

South Yorkshire Senior Care Services Limited

Home Instead Senior Care

Inspection report

4 Huddersfield Road
Barnsley
S70 2LT

Tel: 01226391010

Website: www.homeinstead.co.uk/barnsley

Date of inspection visit:

20 September 2021

22 September 2021

23 September 2021

28 September 2021

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Home Instead Senior Care is a domiciliary care service based in Barnsley, South Yorkshire. It provides personal care to adults with a range of support needs who live in their own homes. There were 52 people using the service at the time of this inspection. Not everyone who uses the service receives the regulated activity of personal care. 22 people were receiving support with their personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided to them.

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

People received highly personalised care from staff who knew them very well. Staff had developed strong relationships with people, and this supported them to deliver high-quality, individualised care to people which met their needs. People were supported by staff who were highly motivated, enthusiastic and described by people as, "very, very kind." People received compassionate, person-centred care at the end of their lives.

People were fully involved in planning their care and they received support in line with their own preferences. Staff were highly skilled at communicating with people which enabled people to remain actively involved in making decisions about their support and how it was delivered. People were actively encouraged to achieve goals that were important to them and to remain as independent as possible.

Staff were particularly sensitive to times when people needed compassionate support. Staff were respectful of people's privacy and they treated people with dignity and respect.

People received support from staff who were skilled, well-supported and well-trained. Staff worked very closely with community health and social care professionals to ensure people received a seamless service. Professionals who worked alongside the service were very complimentary about the quality of care they delivered.

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.

The service had an open, transparent culture. People, their relatives and staff thought the service was well-managed and responsive to their needs. There were effective systems and processes in place to check staff always provided a high-quality service to people.

People were supported by a small number of regular staff which meant they received a good continuity of care. People felt safe and staff knew how to protect people from abuse. Risks to people were mitigated and people received effective support with their medicines. People were protected from the spread of infection.

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 CQC on 4 June 2020. This was the service's first inspection.

Why we inspected

This was a planned inspection.

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 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was 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

This inspection was completed by two inspectors and an 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 homes.

The service had a new manager who was in the process of registering with CQC at the time of this inspection. Once registered, this means that both the manager and the provider will be 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 48 hours' notice of the inspection. This was because we needed to be sure the provider or manager would be in the office to support the inspection.

Inspection activity started on 20 September 2021 and ended on 28 September 2021. We visited the office location on 23 September 2021.

What we did before the inspection

We reviewed the information we had received about the service since the service registered with CQC. We sought feedback from several local authorities, professionals who work with the service 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

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the manager, office staff and care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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 sought further records from the provider. They were provided in a timely manner and were used to inform our judgements.

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

- The provider used appropriate systems to safeguard people from abuse. Staff received training about how to safeguard vulnerable adults. They were very knowledgeable about their responsibilities and how to respond to concerns.
- Staff were all confident the manager would act quickly on any concerns they raised. The manager had made appropriate referrals to the local safeguarding authority, when required, and this had resulted in positive outcomes for people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to reduce the risk of people experiencing avoidable harm. People's care records contained details of the risks posed to them, and guidance for staff about how to manage those risks.
- Accidents and incidents were managed appropriately. Staff knew when to report any accidents or incidents so action could be taken to address any concerns and learn lessons. The manager understood the importance of investigating accidents and incidents, reporting them to the relevant agencies and acting to reduce the risk of them happening again.

Staffing and recruitment

- There were enough staff employed to meet people's needs. People told us staff turned up on time and they had plenty of time to deliver the care they needed during each visit. People's comments included, "They are always on time and if they run out of things to do, we sit and chat. I really appreciate that as I live on my own", "Their [staff] timekeeping is better than mine!" and "Their [staff] timekeeping is very good. I can't fault them really."
- People received a good continuity of care as they were supported by a small number of consistent staff members who knew them very well. A relative commented, "[My relative] has regular carers from a team of four or five who come to support them four times a day with a whole range of things from washing, dressing, laundry, social chit chat, interactive games and meals. It gives [my relative] something to look forward to as [my relative] has really got to know them."
- The provider used safe recruitment practices when employing new members of staff, to check they were suitable to work with vulnerable people.

