

Chandler Care Ltd

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 25 January 2018 and was announced. We told the provider 48 hours before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might not be available to assist with the inspection if they were out visiting people. A second day of inspection took place on 26 January 2018 using telephone interviews.

We last inspected Home Instead Senior Care in November 2015, at which time it was rated Good. At this inspection we continued to rate the service as Good overall with an Outstanding rating in the Caring domain.

Home Instead Senior Care provides a range of services to people in their own home including personal care. Most people using the service were older people, some of whom were living with the experience of dementia. At the time of our inspection 56 people were receiving a service in their home, including personal care, shopping, cleaning and companionship. All the people using the service funded their own care and support.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was also involved at the service on a day to day level.

Staff were caring, compassionate and creative in overcoming obstacles and finding opportunities to go 'the extra mile' in order to promote people's independence and wellbeing. People told us they valued their relationships with staff and they were treated with dignity and respect.

People who used the service gave examples of how staff supported them to maintain their independence in their own homes, and in the community. Staff had formed strong bonds with people they cared for and took pride in them fulfilling their potential and goals.

People consistently described staff as friends or members of the family and we saw the strength of these relationships were maintained by dedicated staff and a provider that understood the importance of providing a continuity of care to people. All members of staff we spoke with demonstrated high levels of compassion and people confirmed they were skilled at empathising and supporting them patiently.

Staff followed the procedure for the management of people's medicines and regular medicines audits indicated that people were receiving their medicines as prescribed.

The risks to people's wellbeing and safety had been assessed, and there was information on people's records about how to mitigate these risks.

There were procedures for safeguarding adults and staff were aware of these. Staff knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

The provider had systems in place to manage incidents and accidents and took appropriate action to minimise the risk of reoccurrence.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff's absence. Recruitment checks were in place to obtain information about new staff before they were employed to care for people.

People's health and nutritional needs had been assessed, recorded and were monitored.

Staff received effective supervision and training that was relevant to the people they supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this.

Care staff received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people.

Care planning was person-centred and took into account people's preferences and chosen routines. Care plans were reviewed regularly and with the involvement of people who used the service and their relatives.

There was an effective complaints process in place and people and relatives knew how to raise concerns. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed. There had been no complaints since our last inspection.

Staff, people who used the service and their relatives agreed that the management team led the service very well and were accessible, approachable and accountable. We found they had a sound knowledge of the needs of people who used the service and clear expectations of staff. They had a constant eye on service improvement in the future such as further staff training.

Auditing was well organised, with compliance responsibilities delegated to specific staff, as well as corporate oversight by way of annual audits of the service.

The registered manager and staff had successfully maintained a caring culture which met people's needs and had regard to their preferences, particularly with regard to ensuring there was a continuity of care from staff who people had formed strong bonds with.

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 Good.

Good ●

Is the service effective?

The service remained Good.

Good ●

Is the service caring?

The service improved to Outstanding.

People told us they received exceptional care from the staff team.

The service extended its caring nature into the community by providing training and support to the wider older population network locally.

The provider was keen to show staff they were cared for too by valuing them with rewards.

Outstanding ☆

Is the service responsive?

The service remained Good.

Good ●

Is the service well-led?

The service remained 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 checked whether the provider was 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 inspection took place on 25 January 2018 and was announced. We gave the provider 48 hours notice of our visit to ensure someone would be able to meet with us at the office location. A second day of inspection took place on 26 January 2018 via telephone interviews.

One inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience carried out telephone interviews.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We contacted the local authority safeguarding and Healthwatch, the local consumer champion for health and social care services. We used their comments to support the planning of the inspection.

During the inspection we spoke with 10 people used the service via telephone interview and two relatives/carers. We spoke with the provider, the registered manager, the scheduler and five members of care staff. We looked at a range of records including five people's care and medicines records, four recruitment records and other records relating to the management of the service.

Is the service safe?

Our findings

People who used the service and their relatives confirmed they felt safe in the presence of staff, trusted them, and had never experienced concerns regarding their conduct. One person said, "I trust the staff and feel safe." Another person said, "No issues regarding safety - no issues at all."

Safeguarding training was delivered as part of the provider's induction and staff had received refresher training on this topic. When we spoke with a range of staff they were clear about their safeguarding responsibilities and how they could raise concerns. One staff told us, "I wouldn't hesitate to report any concern and would report it to the office straight away as well as recording anything needed."

