

DB (Rochdale) Limited

Home Instead Senior Care

Inspection report

Jape One Business Centre
Dell Road
Rochdale
Lancashire
OL12 6BZ

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Website: www.homeinstead.co.uk

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 is a domiciliary care agency that is registered to care for people living in their own homes. The service offers care to people with a dementia related illness, people who require help with personal care, light household duties and those who require companionship.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and 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.

At the time of the inspection there were 52 people receiving a service which included personal care. The service refers to people who use the service as 'clients' and care staff as 'CAREGivers' so we will refer to them as such throughout this report.

There was an appropriate safeguarding policy and procedure in place and staff had received training. Accidents and incidents were recorded appropriately and risk assessments completed as required

Staff were recruited via a robust procedure and there was a system in place to alert the service if a caregiver had not arrived. Systems were in place for the prevention and control of infection.

There was a medicines policy and guidance for CAREGivers around safe administration. CAREGivers had undertaken training and competency checks were regularly undertaken.

Clients' care and support needs had been thoroughly assessed and care plans written in line with these needs. CAREGivers had undertaken a thorough induction programme and further training was on-going. The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA).

Clients told us the CAREGivers were kind and friendly and respected privacy and dignity. Clients were involved in planning of their care and support and reviews.

The work force was from many different walks of life and clients with diverse needs were supported sensitively and with regard to their particular requirements.

The service produced a welcome package which included information about the service. There was a policy around autonomy and independence and clients were supported to do as much for themselves as possible.

Care files were person-centred and CAREGivers were introduced to the client prior to commencement of the service to try to ensure compatibility. The service was flexible and could be altered to suit the clients' changing needs. Care plans were reviewed and updated as necessary.

Clients were supported to follow their interests and hobbies, both in the home and outside in the community. There was a relevant complaints procedure but there had been no recent complaints. The service had received a number of compliments.

Staff had received good quality training in end of life care and were part of the team that helped support clients at this time if needed

There was a strong management structure and staff felt well supported by all the management team. Staff supervisions and meetings were held on a regular basis.

Client feedback was sought regularly to help drive improvement to service delivery. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions.

The service was committed to partnership working and was involved in various initiatives within the local area.

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 remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Home Instead Senior Care

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 was planned to check 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 was a comprehensive inspection. The inspection took place on 13 February 2018 and we gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that a manager would be in to facilitate the inspection.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Rochdale local authority commissioning team and the local safeguarding team to find out their experience of the service. We contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. This was to gain their views on the care delivered by the service. We did not receive any negative comments. We also contacted five health and social care professionals for their views about the service. We did not receive any negative comments from them either.

During the inspection we spoke with the franchise owner, the registered manager, the deputy manager, the scheduler, the field mentor and three members of CAREGivers. We also visited two clients in their own homes and contacted a further seven clients by telephone. One client contacted us via our contact centre. We spent time at the office and looked at five care files, four staff personnel files, training records, staff supervision records, service user satisfaction surveys, meeting minutes and audits.

Is the service safe?

Our findings

There was an appropriate safeguarding policy and procedure in place and a policy around child protection. Staff had received training and were confident of recognising and reporting any concerns. There was also a whistle blowing procedure where staff could safely report any poor practice they may see. The service had policies around harassment and bullying, which staff were aware of, so that staff and clients could feel confident that this would not be tolerated.

Accidents and incidents were recorded appropriately, as per the service's policy, and these were analysed by head office. Any patterns or trends were investigated with the registered manager, to help drive service improvement. Individual risk assessments were completed and held in clients' care files. These were reviewed and updated as required when changes occurred or on a six monthly basis. There was a fire safety policy and fire safety information. There was a referral form so that the service could refer clients who were at increased risk to the fire service for assessment, advice and equipment.

Staff were recruited via a robust procedure and we saw, in the staff personnel files we looked at, that all relevant documentation was retained within the files, including an application form, employment history, a minimum of two personal references and two professional references, proof of identity and Disclosure and Barring Service (DBS) checks. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

CAREGivers were required to 'clock' in and out of visits, either via an app on their phones or by using the telephone at the client's house. This helped ensure visits were undertaken on time, the correct time was given to all visits and alerted the service if a caregiver had not arrived.

There was a medicines policy in place and guidance for CAREGivers around safe administration. All CAREGivers had undertaken relevant training and competency checks were regularly undertaken to help ensure skills and knowledge remained current and relevant. We saw medicines administration records (MAR) sheets within clients' care files. These were all complete and up to date.

