews. We found people were satisfied with the service they were receiving. The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

Summary of findings

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.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

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 inspection visit took place on 23 and 24 September 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people living in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector.

Before our inspection on 23 and 24 September 2015 we reviewed the information we held on the service. This

included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During our inspection we went to the Blackpool North, Cleveleys and Fleetwood Home Instead office and spoke with a range of people about the service. They included the registered provider, registered manager and three staff members. We also spoke three people who used the service and the relatives of four people.

We looked at the care records of four people, training and recruitment records of three staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

People we spoke with us told they felt comfortable and safe when supported with their care. One person said, "I have no concerns about my safety whatsoever. I have complete trust and faith in the staff who support me. I cannot believe how lucky I have been to have found them." The relative of one person we spoke with said, "Not living locally it is such a relief to know my [relative] is receiving safe and reliable care. I cannot begin to describe the massive pressure this has taken off me."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed all staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

When we undertook this inspection visit there had been no safeguarding concerns raised about staff working for the service.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified the action taken by the service had been recorded.

The staff members we spoke with confirmed guidance was provided to ensure they provided safe and appropriate care. One staff member said, "We are provided with really thorough training around health and safety and managing risks. We take the safety of the people we support very seriously."

The service had procedures in place for dealing with emergencies and unexpected events. The staff we spoke with had a good understanding of risk management and were able to describe emergencies they had dealt with. For example when one staff member arrived for their visit there was a strong smell of gas in the person's home. They

immediately opened all windows in the house, contacted the gas company, disconnected the gas supply and then advised the services management of the situation. The staff member remained with the person until their home had been assessed safe to return to. The service's management contacted people scheduled for a visit from the staff member, advised them of the situation and rescheduled other staff members to undertake the visits.

We looked at the services duty rota, spoke with staff and people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. Staffing levels were determined by the number of people being supported and their individual needs. Staff members spoken with said they were allocated sufficient time to be able to provide the support people required. One staff member said, "My visits are really well managed. When I have been unable to make visits I have found management supportive by providing cover for me."

The service operated an electronic call logging system to monitor staff visits to people's homes. Staff were required to log on the system when they arrived at a person's home and log off when they left. This enabled the service to check staff were arriving on time and staying for the correct amount of time allocated. The provider informed us the system alerted office staff if a staff member hadn't logged in at the correct time. The staff member would then be contacted to establish the cause of the delay. The provider told us the staff members next appointment would be contacted, made aware of the situation and informed what action was being taken by the service.

People we spoke with said the service was well managed and they hadn't experienced any late or missed visits. One person said, "I have been with several agencies who let me down badly. I cannot speak highly enough of Home Instead. They provide a very reliable and consistent service."

We looked at the recruitment procedures the service had in place. We found relevant checks had been made before two new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS) and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by the new employee's had a full employment history including reasons for leaving previous employment.

Is the service safe?

We saw gaps in employment had been explored at interview and a written explanation provided. Two references had been requested from previous employers providing satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at the procedures the service had in place for assisting people with their medicines. The provider told us

staff prompted people to take their medicines and were also involved in administering their medication. Records we checked were complete and staff had recorded the support they had provided people to take their medicines.

All staff employed by the service received medication training during their induction. Discussion with three staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with three people about the management of their medicines. They told us they were happy with the medication arrangements and received their medicines when they needed them.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who had been trained and had a good understanding of their needs. Prior to the service commencing people had been visited by the registered manager and an assessment of their needs undertaken. During this process consideration was given to matching staff who had the right skills, knowledge and personality to support the person. The registered manager told us it was important staff sent to support people were compatible and where possible had similar interests. This was because the service provides people with companionship supporting them with activities of their choice in the community.

People we spoke with during the inspection visit commented on the matching process undertaken by the service. One person said, "They told me when they started supporting me they would try to match me with staff they thought I would get on with. This has worked very well for me. They phoned me after my first visit to see if it had gone well which it had." A relative we spoke with said, "They gave serious thought about the carers sent to support my [relative]. They have stayed with us from day one and my [relative] is really fond of them."

We spoke with staff members, looked at individual training records and the services training matrix. The staff told us the training they received was provided at a good level and gave them the skills to be able to support people effectively. One staff member said, "I didn't have a background in care when I applied to work with the agency. The induction training provided was very thorough and I felt confident and competent when I started supporting people." Another staff member said, "We have mandatory training provided which is regularly reviewed and updated. The company believe their staff should be well trained and have the skills to provide an excellent service."

Records seen confirmed staff training covered a range of subjects including safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS), moving and handling first aid and food hygiene. All staff employed by the service had received medication training and had been assessed to ensure they were competent before they could support people with their medicines. Discussion with staff members and reviewing training records confirmed staff were provided with opportunities

to access training to develop their skills. The staff we spoke with said this helped them to provide a better service for people they supported. Most had achieved or were working towards national care qualifications.

Records seen and staff spoken with confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

Staff spoken with during the inspection visit told us they were well supported by management. One staff member said, "I have regular supervision at the office and we have team meetings which I enjoy attending. They are very informative." Another staff member said, "We have spot checks in place to ensure our visits are going well. What I like about these is they enquire about our wellbeing as well as the people we are supporting. They really do care about their staff and look after us."

We looked at the minutes of a recent team meeting. Issues discussed included staff understanding of safeguarding issues, the Mental Capacity Act 2005 (MCA), and training opportunities available to the staff team.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they support where appropriate. Staff told us people decided each day the meals they wanted. One person we spoke with said, "The staff assist me with my meals daily. They help me by encouraging me to eat a healthy diet."