People who used the service and their relatives told us staff were trustworthy and sufficiently skilled to keep them safe. One relative told us, "Really excellent staff that always does their best to make my relative feel secure and cared for."

Where there had been a concern, for example a medication error, we saw office staff dealt with it openly and reflectively. For instance, one staff member in this instance had their competency reassessed, whilst medicines practices were reviewed by the registered manager. The result was a communication to all staff reminding staff of areas of good practice and potential mistakes to be mindful of. This demonstrated the provider took concerns seriously and used them as an opportunity to learn and improve practices.

We saw risk assessments were completed during the initial visit by the registered manager, highlighting any obvious areas of risk, such as trip hazards and electrical risks. We also saw risk assessments specific to people's individual conditions and needs were in place and these were reviewed regularly, or when a change occurred. Staff we spoke with demonstrated a good understanding of the risks people faced and how they helped people minimise these risks.

Staff we spoke with felt staffing levels were sufficient to keep people safe, with ample support should they encounter any unexpected problem or delay. There was an out-of-ours on call system so that staff had access to a senior member of staff if needed. All people who used the service and their relatives agreed that they had not experienced missed calls and that, where there was a delay, they were informed. One person said, "I am always notified when a different carer is calling which is good customer service and to be fair changes only happens during holidays or illness."

The provider had lone worker training and a suitable policy in place and no staff we spoke with raised concerns about how they were supported as lone workers. The service also had shared information with people about scam mail and calls to help people remain safe from fraud.

Accidents and incidents were recorded promptly and the registered manager and provider had systems in place to ensure any emerging patterns were identified and acted upon.

People's medicines were managed safely. Medication administration records (MARs) were regularly audited

and competence checks undertaken for all staff responsible for administering medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Staff told us they followed good infection control practices. We saw the provider delivered infection control training during the induction and had ample personal protective equipment (PPE) available on site.

Staff underwent pre-employment checks including enhanced Disclosure and Barring Service (DBS) checks and matching staff and people with interests and hobbies. There was a matrix in place to ensure staff who drove had appropriate MOT and insurance documentation in place. This meant the registered manager ensured the risks of employing unsuitable people were reduced.

Is the service effective?

Our findings

People and relatives told us they had confidence that staff would support them effectively. Comments included, "They appear to have been trained for this work as they do everything confidently," and "They seem to be very professional delivering personal care whilst maintaining someone's dignity needs good training."

People's health and well-being needs were regularly assessed and updated. Care records contained information about people's health needs and how to meet these. The registered manager told us they communicated regularly with healthcare professionals where they were involved with people who used the service.

The registered manager completed a comprehensive assessment before people received a service. Records of assessments completed showed these considered people's religious, social and cultural needs, as well as care, nutrition, and cognitive support required. These assessments were used to create care plans which contained different areas of care including medicines, mobility, nutrition and hydration, personal care, and social wellbeing.

Staff told us they would know what to do if they thought a person they supported was unwell. They said they would inform the office straight away, or call an ambulance if it was urgent. Their comments included, "I would contact the office straight away or dial for an ambulance if I felt it was urgent," and "Yes we are told to contact the office so they can liaise with families or contact the person's doctor."

Staff had a good knowledge and understanding of the needs of the people in their care. There was an ongoing programme of training which included face to face and practical training, carried out by the provider. A member of staff said "Yes, I enjoyed all the training it's been good and I am looking forward to receiving training in end of life care."

Staff induction training included the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. This was followed by a training and development programme which included shadowing an experienced member of staff in order for the people who used the service to get used to them and for the new staff to learn the job thoroughly before attending to people's care needs. New staff undertook training including person centred care, health and safety, moving and handling, infection control and safeguarding and were assessed at the end of their induction to ensure they were sufficiently trained and able to support people in their own homes. Staff told us they had received a thorough induction before delivering care and support to people in their own homes.

Staff received regular supervision and an annual appraisal and the opportunity to feed back any training needs or concerns they may have. One staff member told us, "I talked in my appraisal about making sure I was doing something right and I was told I was doing it the right way and I am due to go on a training course so I stopped worrying about it."

There were regular team meetings for all staff, newsletters and information sent by email to remind them about good practice.