Personal protective equipment (PPE), such as plastic aprons and gloves, were in plentiful supply at the office for CAREGivers to use to help avoid the risk of cross infection. There was an up to date policy and procedure in place and CAREGivers received appropriate training.

Is the service effective?

Our findings

Clients were positive about the service. One client said, "They are always here within five minutes of their time and they always turn up." Another told us "Whatever I want them to do they will do. They are always on time". A third said, "They stay for a chat and stay the full time".

CAREGivers felt they could do their jobs well, with the guidance and support available. One CAREGiver told us, "We are given time to do our visits". Others agreed they had ample time to offer the support needed.

Clients' care and support needs had been thoroughly assessed and care plans written in line with these needs. There was a good level of information in the care files around particular needs, for example, the risk of weight loss, nutritional requirements and special diets. Nutritional and hydration intake was monitored as and when needed and there was guidance for CAREGivers on making meals tempting. There was evidence within the care files of the service working with other agencies to help ensure clients received joined up care and support. Referrals to other services were made in a timely manner.

CAREGivers had undertaken a thorough induction programme based on the standards of the Care Certificate, which is a set of standards that health and social care workers are expected to adhere to in their daily working life. Workbooks were completed and an assessment of competency was undertaken prior to CAREGivers being introduced to a client. There was the opportunity to shadow more experienced workers, a 12 week probation period and the support of a mentor. CAREGivers felt the mentor helped bridge the gap between them and the management team. One CAREGiver told us, "My mentor is good, a good support, as I am quite shy and would have found it hard to speak to management at first".

Further training was offered regularly and mandatory refresher courses undertaken annually. Staff had undertaken City and Guilds accredited training in Alzheimer's and other dementias. City & Guilds Accreditation is a globally recognised quality benchmark for in-house training courses. Home Instead Rochdale had a dementia champion. The Franchise Owner, Registered Manager and Deputy Manager were all dementia friends through the Alzheimer's society.

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 so that they can 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. We saw that consent forms were signed as required, by the client or their representative. These were for issues such as agreement to

care and treatment, reviews, administration of medicines, sharing of records, spot checks and use of keys. Mental capacity was assessed and we saw guidance around best interest decision making for staff to follow. There was evidence that correct processes were followed with regard to best interests.

Is the service caring?

Our findings

Clients told us the CAREGivers were kind and friendly. One client said, "They are very caring and have a lot of empathy with people who are in constant pain Just knowing someone is here to give me support is confidence building". Another said, "I am happy with the girls I've got". A third told us, "It's a very good service. I have two nice girls and they are trusted friends now". A fourth told us, "I can't speak highly enough of them".

A health and social care professional we contacted said, "I have always been impressed with the service that the Home Instead carers have provided to clients that I have come into contact with, the care that I have witnessed has always been delivered in a professional but friendly way and the carers never appear to provide care in a rushed manner. The carers are well presented and I have never experienced any issues or heard of any negative feedback from either the clients or families".

The service produced a welcome package which included information about the service as well as sign posting to other local services. The leaflet about the service could be produced in large print and other languages as required. The service were committed to equality and ensuring they supported people's diversity. The work force was from many different walks of life and we saw that the service positively encouraged older, often retired, people to become CAREGivers. We saw evidence that clients from different ethnic backgrounds, with sensory impairments or other diverse needs were supported sensitively and with regard to their particular requirements.

There was a policy around autonomy and independence and the care files evidenced that clients were supported to do as much for themselves as possible. One person had progressed so well that they had written to say they were moving on to the next phase of their recovery due to the help received from Home Instead.

There was a policy on entering a client's house, which referenced the need to respect privacy, for example, by knocking on the door and waiting to be asked to enter. One client said, "They [CAREGivers] respect my dignity and privacy and ask before they do anything. I would give them 95 out of 100".

Where circumstances required, for example when a client's loved one was in hospital, the client was supported to visit them. This sometimes meant an increase in their care package to facilitate this and holding regular reviews to ensure the client was receiving the best care possible. Clients' birthdays were often recognised by the service via social media and CAREGivers celebrated with them.

The service adhered to their confidentiality policy and procedure. All sensitive information was stored securely in a locked cabinet within the office. A keycode was required to enter the office, making this a secure environment.

Clients were involved in planning of their care and support and reviews. One client told us, "I feel involved with my care plan".

Is the service responsive?

