

BCT Care Services Ltd

Home Instead Senior Care

Inspection report

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Date of inspection visit:
27 June 2019
28 June 2019
01 July 2019
15 July 2019

Date of publication:
06 September 2019

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

About the service

Home Instead is a Domiciliary Care Agency providing personal care to 15 people aged 65 and over at the time of the inspection.

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.

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

Staff provided exceptionally kind and compassionate care to people. There was a clear person centred culture in place revolving around the needs of people who used the service. Without exception people provided positive feedback about the nature and personalities of the staff who supported them. Staff were dedicated in their approach and we saw instances of them going the extra mile to ensure people were safe and/or comfortable.

People had strong influence in who supported them. For example, people were matched with staff based on their shared interests and how they got along. People regularly provided feedback on individual staff members to ensure they continued to be a good match for them.

People said they felt safe using the service. Risks to people's health and safety were assessed and mitigated. Medicines were managed in a safe and proper way and people received their medicines as prescribed.

There were enough staff to ensure people received prompt care and support. Safe recruitment procedures were operated. Staff received a range of training and support relevant to their role. This included a strong focus on dementia care to equip staff with the skills to care with people living with dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed and clear and very detailed plans of care put in place for staff to follow. These were exceptionally person centred and demonstrated the service had taken the time to understand all aspects of people's care and support needs. The service liaised with professionals where required such as over people's nutritional and health needs.

There was a strong focus on ensuring people's social care needs were met. This was achieved through good care planning, providing companionship and working with the local community to provide social opportunities for people.

A system was in place to log, investigate and respond to complaints and concerns in a prompt manner. People were encouraged to provide feedback about the service.

There was an open and person centred culture within the service with the management team dedicated to ensuring people received high quality care and support. The service was committed to continuous improvement and had a plan in place to ensure they continued to improve.

A range of audits and checks were undertaken to assess, monitor and improve the service. People's feedback was regularly sought , listened to and used to improve the service.

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 23 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service remained responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our well-led findings below.

Good ●

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The membership of the inspection team consisted of two inspectors and one 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 in their own houses and flats and specialist housing.

The service had a manager who was going through the process of registering with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

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

Inspection activity started on 28 June 2019 and ended on 15 July 2019. We visited the office location on 15 July 2019.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We requested feedback about the service from the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

On 27 June 2019, we interviewed six staff members on the telephone. Between 28 June 2019 and 1 July 2019, we spoke with four people and eight relatives on the telephone. During the office visit on 15 July 2019, we spoke with the two providers, the manager, the community representative, field support and care co-ordinator. We also reviewed elements of three people's care records, three staff members' personnel files and other records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection 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

- Staff were trained to recognise signs of abuse and how to report these.
- Safeguarding incidents were appropriately logged, investigated and action taken to help prevent a re-occurrence. This included correctly reporting concerns to the local authority safeguarding unit and the CQC.

Assessing risk, safety monitoring and management

- Risk assessments were completed and plans put in place to keep people safe.
- Staff were familiar with people and their plans of care, giving us assurance safe plans were followed.
- Each time a staff member rang the on-call number, the details of the request were recorded and clear actions in place to help ensure all concerns/incidents or requests were clearly acted on.
- A clear business continuity plan was in place. This included forging relationships with a local organisation to assist them meet their commitments during periods of bad weather.

Staffing and recruitment

- Sufficient staff were deployed to ensure safe care and support. We looked at rotas which showed they were manageable with appropriate travel time between calls. This helped ensure staff arrived on time and provided a rush free service, ensuring people's needs were met.
- The manager told us they had a continuous recruitment process to ensure this.
- The service was very selective in the staff it appointed. Robust recruitment procedures were operated to help ensure staff were of suitable character to work with people who used the service. This included a competency-based interview and the required background checks. Recruitment decisions were strongly based on people's personalities and whether they were caring in nature to ensure they fit with the ethos and values of the service.

Using medicines safely

- Medicines were managed safely. Medicine Administration Records (MARs) were well completed and clear guidance was available to staff on how to support people safely.
- Staff were annually trained and their competency to support people with their medicines assessed.
- People told us they received medicines as prescribed.