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. Where a person's next of kin was involved in decisions, the provider ensured they had the legal authority to do so. We saw evidence of this in the care records we looked at. We also saw the provider had written to the Court of Protection to confirm that an authorisation was in place for one person. This showed the service upheld the rights of people.

People's consent was verbally sought by staff when they provided support. Staff members we spoke with confirmed they always asked for permissions before undertaking any task. One staff member told us, "I like to ask permission, with one person I say to them 'Tell me what you want me to do' so I don't take over."

The provider was supported by technology that planned rota calls and also ensured that staff calls were monitored to ensure they were timely and also to ensure staff safety when lone working.

People's care records included information about their dietary requirements. Some people told us that staff supported them by preparing meals, snacks for them or warming up already prepared meals. People told us, "They get my meals for me and I choose what I want it is wonderful," and "It is not all microwaved a lot is prepared freshly so I really want to eat it and my appetite is coming back." People's nutritional needs including their likes and dislikes were recorded in their care plans.

Is the service caring?

Our findings

People valued their relationships with staff, who they felt would often go 'the extra mile' to help ensure their wellbeing. Comments included, "I am so pleased to talk to someone from CQC because it means that you also will know just how wonderful this company is and about the truly amazing staff they employ," "This is wonderful care and I feel very lucky," and "The gold star of care and 100% satisfaction."

Relatives we spoke with said, "Our relative looks forward to the carer coming and we feel relieved that the care is so good and person centred. They know their clients and every one is a special person to them not a list." Another said, "As a family we love the way the carers will sit and chat and they quickly become special friends as well as carers." One staff member we spoke with said, "It's the most rewarding job, you treat people as an individual, I do stay and have a little chat. One person says to me 'I do appreciate what you do' and I tell them, 'You are special too', we can learn so much from older people."

One person's relative wrote in a testimonial to the service, "We needed mum to be taken care of in a very practical way; making sure she was well fed, had her medications safely on time and generally be kept safe. You did all of that and more, your care givers encouraged her to keep her hobbies of art class and ballroom dancing, accompanying her to those classes and looking out for her well-being and safety. Mum might not have ever had the courage to get back to her former hobby of painting, it's been fantastic to see how much she enjoys the class and how her talent shines through despite her dementia. Your office staff have taken care of me too; when I have seen them face to face, I always know I'll get a hug and a shoulder to cry on. Thank you for everything you have done and continue to do."

In another example, a person who the service provided social support to fell and sustained a fracture. Their accommodation service could not provide night care and within 24 hours, Home Instead put in place overnight visits so the person could come home which was the person's express wish. Their family who lived across the world said, "Without that care, our relative would have spent four to six weeks in hospital rehabilitation, and that did not bear thinking about, the responsiveness was amazing."

The provider nurtured, celebrated and championed this caring spirit by organising and facilitating opportunities to promote people's wellbeing and rewarding staff who displayed caring values. The provider was a prominent presence within the local community through charity events and the Dementia Action Alliance, with senior management leading by example by actively participating. The service also arranged for events which people who used the service could access. This included a tea dance, quiz and a sponsored dog walk. People were also afforded a personal touch when events such as birthdays and Christmas occurred through cards, gifts and phone calls. One person told us, "The Easter egg at Easter and the flowers for a special birthday are greatly appreciated gestures."

The service also had internal employee recognition awards for staff embracing their commitment and was rewarded by badges, chocolates and vouchers. The service also provided access to an employee assistance programme providing professional advice and counselling amongst others. One staff member we spoke

with said, "I appreciate how caring and sensitive the service are towards the staff team. I am never pressured into taking shifts and I really appreciate that it is my choice. They are very supportive." This helped to ensure that a caring attitude was promoted throughout all levels of the organisation.

People received care and support from staff that knew and understood their history, preferences, needs, hopes and goals. The registered manager and provider told us how they matched key workers with people so that people and staff with the same interests or hobbies worked together. For example, one person was teamed with staff who enjoyed music as these were their favourite pastimes. A member of staff told us, "It's a great staff team, we all work well together. I became a care giver with a person I get on with really well." This demonstrated how staff's knowledge and consideration of people's hopes and aspirations was translated into positive outcomes for people. One relative told us, "The consistency of carer is one of the many positives about my relative's service. Their carer is kind, tolerant and happy to follow their wishes as to what done on a daily basis."

