

East Yorkshire Home Care Limited

Home Instead Beverley & Hull

Inspection report

7 and 8 Fold Yard Offices
Molescroft Farm, Grange Way
Beverley
HU17 9FS

Tel: 01482231145
Website: www.homeinstead.co.uk/beverley-hull

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24 June 2021

25 June 2021

28 June 2021

29 June 2021

01 July 2021

02 July 2021

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23 September 2021

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

About the service

Home Instead Beverley and Hull is a domiciliary agency that supports people to live in their own homes. The service was supporting 35 people at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission 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

People received consistent and safe care from core teams of staff that met their individual needs. There were enough staff with appropriate skills to safely support each person. One person told us, "I have regular carers and I prefer it that way."

Care and support was tailored to meet people's needs and staff knew people well. Staff were respectful and supported people in a way that maintained their privacy and dignity.

Staff rota's were effectively managed and provided continuity of care at a time and duration that met people's needs. The minimum time spent on a call was an hour.

People's needs were met through assessment and person-centred care planning. The service worked with people and their relatives, health and social care professionals to achieve positive outcomes for people.

COVID-19 risks were assessed and managed.

Robust systems were in place to safely manage people's medicines. Audits were completed regularly to monitor, identify and address any issues found.

People and their relatives praised the kind and caring staff and the quality of care provided. This meant people were supported to achieve good outcomes.

The provider had robust systems in place to ensure staff were recruited safely and were suitably trained and competent. Staff knew about safeguarding procedures. Feedback about the training and support for staff was positive.

Processes to assess and check the quality and safety of the service were completed. The registered manager and nominated individual carried out audits and completed a quality monitoring report. These identified areas of the service that could be further improved and the actions completed.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 2 April 2020 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all domiciliary care providers inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Home Instead Beverley & Hull

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 inspection was completed by two inspectors and two experts 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.

The service had a manager registered with CQC. A registered manager along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 24 June and ended on 2 July 2021. One inspector visited the office on 25 June 2021. The other days of inspection were used making calls to the registered manager, staff, people using the service and their relatives and reviewing information provided as part of the inspection process.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with 11 people who used the service and 19 relatives about their experience of the care provided. We spoke with 11 members of staff including the nominated individual, registered manager, recruiter, senior care giver and care givers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes protected people from the risk of abuse. Information about safeguarding processes was available to staff. Staff knew how to raise a concern.
- The provider had a safeguarding policy and procedure and staff received training on how to identify and report any safeguarding concerns.
- People told us they felt safe with the staff that supported them. People's comments included; "I feel more than safe - she is lovely," and "Yes I do I have been really impressed by them." Relatives told us, "My relative is 100% safe: they are really concerned for his welfare and will do more than is required."
- Records were maintained and provided a clear and complete account of how concerns were managed; the outcomes from these, actions taken, or any lessons learnt. Learning was shared through discussions and handovers between staff and at staff meetings.

Assessing risk, safety monitoring and management

- People's needs were assessed to help identify the support they required and any risks staff needed to be aware of while providing their care.
- Care plans and risk assessments provided detailed information to guide staff on how risks should be managed. For example, in relation to specific dietary needs and the management of diabetes.

Staffing and recruitment

- People and relatives gave positive feedback about the timeliness and reliability of staff's visits and the consistency of the team and length of calls. Comments included, "They have never missed. When I first started I did not know what time they were due and when they arrived at 9.30 [which is the time I had asked for] I said I thought you weren't coming to which she said 'I will never let you down' and they haven't." and "Bang on time-always."
- Staff had been safely recruited. All staff had pre-employment checks to check their suitability before they started working with people.
- People were introduced to new starters by existing staff prior to commencing shadowing shifts and working with people.

Using medicines safely

- People received their medicines safely. Staff had been trained in the safe administration of medicines and were assessed as competent prior to supporting people with their medicines.
- Medicines management was audited regularly with systems in place for investigating any potential medicines errors.

- Some people were prescribed medicines on an 'as required' basis, for example for pain management. Protocols were in place to provide staff with information about when these medicines should be given.
- People told us, "The carers help me with my tablets and know what I have to take," and "In the morning I will ask for my pills when I am ready. They bring them to me, and I will take them."

