

KAW Care Services Limited

# Home Instead Senior Care Bury

## 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 ●

# Summary of findings

## Overall summary

Home Instead Senior Care Bury is a domiciliary care agency, which at the time of our inspection was providing personal care to 22 people who lived in their own homes. This was the first inspection of this service. Care staff are referred to caregivers in this report.

The service had 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.

Caregivers were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service. The people who used the service who we spoke with told us they felt safe. They said, "[The caregivers] keep you safe, I trust them and they know me."

There was a robust recruitment and selection procedure in place to check that potential staff were suitable to work with vulnerable people and had the right personal qualities to work effectively with people. Caregivers were always introduced to the person before receiving care from them and this was a 'golden rule' of the organisation.

People we visited were impressed by the consistency, reliability and flexibility of the caregiver team supporting them in comparison to other services that they had used previously. One person told us, "They are extremely reliable. They let me know in advance if they are going to be late."

Risk assessments for physical health needs and environmental risks helped protect the health and welfare of people who used the service. Arrangements were in place to help ensure the prevention and control of infection and the safe administration of medicines.

Caregivers received induction training before they started to work with vulnerable people and received support from the registered provider and the registered manager to help them feel confident within their roles.

People we visited spoke positively about the caregivers who supported them. One person said, "There is lots of noise and laughter when they come." "If I have a problem they will jump through hoops to sort it out." "They are good with [relative] and they also look forward to [caregivers] visits," "[Caregivers] have always got a smile on their face," "The caregivers are friendly, and I get on with them well" and "I am not treated like a patient. We work well together as a team. This is the best agency I have ever had. It's working now and I am grateful for that."

One person said, "They have gone the extra mile in arranging contacts with other support agencies and gave me flowers and a card on my birthday." A caregivers member said, "I live nearby so I can pop in and check if

there is a problem, which put's the person's mind at rest."

People had care plans in place and they had signed to indicate their consent to the care and support they received.

People we spoke with told us that they were fully in control of their personal care needs one person said, "They let me drive this ship. I am in control and they let me do things for myself which is important to me." "I am an individual not a number." Another person told us, "The caregivers stick to the plan. They would not get away with it with me!" and "We try and work as a team and help each other."

There was a complaints procedure in place for people to use if they wanted to raise any concerns about the care and support they received. An independent organisation asked for people who used the service, their relatives and caregivers for their views and opinions about the service provided. One caregiver commented, "I have never worked with a care company like Home Instead before. They treat me fairly and everyone here is a good team. I feel Home Instead has very strong values, not only to the clients but also the caregivers. I feel very welcomed, supported and most of all very valued."

## 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.

Caregivers had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse and poor practice.

People received reliable, consistent and flexible support from caregivers. There were sufficient caregivers to meet the needs of people who used the service.

Arrangements were in place to help ensure the prevention and control of infection and the safe administration of medicines.

### Is the service effective?

Good ●

The service was effective.

An assessment was undertaken before an agreement was reached to provide a service to help ensure that people's needs could be met.

Caregivers received an induction before they began supporting people who used the service. This helped them to provide effective care.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively about the trustworthiness, flexibility and the kindness of caregivers. We saw and were told about situations where caregivers had gone the 'extra mile' to support people.

We saw that people who used the service had been involved in developing their plans of care. Their wishes and preferences were taken into account.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to maintain autonomy over their support needs and helped to maximise their independence.

There was a complaints procedure in place to enable people to raise any concerns. People were confident that they would be listened to by the registered provider and the registered manager and action taken to resolve any problems they had.

### Is the service well-led?

Good ●

The service was well-led.

People were asked their opinions in surveys, reviews and spot checks. This gave people the opportunity to say how they wanted their care and support to be provided.

There were systems in place to monitor the quality of care and service provision at this care agency.

The local authority contracts and safeguarding team did not have any concerns about this service.

# Home Instead Senior Care Bury

## **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.

In accordance with our guidance we told the provider we were undertaking this inspection to ensure someone was in the office to meet us. This announced inspection took place on the 4 and 9 February 2016 and was carried out by one adult social care inspector.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We requested a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with three people who used the service in their homes with permission, the registered provider, the registered manager, the recruitment and training officer and four caregivers. We also received feedback from a relative and a community based professional.