Preventing and controlling infection

- Staff were trained in infection prevention and had access to gloves and aprons to mitigate the risk of cross infection.

- People we spoke with did not raise any infection control concerns.

Learning lessons when things go wrong

- Incidents and accidents were logged and thoroughly investigated. We saw evidence lessons had been learnt following incidents such as medicine recording errors.
- All types of incident were subject to clear analysis to look for any themes and trends. This helped monitor the safety of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the service could provide appropriate care and support. When planning care, people's wishes, choices and preferences were considered.
- Care planning was undertaken in line with best practice guidance and research. For example, the service had assessed its performance against NICE guidelines and standards for community care. The results showed the service was meeting and exceeding the standards, demonstrating it was providing high quality and effective care and support.

Staff support: induction, training, skills and experience

- Staff received a range of training suitable for their role, utilising a variety of mediums. Training was delivered by members of the management team who had appropriate training and qualifications.
- New staff received an extensive induction to the service. This included bespoke training developed by the company about how to look after people effectively and safely. New staff also completed the Care Certificate and were inducted to the company's ways of working.
- Additional training was provided to staff. All staff were being trained as 'dementia friends.' There was a strong focus on providing staff with more specialist dementia training after their first six months in the role, to give them the required skills to deliver high quality dementia care. For example, seven staff members had completed a City and Guilds accredited dementia awareness course and 20 employees had received Dementia Friends training.
- Records showed staff received regular supervision and appraisal. Staff confirmed this and told us they felt very supported with the new management team.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed and clear guidance provided to staff. Staff cooking skills were assessed to ensure they were competent to cook and provide the meals people wanted.
- We saw evidence staff and the management team liaised with other professionals where nutritional concerns were raised. For example, we heard staff liaising with one person's social worker over concerns about the person eating uncooked food from the fridge. They arranged for staff to put items such as finger foods and quiches in the front of the person's fridge to ensure they had ready-to-eat food available at all times.
- Staff found unique solutions to assist some people with nutritional concerns. For example, one person living with dementia was forgetting to eat. The regular staff member sat with the person and mimicked the actions of eating which then encouraged the person to do likewise. As a result, the person was eating better and had put on weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records evidenced people were supported to access to a range of health care professionals including GPs, dentists, and district nurses.

- The service liaised with health care professionals to ensure appropriate and co-ordinated plans of care were in place in relation to people's health and welfare. This included when people were admitted to, or discharged from hospital.

- Information was present within care plans to ensure good co-ordinated work with other providers. For example, we saw one supported person also had a live-in carer. Clear instructions were in place for staff on how they should hand-over information to the live-in-carer, the tasks that care staff were responsible for, and those they were not.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Care was delivered in the least restrictive way possible.
- Where people lacked capacity, we saw evidence best interest processes had been followed to help ensure people's rights were protected.
- The manager understood their legal responsibilities under the Act. Staff understood the principles of the MCA and how to apply these within their role.
- People were encouraged to make decisions for themselves. There was a strong emphasis on involving people and enabling them to make choices wherever possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Without exception, everyone praised staff highly and made comments such as, "The standard of care is as good as it ever was", "More than satisfied, do all I ask for, help me go shopping" and "Very confident in their standard of care."
- A significant amount of compliments had been received about the care and support provided by staff. These included, 'Thank you so much for going the extra mile last night with [person]. Without you he could have been waiting a very long time', 'My brother and I would really like to take this opportunity to acknowledge (staff member's) outstanding work, the kindness and initiative that has done so much to improve our (relative's) life at home' and 'I have received a wonderful service from Home Instead during the last four years both from the Caregivers and staff in the office, thank you very much.'
- The service was exceptionally person centred. The service had a clear philosophy of not offering calls of less than an hour in length. This enabled a holistic care experience where people's social needs were fully catered for as well as their care and support. People appreciated this approach, and this was reflected in the excellent feedback about the service.
- We saw numerous instances where staff had gone 'above and beyond' to ensure exceptional care and support was given. For example, one person had sustained an injury at home which required hospital treatment. When the staff member contacted emergency services, they were informed it would be several hours before an ambulance could be dispatched to them. The staff member cancelled a prior personal appointment and took the person to hospital themselves, ensuring they received quicker treatment.
- Significant events in people's lives were celebrated by the company. For example, one person had recently received flowers from Home Instead to celebrate their 100th birthday. This meant the person felt truly valued on their special day.
- We saw an extremely high emphasis was placed on supporting the whole family, as well as the person themselves. For example, relatives had access to information booklets on topics such as dementia, nutrition, falls and mobility. These offered information, advice and support mechanisms to enable insight into people's conditions. This facilitated better understanding from relatives, leading to positive outcomes for the people using the service.
- The service was exceptional at ensuring staff were matched with people based on shared interests and hobbies. Profiles were produced for both staff and people to aid with this matching process. For example, we saw one staff member had been matched with a person, as they both were religious clergymen and had shared interests in trains.
- Clear information on people's past lives was recorded to help staff better understand the person they were supporting. The service had recently rolled out 'Life Journals', a structured scrap book to help people record