Using medicines safely

- People received their medicines, as prescribed. People's medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times. Care records included suitable guidance about medicines that were prescribed on an 'as required' basis. This supported staff to provide person-centred support in respect of people's medicines.

- Staff were trained in how to manage medicines safely and their competency to do so was kept under review. Staff demonstrated a good understanding of the medicine management procedures they were required to follow, to keep people safe.
- The provider had an effective process in place to monitor the quality and safety of the support people received with their medicines, so any necessary improvements could be identified quickly and implemented.

Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection. Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment (PPE).
- People felt their safety was promoted as staff always wore PPE appropriately. People's comments included, "Oh, they always wear all the kit. Masks, gloves, aprons, shoe covers – the lot! It made me feel very safe [during the pandemic] and still does" and "Their attitude around COVID-19 has always been good and there's been absolutely no problems with PPE."

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 before the service started to provide any care and support. The manager visited people in their homes to assess whether they could provide an appropriate service. A personalised care plan was created following the assessment process, so staff knew what care each person needed and when.
- People and their relatives were thoroughly involved in the assessment and care planning process. This enabled staff to identify people's preferences and ensure their care was tailored to their individual needs and choices. A person commented, "I remember we had a big meeting here [at my home] to organise everything. They certainly went over a lot of things."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and they carried out their roles effectively. Staff completed training in a range of different subjects to ensure they had the right knowledge to deliver effective care. Staff were happy with the training they received.
- New staff completed a thorough induction to ensure they were well prepared, competent and equipped to deliver high quality care. The induction process included shadowing more experienced staff and being introduced to people before delivering care to them.
- People and their relatives thought staff were knowledgeable and well-trained. People's comments included, "I think they [the staff] are marvellous", "I think they [the staff] are well-trained for the job" and "They [the staff] make a difficult job look very easy."
- Staff received regular support and supervision to review their competence, discuss areas of good practice and to consider ways they could continue to improve. Staff told us they felt very well supported by the management team. They felt able to raise any concerns or questions with them.

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

- Staff worked very closely with other organisations to deliver effective care and support. This supported staff to achieve good outcomes for people. A professional who worked alongside the service commented, "I am impressed with how they [the staff] have worked with [name of service user] and our team to help meet their needs."
- People and their relatives told us staff were very good at identifying when people needed support from other services, and they were quick to act if they thought a person was unwell. Comments from relatives included, "The [staff member] called the GP when they found [our relative] very poorly one morning. It works well and we are confident [our relative] is safe in their care" and "[A staff member] found [my relative] in

agony and called 111. An ambulance arrived after the staff member chased them up every 10-15 minutes. The [staff member] was marvellous. They remained calm all the way through, comforted [my relative] and explained what was happening."

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

- People's nutritional and hydration needs were met. When people were supported with food and fluids, their care plans contained clear guidance about what staff needed to do for each person, whilst still promoting their independence. If a person required a special diet because of medical or cultural reasons, this was clearly recorded in their care plan.
- Staff demonstrated a very good knowledge of people's dietary preferences and they used this knowledge to encourage people to eat and drink enough to maintain their health. A relative commented, "[My relative] was a bit off their meals one time and a staff member brought them a home cooked Sunday lunch to tempt them to eat. It worked!"
- Staff had a good understanding of the importance of promoting a healthy, balanced diet, whilst respecting people's choices. People and their relatives told us they were happy with the support they received with their nutrition and hydration.

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's capacity to make decisions had been assessed, where appropriate. Staff understood the principles of the MCA and best interest decisions were recorded, when necessary.
- Staff understood the importance of supporting people to make their own decisions and obtaining consent from people before care was delivered. People told us staff always asked for their consent before they provided them with care and support. A person commented, "They [the staff] do check with me that it's ok before they do something" and a relative told us, "The staff are very polite and are always checking if it's ok to do things for [my relative]."