We looked at the care records for three people who used the service. We also looked at a range of records relating to how the service was managed; these included recruitment and training records, quality assurance audits, and policies and procedures.

# Is the service safe?

## Our findings

The people who used the service who we spoke with told us they felt safe. They said, "[The caregivers] keep you safe, I trust them and they know me." The relative told us, "When [relative] is with either [caregiver] I know [relative] is in a safe pair of hands." The community based professional commented, "My client has spoken extensively of how [client] feels that [client] can be handled safely by the caregivers provided by Home Instead."

Caregivers we spoke with confirmed that they had received training in safeguarding vulnerable adults. They gave us examples of what might constitute abuse and poor practice and what action they would take if they thought this was happening. We saw that the training gave caregivers the knowledge to recognise abuse and poor practice and to always record and report it. Policies and procedures relating to safeguarding vulnerable adults and children and whistleblowing were available for caregivers to use at the office.

Caregivers told us that they were confident that the provider or the registered manager would take action if concerns were raised by them. A caregiver we spoke with said, "I report any little thing just in case."

We spent time talking with the staff member responsible for recruitment and training. This person was always in the process of recruiting caregivers. The selection process was seen to be robust and applicants did not work with people who used the service until they had completed the recruitment process, which included the three day induction training programme. This gave the staff member the opportunity to test out potential candidate's personal qualities and values to check they were the right type of person to carry out the role.

We looked at three caregiver records and found recruitment was robust. The caregiver files contained a criminal records check called a Disclosure and Barring service check (DBS). The files also contained up to six employment and character references, an application form, where any gaps in employment could be investigated and proof of address and identity. These checks should ensure caregivers were safe to work with vulnerable people.

The registered manager told us that people who used the service were always introduced to a caregiver before they provided personal care to them. This was said to be a 'golden rule' of the organisation. The person and the caregiver's compatibility was also considered before they were introduced to ensure they had the best chance of getting along well together. Caregivers told us they were encouraged to come forward tell the provider and the registered manager if the relationship was not working well. Caregivers wore identification badges so that people knew they worked for the service.

The registered manager told us that there was a settled caregiver team in place. We saw on the three people's weekly rota's that we reviewed that the person had a consistent team of caregivers supporting them. If one caregiver was absent, for example, they were going on holiday. then other caregivers within the person's team would cover for them or the registered manager and recruiter and trainer, who knew the people who used the service, could also step in. Caregivers we spoke with confirmed that this was the case.

People we visited were impressed by the consistency, reliability and flexibility of the caregiver team supporting them in comparison, to other services that they had used previously. One person told us, "They are extremely reliable. They let me know in advance if they are going to be late." People could have their caregivers rota emailed to them if they wanted. Caregivers said because none of the visits they undertook were less than one hour they always had enough time to complete the tasks at a relaxed pace.

The registered provider and the registered manager were always on-call in case of an emergency. The service had a business continuity plan to ensure people could be cared for if there was an emergency at the service. This included how the service could respond to people's needs due to bad weather such as heavy snowfall hindering caregiver's movements.

Personal protective equipment (PPE) was available for caregivers to wear such as disposable gloves and aprons to carry out personal care tasks. This helped prevent the spread of infection, and caregivers were issued with hand gel to use between visits.

We examined three care records during the inspection in the office. In the care records we saw that risk assessments had been developed with people who used the service. Risk assessments covered physical health, moving and handling and environmental risks.

There was a policy and procedure for the administration of medicines which caregivers were expected to follow in order to ensure safe practice. From looking at the training matrix and caregivers' files we saw caregivers had been trained in the safe administration of medicines. We saw that a competency check formed part of the training.

The three people we visited self-medicated or had capacity to manage or direct caregivers in the administration of their medicines with minimal support. We saw that people who used the service medication was recorded on their care plan.