We saw staff were documenting the meals provided confirming the person's dietary needs were being met. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.

People's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health they accessed healthcare services to support the

Is the service effective?

person and support their healthcare needs. For example we saw on one person's care plan the person was unwell when the staff member arrived for their visit. The staff member contacted the person's GP and informed family members about the action they had taken. The person's care records showed following a course of antibiotics the person was back to good health.

People we spoke with said staff supported them to access healthcare appointments if needed. One person said, "I don't know how I would manage without them. They are so patient with me."

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. Comments received included, “Absolutely fantastic care being provided, I cannot rate them high enough. They have been great from day one and meet my needs so well.” Another person said, “They provide an excellent package of care which has enabled my [relative] to remain at home. Very professional caring service. The attention to detail in matching carers is amazing.”

We looked at the care records of three people and found a person centred culture which helped people to express their views. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people’s current needs as well as their wishes and preferences. We saw evidence to demonstrate people’s care plans were reviewed with them and updated on a regular basis. This ensured the information staff had about people’s needs reflected the support and care they required.

People supported by the service told us they had been involved in their care planning arrangements. They said they were satisfied the staff who supported them had up to date information about their needs and this was delivered in the way they wanted. One person we spoke with said, “I have had the same carers from day one and they understand my needs so well. They are excellent at what they do.” Another person said, “The staff who visit me are caring and patient people. They listen and talk to me. They are very sensible and always seem to know when something is worrying me.”

Staff had an appreciation of people’s individual needs around privacy and dignity. They told us they had received training around respecting people’s privacy and this was a high priority for the service. People supported by the service told us staff spoke with them in a respectful way and respected their privacy. One person we spoke with said, “The staff who visit me are very respectful. I am very fond of them.”

Before our inspection visit we contacted external agencies about the service including the commissioning department at the local authority. They had no information of concern about the service.

Is the service responsive?

Our findings

We found assessments had been undertaken to identify people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met. We saw staff had supported and encouraged people to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. We saw people had expressed when and how they wanted their support provided. For example we saw on one person's care plan meals would be prepared after discussing what their food preferences were. People's objectives and desires had been identified as part of the plan of care. For example to promote independence or maintain a balanced and nutritious diet.

We looked at care records of three people. The care records were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required.

We saw the service had procedures in place to respond to emergencies. Records seen showed how the service had responded to an identified health concern of one person. The service had been contacted by the person's neighbour concerned they were showing signs of confusion. Although not scheduled for a visit from the service the registered manager attended the person's home. The records showed an ambulance was requested and the person's family contacted and made aware of the situation. The registered manager accompanied the person to hospital where she was eventually replaced by the person's normal support worker. The records showed the registered manager then returned to the person's home to ensure it was safe and secure.

People we spoke with told us they found the service was responsive in changing the times of their visits if required. We were also informed they were quick to respond if they needed extra visits. One person said, "I find the office staff very polite, friendly and helpful. What a difference from other agencies I have used. It's a pleasure to contact them."

People told us staff had the skills and understanding of their social and cultural diversity needs to support them in their decisions on how they wanted to receive their care. Staff spoken with could describe the needs of people they were supporting and how these were being met. People told us the service they received protected them from the risks of social isolation and loneliness. One person said, "The service I receive ensures I am able to get out and do things of my choice. I would have very limited contact with people without the service. I value the companionship of the staff who support me very much."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

When we undertook this inspection visit no complaints had been referred to CQC or received by the service.

People who used the service and their relatives told us knew how to make a complaint if they were unhappy about anything. Everyone we spoke with said they were happy with the service and had no complaints. One person said, "I cannot praise them high enough. The service is run very well and I cannot imagine ever having to complain about anything."

Is the service well-led?

Our findings

The service had a registered manager who understood their responsibilities and was supported by the provider to deliver what was required. The registered manager had ensured CQC were notified of any incidents or issues relating to the service in a timely manner. This meant that we received information about the service that we should have done.

Comments received from people being supported were positive about the service and how it was being managed. One person said, “The service is run very professionally. The manager and the office staff are all polite and helpful whenever I have contacted them. Nothing seems to be too much trouble. I have been very impressed with them from day one.”

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. People spoken with knew the provider and registered manager and confirmed they had regular contact with them. One person we spoke with said, “I know the manager and have regular contact with her. She visited me before I started with the service and often rings to make sure everything is going well for me.”

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through satisfaction surveys. People were asked a number of questions. These included asking if they were happy with the service provided, were carers well matched to meet

their needs, did carers arrive on time and asked for an overall rating on the service. We noted the responses received were generally positive. Where concerns about the service had been raised these had been followed up by the service. This showed the service listened and responded to the views of the people they supported and their family members. Comments received included ‘I have given high marks because everything is done my satisfaction’ and ‘I like the fact my carer arrives on time and is always cheerful.’

People received a courtesy call the day after their first visit and were then contacted again after two weeks to ensure they were happy with the service. Spot checks were completed whilst staff were undertaking their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service.

Regular staff meetings were being held and records confirmed these were well attended. Staff spoken with told us the team meetings were held on a regular basis. They said these were a good forum for information sharing and learning. One staff member said, “We always have topics to discuss which are relevant to our work. At our most recent meeting we discussed safeguarding issues just to make sure everyone understood their responsibilities. It was an informative and interesting discussion.”

Regular audits were being completed by the service. These included medication, safeguarding incidents, finance, record keeping, staff supervision arrangements, infection control, reviewing care plan records and staff training. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.