Preventing and controlling infection

- The inspection was undertaken during the global COVID-19 pandemic. We noted there were appropriate infection control procedures and the use of Personal Protective Equipment (PPE) in line with national guidance.
- We were assured that the provider was making sure infection control outbreaks can be effectively prevented or managed.
- People confirmed staff wore PPE when supporting them. Feedback included, "They always come in wearing the PPE," and "The carers wear gloves, apron and masks that also covers their nose."
- Staff told us they had received training in the correct use of PPE and handwashing and competency checks had been completed following training. Staff confirmed they had access to adequate PPE and the provider and registered manager went out of their way to drop off further supplies to them if they were unable to go into the office to collect them.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 identify the care and support they needed. Care plans were used to record this information and people's preferences for care delivery, to provide staff with guidance about how people's needs should be met.
- People or their representatives were involved in developing care plans to help make sure the support provided would meet their needs. People told us, "[Name of NI] did a home visit and there was so much information I had to give. She wanted to know likes, dislikes and background information," and "We are very much involved in discussions about our care, they do as we ask."

Staff support: induction, training, skills and experience

- People gave positive feedback about the skills and experience of the staff who provided their care. Comments included, "They are well trained and very professional," and "I feel their training is good and particularly their understanding of Dementia."
- New staff completed an in-depth comprehensive induction, followed by competency assessments before being introduced to people and commencing shadowing shifts. Supervisions and support visits were used to support staff and monitor performance.
- Staff told us, "The training provided has prepared me with the skills I need for the role," and "The training is excellent, I was surprised how in-depth it is after a career in health and social care, there is so much and lots of additional training available."

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

- People received effective care and support to help make sure they ate and drank enough. People told us, "They make my breakfast - toasted crumpet with blackcurrant jam! I'm quite addicted to that at the moment." Relatives told us, "They make her scrambled or boiled egg for breakfast and whatever she wants for lunch and tea."
- Care plans recorded the support people required with meals and drinks and staff recorded what support they provided at each visit. This helped them to monitor and make sure people had enough to eat and drink.

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

- Care plans recorded information about people's health needs and provided information for staff about when they may need to seek medical attention. For example, for people with diabetes.
- Staff were concerned for people's wellbeing and monitored for signs of people becoming unwell or needed medical attention. Relatives confirmed this and told us, "Any cause for concern, they will talk to me,

they noticed my relative had a chest infection and told me about it," and "Any concerns they contact me immediately."

- Staff and people told us care was provided by small consistent teams, so carers knew people well and were able to recognise when people were presenting any signs of being unwell. People told us, "It's always the same ones," and "We have five main carers who come on a regular basis."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People made decisions about their care and felt staff listened to them, offered them choices and respected their decisions. Comments included; "She will do everything I want her to," and " I have things done the way I like, it's my decision."
- Staff understood their responsibilities under the Mental Capacity Act to support and encourage people to make decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People enjoyed staff's company and had developed positive, caring relationships with the regular staff who supported them. People told us, "I couldn't wish for anyone nicer," and "They are kind and caring," and "She is absolutely wonderful."
- Staff were caring. People trusted staff as they were kind and respectful. One relative told us, "They will sit and chat which is a stimulus for her – those regular visits she looks forward to. She is much livelier now especially after one of their visits."

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

- People told us that staff listened to them and followed their instructions. One relative told us, "He is given a choice about his pain relief and about what he wants done."
- People were effectively supported to make decisions about their care. Staff supported people with their routines and offered them choices. They worked with people and their families to ascertain how they liked to be cared for and this was recorded in care plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that helped maintain their privacy and dignity. People told us, "They ask me where I would like to be washed and draw the curtains."
- Staff were mindful and provided discreet and respectful support when supporting people with personal care. Staff told us, "We treat people the way we would want to be treated ourselves or any member of our family – with respect."
- Staff promoted people's independence through providing encouragement and appropriate support where needed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; End of Life care and support

- Care plans contained information about people's needs and preferences for how people wanted their care to be provided. This supported staff to provide person-centred care. Relatives told us, "They are very good with his preferences such as what food he likes and that he likes fresh cut flowers."
- Staff listened to people and followed their instructions to help ensure care and support met their needs. People told us, "The carers are nice to me; they are careful, gentle, helpful, kind and caring; they chat and listen to me," and "I like the carer's company; she is very kind, considerate and caring and does not talk down to me. She is very encouraging and gives me confidence."
- People's care plans included information about any wishes they had for end of life care where this was being provided.