Caregivers used a medicines administration record to record any medicines they gave to people who used the service. Care plans gave caregivers clear details of who was responsible for the administration of medicines and people signed their agreement for the level of support they required, if any.



# Is the service effective?

## Our findings

When a person contacted or a referral was made to the service by adult care services, the registered provider or manager went out to meet with the person and their family member. They talked with them about the personal care they provided and to give them information pack about the service. They left the person to think about whether they wanted to proceed with the service.

Before providing personal care a needs assessment and care plan was completed by the registered manager. A needs assessment included, for example, speech and swallowing, hearing, sight and decision making. Local authority adult care services also supplied details about a person's assessed needs, where appropriate. The assessment process helped to ensure caregivers could meet people's needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People in their own homes are not usually subject to DoL'S. However, caregivers received training in the MCA and DoL'S to ensure they were aware of the principles. We were told by the registered manager that all the people who received personal care had the capacity to make their own decisions apart from one person who lived with their family.

New caregivers received induction training for three days as part of selection process and before they delivered personal care to people who used the service. The provider had a room available for caregivers to undertake training. This training took place in small groups. Records we saw showed that all the caregivers had completed this training, as well as moving and handling and medication training. Caregivers then enrolled on the care certificate course and were encouraged to undertake other training.

We noted that the consistent message throughout the training was for caregivers to be able to recognise, record and report any concerns they had to the registered provider and registered manager.

Caregivers received regular supervisions and yearly appraisals. The supervision sessions gave caregivers the opportunity to discuss their development and training needs. Unannounced spot checks were carried out by the registered manager or recruiter and trainer to ensure caregivers were could carry out their roles safely

and effectively, and to the standard expected by the service.

People lived in their own homes and could eat what they wanted. Caregivers were trained in safe food hygiene and nutrition. Assistance was given to help people shop for food as appropriate. We saw that part of people's care plans referred to their meal preferences and dietary requirements. Information included the person's likes, dislikes, if they were able to prepare their own meals, allergies and what time the person liked to have their meals. It also made reference to special dietary needs such as diabetes. If specialist equipment was used, for example, a PEG feed, the caregivers responsible for using this equipment would have to be signed off as trained and competent to do so.

People were supported to attend health care appointments dependent on their mobility and support needs. All the people we spoke with were able to direct their own health care needs. We saw that care plans made reference to people's health needs covering dementia and end of life support. Caregivers also undertook basic life support training

We saw that caregivers received training in the ageing process. This included experiential training, for example, wearing glasses that gave caregivers a view of what it was like to have impaired eyesight and gloves that gave the feeling of what it was like to pick up objects if a person had arthritis. They also received basic training in mental health, dementia and learning disability. Quizzes took place to check the potential caregivers had understood what they had been taught and consider what impact this would have supporting people who used the service.

## Is the service caring?

### Our findings

People we visited spoke positively about the caregivers who supported them. One person said, "There is lots of noise and laughter when they come." "If I have a problem they will jump through hoops to sort it out." "They are good with [relative] and they also look forward to [caregivers] visits," "[Caregivers] have always got a smile on their face" and "The caregivers are friendly, and I get on with them well."

A relative stated, "The two carers are very different by nature but they both show a high level of compassion, they have got to know [relative] well and allow relative to be them self, giving [my relative] reassurance and confidence in various situations."

A community based professional commented, "[Client] has spoken extensively of the customer centred approach offered by Home Instead, treating [client] with dignity, respect and compassion and remaining focussed on what is important to them, which is for [client] to regain their independence."

A caregiver told us about the importance of the person they supported socialising outside their home. They told us that the support they provided was to help the person increase their self-esteem and self-worth. They talked about the importance of gaining trust following a breakdown in previous service provider. The person concerned said, "I am not treated like a patient. We work well together as a team. This is the best agency I have ever had. It's working now and I am grateful for that."

One person said, "They have gone the extra mile in arranging contacts with other support agencies and gave me flowers and a card on my birthday." A caregiver said, "I live nearby so I can pop in and check if there is a problem, which put's the person's mind at rest."