their memories and past events to help stimulate conversation, memories and social interactions. This helped ensure excellent, person centred dementia care and support.

- People received their rotas a month in advance, detailing who would be supporting them. This showed an organised and caring service that wanted to ensure people were as comfortable and well informed as possible about who would be delivering care and support.
- Policies were in place which promoted equality, diversity and equality opportunities both for people who used the service and staff. Staff had received training which covered equality and diversity. The manager demonstrated had an excellent understanding of the subject and was strongly committed to ensuring people were treated equally, fairly and in an extremely person centred way. Part of their commitment had been to ensure all staff were LGBT trained to further extend and develop staff knowledge and awareness. This had been booked for the coming months.

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

- People had an extremely consistent and small group of staff who delivered care and support. People were supported to set their own outcomes to achieve personal goals, which were regularly reviewed. Staff gave examples of how this had enabled people to gain confidence to decide to take small steps towards achieving positive outcomes; for example, a person gradually allowing staff to assist them with some elements of personal care.
- New care staff were always introduced to people before delivering care and support. Following each new introduction people were asked for extensive feedback about the care worker, to ensure they were happy with them continuing to deliver care and support. This showed a highly person-centred approach, putting people at the heart of decision making.
- People had extensive mechanisms to provide feedback about the service. This included four visits from management each year, annual surveys and informal contact with the management team.
- Without exception, people/relatives told us they were fully involved in care planning and always kept informed. Comments included, "Family had full involvement setting up our relative's care plan. The agency sends us a monthly schedule telling us who will visit, contact us by phone if there's any issues and we can read the weekly diary when we visit" and "I'm very happy with the service my parent receives. The family was fully involved in setting up care plan, the agency takes the family into account, tells us what is going on. No complaints about Home Instead; they are all very nice."

Respecting and promoting people's privacy, dignity and independence

- Everyone told us staff treated them with the utmost respect and took steps to maintain their dignity at all times. Without exception, staff demonstrated a high degree of respect for people when talking to us.
- The service had a strategy in place for ensuring mental wellbeing and independence in older people. This guidance was readily available to staff to ensure they worked to its principles to maximise the effectiveness of this approach, in promoting wellbeing, independence and reducing social isolation.
- The manager told us, "Our motto is to change the face of ageing. Caregivers are very driven to achieve that. The client is at the centre of everything we do and outcomes are person centred and how we can help them achieve the outcomes." We saw and were told many examples of these during our inspection.
- A thank you card from one person's relative evidenced how the service had impacted on a positive outcome for them. It read, 'We want to express everyone's appreciation of Home Instead's service to (person's name) over the last two and a half years. (Person's name) would thank you for all for your friendship, reliability and adaptability. It made it possible for her to live independently for much longer than expected. Thank you for your patience, professionalism and the 'extra miles'.'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning was exceptionally person centred. Care plans were extremely detailed and contained extensive information on people's individual needs, likes and preferences. Clear instruction was provided to staff on exactly how to do tasks such as preparing food and tidying the house to ensure it was always done to a consistent high standard.
- Care plans were subject to regular review when people's needs changed and at six month periods.
- We saw examples of the service being highly responsive. For example, one person had wanted a care package immediately after discharge from hospital. The management team had worked hard to create care plans and introduce a staff member to the person on the day of the request and have the care package fully operational the next day, showing a flexible and responsive service.
- People received a monthly newsletter with key information about the service and also tips for improving their health and wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information on how to communicate with people was recorded within their care and support plans and the additional support they needed to make choices and decisions.
- Information had been made available in other formats to meet people's individual needs. For example large print care documentation and visit plans had been made available to some people who were partially sighted. This showed the service made adjustments to meet people's individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a strong focus on ensuring people's social needs were met. Care plans contained detailed guidance in this area to help staff meet these needs. The consistency of staff, and effective matching between people and staff, increased the chances of good social interaction with people.
- A community representative had been appointed to ensure strong links with the local community were developed and maintained. The service was working with a number of community organisations including charities to provide companionship, meaningful activities and opportunities to people to keep them stimulated and reduce social isolation.
- A range of other activities and events had been held to benefit people who used the service. For example,