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

- The service had a strong person-centred culture, with staff who went out of their way to ensure people were treated well. A person told us, "They [the staff] have never refused a request and will often go the "extra mile" for me. It comforts me to know they are there for me."
- The service had an effective system in place to ensure people felt comfortable with staff and to support them to feel respected. People were matched with a small number of care staff which supported them to get to know each other very well. People told us new staff were always introduced to them. A staff member commented, "Compatibility between staff and [the service user] is very important in this company. People are encouraged to say if it doesn't work for them so they can have the staff changed."
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- There were effective systems in place to support people to make decisions about their care and express their views. The assessment, care planning and review process ensured people remained actively involved in decisions about how and when they were supported by staff.
- Staff's ability to communicate very effectively with people and the positive relationships they had developed with people, helped to ensure people could express their views and make their own decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff recognised people's skills and encouraged people to use them; this supported people to retain as much independence as possible. A relative commented, "They [the staff] make a point of letting [my relative] do as much as they can for themselves, but they are always right by them to check if they need support."
- People were treated with dignity and respect. People told us, "They [the staff] are very careful when I shower, and they never leave me standing there without cover. They always make sure I am ok", "I find all the [staff] very kind and respectful and completely trustworthy" and "The staff are very respectful and really listen to what you need. They are so very good about my welfare and safety."
- People's privacy was respected and there were systems in place to ensure people's personal information was protected.

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Health and social care professionals who worked alongside the service told us the service was focused on providing person-centred support and achieved exceptional results. A professional commented, "They are a very person-centred and collaborative team. Their approach and care planning is very individualised". Another said, "I could not praise them enough as a service. They did go 'over and above' for [name of person]. The management were outstanding. They showed clear determination and drive for a person-centred approach. Fantastic."
- Staff saw themselves as advocates for the people they supported and gave us examples of occasions where they had challenged other professionals to support people to achieve the best outcomes. They were proud they could support people to remain in control of their care and ensure their needs and preferences were at the heart of the service.
- Staff were particularly sensitive to times when people needed compassionate support and they were highly responsive to people's needs at these times. People told us about numerous occasions where staff had provided support beyond their expectations as they had recognised they needed additional emotional support. A professional who worked alongside the service told us, "[The staff] have demonstrated skills in empathy, communication and de-escalation strategies to manage distress and challenging situations."
- People were fully involved in the development of their care plans via a thorough assessment and review process, to ensure personalised care plans were created. People's care plans included detailed guidance about how staff should support people, considering their specific preferences, likes and dislikes.
- Staff had developed exceptionally strong relationships with people and knew people very well. This supported them to deliver highly personalised care, which promoted people's well-being. A staff member commented, "Our calls are a minimum of one hour and this gives me time to build relationships with people. It gives us time to notice subtle differences in how people are and also to make a connection with them."
- People and their relatives confirmed staff knew people's individual needs and preferences and catered to them. A relative commented, "The [staff] have developed a really good rapport with [my relative] and have really got to know them as a person."

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

- The provider had systems in place which supported staff to establish what people's interests were, what they wanted to achieve and how the service could support them with this. For example, the provider had a 'dare to dream' project where staff explored people's aspirations and supported them to achieve their

identified goals. This project had led to people achieving a wide range of goals which included special one-off trips as well as making changes to their regular weekly support.

- Staff were committed to delivering an especially good service by supporting people with things that really mattered to them. As staff knew people very well, they were able to use this knowledge to effectively support people with their interests. A relative commented, "[Name of staff member] knows [my relative] loves to look through her family photos and makes sure there is time to do that" and another relative said, "The staff know their role and do whatever [my relative] needs at each session. It might be just sitting chatting or doing games if [my relative] feels up to it; essentially it's whatever [my relative] needs."
- Staff knew how to promote each person's individual well-being and took steps to reduce the risk of social isolation. For example, staff recognised the importance of a person's pet on their mental well-being. Staff offered a temporary home to the pet when the person was unable to look after them after becoming unwell. This prevented the person's pet being re-homed which would have had a detrimental impact on the person's well-being and recovery.