We saw other examples where the service had gone the 'extra mile'. These included in the management of a person's diabetes with district nurses to prevent hospital admissions and accompanying people to go on holiday at the last minute.

We saw that building relationships with people who used the service was included in the caregivers' induction programme. Areas discussed included the need to build trust, respect confidentiality and have good verbal and non-verbal communication with each person whilst maintaining professional boundaries. Building relationships with families and appreciating cultural diversity also formed part of this training.

Dementia awareness training would be provided to those relatives who wanted it. This was to help relatives to understand the person living with dementia and think about practical ways that they could support them.

We noted all care files and other documents were stored securely to help keep all information confidential.

## Is the service responsive?

### Our findings

People we spoke with told us that they were fully in control of their personal care needs. One person said, "They let me drive this ship. I am in control and they let me do things for myself which is important to me." "I am an individual not a number." Another person told us, "The caregivers stick to the plan. They would not get away with it with me!" and "We try and work as a team and help each other." A caregivers said, "We are not there to take over we are there to support people" and "We make sure that people are satisfied and contented."

A relative stated, "As an organisation Home Instead are very responsive I know they are always at the end of phone or text even outside 'traditional' office hours." A community based professional commented, "[Care givers] are always available to support [client] in the event of an emergency, or if [client] needed extra care." We noted that caregivers took people out shopping or to social activities within the community if this was a part of their support package.

We looked at three plans of care in the office. Plans of care were detailed and recorded the health and social needs of each person. People who used the service we visited confirmed that they had been fully involved in developing their care and support plans. We saw that people had signed their agreement to their care plan. Care plans were kept in people's homes and a copy was retained at the office.

Care records included client information, emergency contact, background information about the person, the person's preferred routine, activities, exercises and socialising,

An activity log was completed at each visit to record what the caregiver had done during the visit in relation to the person's care plan, finances, medication and meals.

We saw that the registered person carried out unannounced spot checks to people's home to check that caregivers were supporting people to a high standard. This included the caregiver's appearance, task completion, whether the caregiver promoted dignity and respect and also encouraged independence.

Before using the service each person also received an information pack. Information included a wide range of documents including out of hours support as well as compliments, comments and complaints. People who we spoke with told us that they knew how to raise concerns or complaints with the service. One person told us, "If I was not happy I would be on the phone. I speak my mind." We saw that there had been only one recent complaint and records showed that this had been responded to appropriately.

## Is the service well-led?

### Our findings

The service had 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.

The registered manager told us that they had experience of working in other care services that they could compare Home Instead Senior Care Bury. They said that the registered provider wanted to provide outstanding care to people who used the service and supported caregivers to achieve that. They said, "I love it here but ensuring best practice brings its own challenges." A caregiver told us, "This was the best company that they had ever worked for."

A relative stated, "I have met the provider on many occasions and chatted to them many times. I am never made to feel that they are too busy or cannot be bothered. The office support are always polite and chatty, giving a general feeling of well-being." A community based professional commented, "The provider appears to be orientated around a client-focussed approach which endeavours to go the extra mile."

We saw that the service had a wide range of Home Instead policies and procedures, which included accident and incident recording, safeguarding vulnerable adults and children, medication, mental capacity, privacy and dignity as well as lone working and professional boundaries.

We saw that the service had a computerised system which helped to ensure that care reviews, supervision, spot checks and training were carried out. Unfortunately, at the time of our visit the computerised records were in the process of being transferred to a new system.

We saw that a company independent of Home Instead Senior Care Bury carried out a 2015 annual quality assurance survey of people who used the service and caregivers. The survey included responses from all people receiving personal care, overnight services, companionship, specialist dementia care and home help or housekeeping services. The feedback report from fifteen people who used the service showed that 93% were likely or very likely to recommend Home Instead Senior Care Bury to other people.

Twenty one staff completed the independent caregivers survey and the majority of responses were highly favourable or favourable about the service. One caregiver commented, "I have never worked with a care company like Home Instead before. They treat me fairly and everyone here is a good team. I feel Home Instead has very strong values, not only to the clients but also the caregivers. I feel very welcomed, supported and most of all very valued."