Staff were committed to promoting people's independence, being creative and determined to support people in their wish to stay in their own home. One relative said, "Home Instead enabled us to keep mum living independent at home for many months more that I could ever have hoped for. The care givers are angels on earth and have become good friends to mum." We were given an example of one person who lived on their own with no family. A staff member visited one evening and found smoke coming from the person's flat as they had burnt some toast. Other neighbours were upset about this and some became aggressive. The carer dealt with people's concerns and arranged for someone to remain at this person's flat overnight as they were concerned about neighbours returning as the person was very upset. The following day the service contacted the fire brigade as the smoke alarm in the person's flat had not gone off and they visited and installed a new alarm.

Staff consistently demonstrated values that promoted people's dignity and privacy. People we spoke with told us, "The care is just great the staff always observe my dignity especially after personal care," and "Couldn't ask for better care they are so kind and lovely. They would not do anything that would make me feel awkward or uncomfortable." We spoke with staff who told us how they always supported people's dignity. One staff member told us, "For one person, I close the curtains as a neighbour's window overlooks and despite the fact the client has no verbal skills due to dementia, I always talk to them and explain what I am doing as I would to anyone as they should feel comfortable and safe."

The service had a strong, visible person-centred culture focussed on helping people to express their views and choices. One person told us, "I always get my family involved in the care plan and we have regular reviews." Another person told us, I remember being asked what I think of the service and care. It's good to be able to say nice things about them!"

Office staff used a variety of methods in order to stay in contact with people and their relatives. The registered manager physically visited the person to introduce themselves, the service and make an initial assessment of their needs. Following the package being set up, a 24 hour review was held and the registered manager also visited the person every six months for a face to face review to get feedback about how the service was performing.

People and relatives were also able to send messages and leave feedback using the service's electronic care monitoring system and email. This enabled them to give advice or suggest changes if they were not happy, which the office staff could quickly implement by updating care plans electronically or sending a message to staff. The provider also sent out regular newsletters and updates to people, which updated them on actions the service had taken in reaction to feedback from people's views. This helped ensure that people were able

to express their views and make choices about their care.

We spoke with the provider about advocacy services. They currently supported one person by liaising with their solicitor on the person's behalf and the service knew how to access support from independent advocacy services if needed.

Is the service responsive?

Our findings

Every person who used the service we spoke with and their relatives felt their needs were well met and that their preferences were acted on. People who used the service and their relatives told us they were very satisfied with the ability of staff to meet their changing needs. People confirmed there was flexibility of the part of the service when their needs or preferences changed stating, "Yes they come when they say they will and always make the time to make me feel special. I don't know how they do that every day", and "I am always notified when a different carer is calling which is good customer service and to be fair changes only happens during holidays or illness."

People who used the service confirmed they were involved in their initial assessment and the on-going reviews. One person said, "I have been told about care plans but I am not involved because I don't want to be - I trust the people doing it for me." Another person told us, "I trust the staff and care plans are something I am asked about but don't worry about." We saw evidence of the provider changing the support people received based on their needs, as well as liaising with external professionals to ensure people's changing needs were properly supported. We saw examples where staff had sought advice from district nurses regarding changes in medicines administration or when a person had a fall. The provider also regularly liaised with GPs and people's families. We found the relevant care plans and risk assessments had been updated accordingly.

Care files contained information for carers to undertake the necessary tasks and had contained person centred information. Person centred care means ensuring people's interests, needs and choices are central to all aspects of care. We saw reviewed care plans had been written with the person's voice in mind and described the ways they wanted to receive care. For example, one person's care plan began with how they preferred to be addressed and specifics about their personal care needs, such as, "I need Caregivers [staff] to support me with applying my prescribed cream." We found the person-centred approach to be consistent across the care planning we reviewed.

Staff we spoke with demonstrated a good understanding of people's likes, dislikes and individualities, as well as their care needs. People told us they were supported by staff who encouraged them. One person said, "I feel very well looked after and they treat me with courtesy and care. If I were unwell they would call and ask to stay on with me and call the GP if needed."