End of life care and support

- The provider had systems in place which supported staff to deliver highly personalised and compassionate care to people at the end of their lives. Any staff who delivered end of life care were required to complete enhanced training. This helped to ensure they had the right skills and knowledge to deliver this care at a high standard.
- The service had received praise from people's relatives in respect of end of life care staff had provided to their loved ones. The most recent feedback from a relative stated the care their family member had received from the service was 'truly amazing' and they 'could not have imagined anything better'. They stated their family member had had the best last few weeks they could have wished for.
- When arranging end of life care, the manager not only ascertained what support the person needed with their health and social needs, but also what they wanted to achieve in the last stages of life. They planned how staff could support the person to achieve this and this enabled staff to deliver highly personalised care.

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.

- People's communication needs were assessed and met. People's care records contained detailed information to support staff to communicate effectively with people. Information was made available in a variety of formats to support effective communication.
- Staff were highly skilled at ensuring people were able to express their views. They had a very good understanding of people's communication needs. They used this knowledge to empower people to make their own choices and remain as involved as possible with decisions about their care.

Improving care quality in response to complaints or concerns

- The provider had a suitable system in place to ensure any complaints were appropriately recorded, investigated and responded to. The provider had a suitable complaints procedure in place and this was made readily available to people who used the service.
- People knew how to complain and felt able to raise any issues or concerns with the manager and staff.

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, manager and staff were all keen to provide high-quality, person-centred care. There were effective systems and processes in place to check staff provided a high-quality service to people.
- People, their relatives and staff told us the service was well-managed. Comments from people's relatives included, "It is a very reliable service, and I would certainly recommend it to others if they needed help", "They have been consistent in their service and seem to have good management" and "I think it's a well-run business. They certainly have to be flexible."
- Staff were enthusiastic and passionate about giving people the very best support they could. They understood the provider's vision and values and the ethos of the service. Staff comments included, "I love working for this company. I absolutely love my job and wouldn't change anything. There is a positive culture. They [the management] listen" and "I think the culture is very open in this company and it is well-run. They are like an extended family. It makes me feel 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 had a suitable policy in place in respect of the duty of candour. At the time of this inspection there had not been any incidents which required the provider to take action under their duty of candour policy.
- The service had an open, transparent culture and staff at all levels were committed to improving the care provided and learning from any incidents or complaints. Staff told us they felt well-supported by their line managers and they were confident any concerns they raised would be dealt with appropriately. A staff member commented, "If I saw poor practice, I would report it straight away. I would be comfortable to do that to protect the person because I know I would be listened to and believe action would be taken."

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

- Staff morale was positive, and they all told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities and staff worked effectively as a team. The service had a stable staff team who knew the needs of people using the service well. The continuity of staff had led to people developing meaningful relationships with staff.
- The provider kept up to date with current legislation and best practice requirements. This was especially important in relation to updates about the COVID-19 pandemic. The manager ensured people, relatives and

staff were kept up to date with any changes to practice or care delivery.

- The provider and manager had embedded an effective quality assurance system to support continuous improvements to the service and to ensure good governance practices were embedded. The manager conducted regular audits of the safety and quality of the service.

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

- People, relatives and staff had good opportunities to give feedback about the service. They were actively encouraged to do this via annual surveys, the complaints and compliments process, during regular reviews of people's care and through informal discussions in person or over the telephone.
- Staff were also able to share feedback and ideas about how to improve the service via a staff forum and supervision meetings. Staff told us that ideas they had raised previously had been listened to and acted upon.
- The provider was continuing to develop and strengthen its engagement with people who used the service. The manager had recently started a project to involve people in the recruitment of new staff. This involved asking people what questions they would like prospective staff to be asked at interview and incorporating those questions into the interview process.
- The provider was actively engaged with the local community. For example, the provider had partnered with a local charity to deliver a project aimed at ending social isolation in older people. In partnership with the charity, they delivered free activity sessions every week which could be attended by anyone aged over 65 who was experiencing loneliness and isolation.

Working in partnership with others

- The provider had effective systems in place to support people to access other services when this would benefit their health and wellbeing. The manager closely monitored the care people received to ensure any necessary referrals for additional support were made in a timely manner.
- Staff worked very closely with other health and social care professionals. This supported them to provide a good continuity of care and achieve positive outcomes for people. Professionals who worked alongside the service told us, "I could not praise them enough as a service. They did go over and above for [name of person] and the management were outstanding" and "They work well with services around the person to support them to access the most appropriate support."