Our findings

The information held within client's care files was person-centred and included background history, details of family and friends, upbringing, past employment, where clients had lived and their current circumstances. There was information about clients' preferred routines, likes, dislikes and choices. CAREGivers were introduced to the client prior to the commencement of the service to try to ensure compatibility. We saw that, where clients had felt the fit was not perfect with the CAREGiver, this would be addressed by finding a more acceptable worker for the client to help ensure their satisfaction with the service. They tried to keep to the same CAREGivers for each client in order to offer consistency.

The service was flexible and could be altered to suit the clients' changing needs, with documentation of changes in circumstances and abilities and there was evidence that the service endeavoured to fit the service to clients' new requirements. Clients' care plans were reviewed and updated as changes occurred or routinely to help ensure the service offered remained relevant and applicable.

Clients were supported to follow their interests and hobbies, both in the home and outside in the community. They were supported to follow their cultural needs and beliefs, attend their chosen place of worship or to go out into the community to do shopping or pursue interests. Referrals were made, if clients wanted this, to a local dementia day centre, 'Happy Days' and clients were supported to attend in order to socialise and have a change of scene within the community. The service had organised parties for Easter and Christmas and taken clients on a day out to Blackpool illuminations and for fish and chips and ice cream. Comments recorded in Rochdale online newspaper included; "I had such a lovely time"; "I have not visited the illuminations for over 60 years and I enjoyed it very much. It was a lovely day out".

The complaints procedure was outlined within the information given to clients and all we spoke with were aware of how to complain. The service's scheduling system allowed them to document and store a live event. This meant a complaint or concern could be assigned to a particular member of the office team and the system flagged up an alert each morning until the issue was resolved and closed down. There had been no recent complaints. One client told us, "I had some concerns but they were dealt with efficiently". Another said, "I haven't any grumbles" and a third commented, "I have no complaints".

The service had received a number of compliments in the form of thank you cards, e mails and in person. A recent e mail sent to the service read; "I would like to say, and please put in your records somewhere, that [name], my [relative's] carer is the most amazing carer we could ever have hoped for. Every day – rain or shine – hot or cold – she comes in like a ray of sunshine and brightens everyone's day". From a recent obituary; "...to the devoted carers from Home Instead we extend our gratitude for the help you gave so generously".

Staff had received good quality training in end of life care and were part of the team that helped support clients at this time if needed. The service could be adapted, for example, by sending two CAREGivers instead of one, if this was what clients required at this stage.

Is the service well-led?

Our findings

There was a registered manager at the service. 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 strong management structure and staff felt well supported by all the management team. Any physical restrictions that CAREGivers had were taken into account when matching up with clients. CAREGivers' personal responsibilities, such as child care, were considered when allocating work. The statement of purpose set out the aims and objectives of the service in a clear and concise way. All the staff we spoke with, including management and CAREGivers demonstrated a good value base.

Staff supervisions and meetings were held on a regular basis and provided an opportunity for raising concerns, reflecting on practice and considering personal development needs. Visiting speakers were engaged for CAREGivers meetings to offer education and guidance.

We spoke with health and social care professionals involved with the service. Comments included; "In our experience with working with Home Instead they have always come across very professional"; "My experience with Home Instead has always been excellent"; "[Franchise owner] tends to go much further than any other care provider/assessor I have ever met. Very thorough".

Client feedback was sought regularly to help drive improvement to service delivery. We saw the results of the latest survey which were very positive in all areas and 91% of clients said they were likely to recommend the service to someone else.

Social media was used as a platform to keep CAREGivers, clients and the local community up to date with news about the service provided, community engagement and local/national news of interest.

Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions in a timely manner. We saw audits of staff files, regular spot checks of CAREGivers, quality audit visits to clients. The Quality Support Team from Home Instead Senior Care national office also undertook an annual audit to ensure compliance with their expected care standards. The last audit took place in May 2017 and was a very positive report. The business plan was also regularly reviewed to ensure its continued effectiveness.

The service was committed to partnership working. They provided awareness advice on scams to which their clients might be vulnerable, to staff, community and church groups across the Rochdale Borough. This advice was offered not only to the service's clients but to other vulnerable adults via church groups, wellbeing cafes and other venues. The service had recently funded advertising for the Happy Days (Dementia) Day Service and intended to continue to provide support in the form of activities that the Day Service were currently unable to offer. The service was also looking to forge links with other community

services, for example, Parkinson's Support Group.