the service had held a wine and cheese evening to help introduce people. A number of day trips were being organised to encourage people to mix with the local community and meet other people. This included trips to local halls and gardens.

Improving care quality in response to complaints or concerns

- People had access to complaints procedures. They told us they knew how to raise any concerns and the office were swift to respond and deal with these.
- We saw a low number of complaints/concerns had been received. These were appropriately logged, investigated and responded to.

End of life care and support

- The service was not providing any end of life care at the time of the inspection. However, we saw evidence this was appropriately planned and co-ordinated should it be required.
- A counselling service was provided to both families and staff to help support these people following terminal diagnosis, during end of life care or after death.

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 the last inspection this key question was rated as good. At this inspection this key question 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection, a new manager had been employed who provided leadership and support. They were currently going through the registration process.
- There was a strong management team in place with clear roles and responsibilities. Management staff were clear on their role, the philosophy and ethos of the service and were committed to continuous improvement and learning.
- The management team had clear oversight of the service through daily team meetings. The manager told us they used these meetings to update and discuss any ways around situations to promote people's care and support.
- Electronic call monitoring was in place which provided a key safety net to ensure calls were consistently attended to on time. We saw this was robustly monitored. For example, records showed that both within and outside office hours, if staff were more than a few minutes late logging in, then office staff called them to check they were at the person's house as agreed. This eliminated the risk of missed calls.
- A range of audits and checks took place to help ensure standards were maintained. For example, daily notes and medicine records were audited monthly and any shortfalls discussed with staff to improve practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team were open and honest during our inspection, sharing their vision for the future direction of the service.
- A large percentage of people we spoke with said they had not received communication about the new manager/provider. However, we saw letters in people's care records which had been sent out to people about the change of provider. The new manager had been introduced through the monthly newsletter. We fed this back to the provider and manager who took this on board.
- Statutory notifications had been received by the Commission where required.

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

- People's views were regularly sought and used as an auditing tool. For example, people were regularly visited to obtain their views on their care. They also received two service reviews and two quality assurance

reviews every year as well as providing feedback through an annual questionnaire.

- We looked at the results of the most recent questionnaire. It was very positive, showing people had a high level of satisfaction with the service. For example, 100% of people said they were well matched, given enough time and received appropriate care and support.
- Staff received regular spot checks on their practice to help ensure they were working to the required standards. Regular staff 'council' meetings were held to discuss any concerns, service updates and promote best practice.

Continuous learning and improving care

- A service improvement plan was in place setting out how the service would continue to develop in a structured way.
- The new provider and manager had only been in place since the start of 2019. However, we saw they had made a number of improvements and had extensive plans to further develop the service, with creative initiatives designed to further people's outcomes. This included new support packages which included assistive technology such as tablet computers in people's homes to allow people, relatives and staff to communicate effectively together to ensure high quality and personalised care and reduce social isolation. Plans also included more social and community-based opportunities for people.

Working in partnership with others

- The service and its staff had shared their knowledge and expertise with the local community. For example, staff members had spent their time off promoting dementia in the community, running dementia friends sessions to raise awareness of the topic.
- The service had purchased a number of 'Confidence in Care' books which it gave to family members to help them understand dementia and donated copies to the local library to raise awareness with the local community.