The provider had a complaints policy in place, which was made available to people in their introductory pack. Everyone we spoke with was aware of how to make a complaint and confident they could do so if necessary. People we spoke with said, "Of course I know how to complain - I see no reason to be calling any one, as everything is amazing," and "I don't feel that complaining is something I will need to worry about but I know what to do."

One relative said, "Yes I know how to make a complaint and I would be doing it on behalf of my parent. If it was needed - I wouldn't hesitate but at the moment all is so very good."

The provider continued to use yearly surveys as a means of routinely gathering feedback from people who used the service and staff. We saw the most recent survey results were very positive.

The provider told us the registered manager was due to undertake a training for trainers course in relation to end of life care. They would then be able to deliver training to the staff team. One staff member told us, "I have no experience in this area but I have spoken to [Name] registered manager as I would like to do a course."

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The provider also worked on a day to day basis at the service.

The provider and registered manager were responsible for a range of audits to ensure errors were identified and practice improved, for example medicines audits, care file audits and competency assessments.

The provider told us that during the auditing process, they consulted staff to obtain their feedback, and where they thought improvements could be made. As a result of these, the service had shared a "You Said, We Heard" document. Staff had fed back that they should meet together more to keep building teamwork and relationships and so the service responded by introducing two staff meetings at different times to maximise attendance. The staff team also spoke of ensuring mistakes weren't made by office staff and another administrator had been added to the team to ensure the service was resourced more effectively. This showed the service listened and responded to feedback regarding improvement.

There were processes in place for people and relatives to feedback their views of the service. These included service review visits and questionnaires which were regularly sent to people and their relatives. These included questions relating to how people were being cared for, if their care needs were being met and if the staff were compatible, reliable and punctual. Surveys we viewed indicated that people were very happy with the service. Comments from people and relatives included, "I have found both management and staff to be very pleasant and helpful in all ways," and "The office staff couldn't be more helpful in accommodating any changes of plans I may have and give me every support." Another written feedback comment said, "We have been very happy with the responsiveness of the office, they always go the extra mile with any request however late or random, that means a great deal to us as a family." All people who used the service were given the agency's details, so they could contact them anytime. This was monitored 24 hours a day, seven days a week.

The provider used an electronic system for the planning and management of visits. This enabled them to organise the staff rota and scheduling of visits to meet people's requirements. The scheduler told us, "It works exceptionally well and I can see staff availability straight away on the system as well as ensuring people retain a core team of three staff members so they retain consistency." We saw another system called 'IQ Timecard' alerted staff members to any amendments to their calls and sent them their rota each week. The IT system also flagged if a service review was due, if a staff member was more than 15 minutes late for a call, birthdays and if there had been any contact from the person or their relatives.

Care and office staff spoke positively about the provider and registered manager. Their comments included, "They are very supportive, I can't thank them enough," and "They are there if you need anything." We saw written feedback from staff members had comments such as, "I feel valued as a carer by my clients and the company. I could ask for nothing more in my choice of career. I just love it at Home Instead." The provider told us they had recently introduced an Employee Assist Programme; a support service which offers a range

of benefits including professional advice, useful information, resources and counselling.

There were regular meetings organised at the service including staff meetings. The provider had varied meeting times to try and maximise attendance. Items discussed included safeguarding, daily records, training, attendance and any concerns relating to people who used the service. Management meetings were regular and included discussions about staffing, recruitment, audits and any issues raised by people or staff during feedback.

Care staff told us that the management team also communicated with them by telephone, text and emails. These were to inform them about anything relevant to their job and the people they provided care for. One staff member in written feedback stated, "If any problems arise there is always someone on the end of the phone to call for support."

The provider promoted a culture that was positive, inclusive and empowering. They delivered training in relation to dementia care community groups and church groups, as well as their own staff team. The provider was also an active member of the local Dementia Action Alliance that had set up a dementia resource hub in the local library. The provider attended forums, seminars and workshops so they could keep themselves abreast of developments within the social care sector and had recently worked with local police on a scam awareness campaign that they had shared with people using the service. They also undertook regular refresher training and accessed relevant websites such as that of the CQC.

In 2016 the service was recognised with a Homecare award as one of the Top 10 Care Companies in the North East. Homecare is an independent online quality review programme.

The registered manager had notified the Care Quality Commission of important events as required. The office was well organised. The electronic and paper records and plans were up to date, readily available and were stored securely.