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.

- Care plans contained information if people required information to be provided in an accessible way.
- People's communication needs were assessed and detailed to provide staff with how information should be shared with people.

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

- People were matched with their carers based on their personalities, values, hobbies and interests and people valued the companionship they offered. People told us, "She knows I like a cheerful chat," and "The carer talks with me about my interests like my paintings, poetry and wildflowers."
- COVID-19 has impacted on people's opportunities to take part in activities, socialise and access their wider community. People told us they had been given gifts on Mother's Day and Father's Day and how they welcomed this personal touch. Activity packs had also been given to people along with socially distanced competitions to support people's well-being. People and relatives told us, "They are lovely ladies and go above and beyond," and "They will take me for a walk outside if I want."

Improving care quality in response to complaints or concerns

- People told us that overall they had not needed to complain but felt both the manager and the nominated

individual were approachable, if they wanted to raise any concerns or issues. People commented, "No I have never complained and I am a good complainer," and "We have a complaints procedure in the file."

- The registered manager told us they had not received any formal complaints. Some minor concerns had been recorded with tracked actions and any changes to resolve these. One person who had raised an issue told us that this had been listened to and resolved quickly.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider demonstrated a commitment to provide person-centred care by engaging with everyone using the service.
- People had opportunities to be involved in developing the service. Staff, people and their relatives were regularly asked for their feedback. Feedback was collated and action was taken where people made suggestions. People told us, "We are regularly asked for our feedback on the phone," and "They have asked me to fill in a questionnaire. The only comment I made was that they could do with reducing the title of the App to two words -they are working on it."
- Staff told us the management team encouraged them and listened to their concerns and suggestions. Comments included, "Both are very responsive to anything we suggest," and "They are interested in what we have to say and value our opinions and suggestions, there is real teamwork. We are not just a number; we are a person in our own right and we are valued."

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 registered manager promoted transparency and honesty. The registered manager was open and honest throughout the inspection process and had a good understanding of their duty of candour.
- The provider and registered manager provided an App that Home Instead used so that relatives could monitor exactly what was going on at any one time. Relatives told us, "I don't need to contact the office. I just look at the app and it tells me everything. My sister looks at it all the time and she lives abroad. She knows everything that is going on here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We received consistently positive feedback in relation to how the service was run. The registered manager and provider had oversight and knowledge of the day to day management of the service. They provided strong leadership and staff understood their roles and responsibilities.
- Staff, people using the service and relatives told us the service was well run. Comments included, "They [Name of registered manager and provider] are very much part of the team and would never ask us to do anything they weren't prepared to do themselves," "Their understanding, planning and communication is excellent! They make sure we understand what is going on," and "I would give them 10 out of 10, no 11 out of 10, no 20 out of 10."

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

- The registered manager and provider engaged with staff, people and their relatives to provide care that promoted positive outcomes and support.
- Staff members we spoke with were complimentary about both the registered manager and the provider. They said they were approachable and supportive. Comments included, "This is a really great place to work, it's great to be able to make a difference and be part of such a good team. I enjoy my job immensely." and "It's nice to know we are appreciated, they always say thank you and the little personal touches make all the difference, being nominated for going over and above, birthday cards. Most of all they are there for us 24/7 and they always answer our calls and make time to listen."

Working in partnership with others

- The service worked in partnership with key organisations and partners to support the delivery of quality care. For example, working with healthcare professionals to identify tasks that trained care staff can undertake such as the monitoring of diabetic diets. The provider has been proactive in this area and has dedicated teams of staff who have undertaken training in some areas and are now delivering support to people.