

South Yorkshire Senior Care Services Limited

Home Instead Senior Care

Inspection report

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Date of inspection visit:
14 March 2018
15 March 2018

Date of publication:
06 June 2018

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?	Outstanding ☆

Summary of findings

Overall summary

Home Instead Senior Care provides personal care and support to people who live in their own homes. The agency has three offices, based in north Sheffield, south Sheffield and Barnsley. The registered manager is based in the north Sheffield office. Support is provided to younger adults and older people living in their own homes in the Sheffield and Barnsley area. Not everyone using Home Instead Senior Care receives the regulated activity, personal care. Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; which is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection Home Instead Senior Care were supporting 59 people with a personal care service.

There was a manager at the service who was registered with the CQC. 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 and associated Regulations about how the service is run.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were systems in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment processes were followed and appropriate checks had been undertaken, which made sure suitable staff were employed to care for people.

People were supported in a kind caring way that took account of their individual needs and preferences. People and their families were supported to express their views and be involved in decisions about their care.

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

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

People received regular and ongoing health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

The service was responsive to people's needs and staff listened to what staff said. People could be confident that any concerns or complaints would be listened to and dealt with.

Systems were in place that continuously assessed and monitored the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Outstanding.	Outstanding ☆

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 March 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in when we visited. We also needed to ensure the manager was available at the office for us to speak to them.

We visited the services office on 15 March 2018 to see the registered manager, staff and to review care records and policies and procedures. The inspection team consisted of two adult social care inspectors.

Before the inspection visit, we reviewed the information we held about the service. We also reviewed information we had received since the last inspection including notifications of incidents the registered manager had sent us.

We spoke with the registered manager, the recruitment and engagement manager, five care workers, two field support officers, a training officer and a HR coordinator. We spoke with four people receiving support in person at their homes.

We visited four people who received support at their homes on 14 March 2018 to ask their opinions of the service and to check their care files.

We telephoned 50 people who received support and were able to speak with 22 people receiving a service to obtain their views. We also spoke with three relatives.

We reviewed a range of records, which included care records for nine people, staff training, support and employment records and other records relating to the management of the domiciliary care agency.

Is the service safe?

Our findings

People using the service said they felt safe with their care workers. Relatives told us they thought their family members were safe with care workers. Comments included; "I feel safe with all the [staff], they are very nice I have no problems. I always know who is coming, if it changes the office phones me. They are normally on time and stay for the time they should be here. I never have had to complain to the office," "I have absolutely no problems with the service I am totally safe with them, if I wasn't I would get rid of them" and "My [relative] is totally safe with them, there are no problems."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues and said they would always report any concerns to the registered manager. They also felt confident they would be listened to, taken seriously and appropriate action would be taken to help keep people safe.

Staff we spoke with were able to describe the registered provider's whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

The service had a medicines management policy so staff had clear guidance on their responsibilities in relation to supporting people with medicines. Staff confirmed they had received the appropriate medicines management training, which was refreshed at regular intervals. We found the registered provider was checking the competency of staff administering medicines which meant they could show us evidence they had checked staff were managing medicines safely. We saw medication administration records (MAR) were used to record when people had been supported with this task and we checked to ensure there was an accurate record kept. We saw evidence that these records were regularly checked by the management team. We looked at nine people's care plans and saw they contained details of the support people required with their medicines so that staff were aware of this. We found care plans included details when the person managed their own medicines and support was not needed with this.

People's needs had been assessed and their care given in a way that suited their needs. We saw a range of risk assessments and care plans, which provided relevant guidance for staff, for example when supporting people in the community. When risks were identified we saw relevant assessments were in place to reduce the risk occurring. Where there were specific risks that related to that person, there was a risk assessment setting out how staff should ensure the person was cared for safely. This meant care and support was planned and delivered in a way that ensured people's safety and welfare.

We checked to see if there were sufficient numbers of staff employed to meet people's needs. At the time of this inspection, there were 238 people who received a service, 59 of them received personal care, and 183 care staff employed. Staff told us they had regular schedules. People receiving support told us staff stayed for the agreed length of time. All the staff spoken with did not express any concerns about staffing levels and thought that there were enough staff. This showed that sufficient levels of staff were provided to meet

peoples identified support needs.

People and relatives we spoke with did not raised any concerns about infection control. One person told us; "[Staff] help me wash, [staff] use their gloves and aprons. I am very safe." Staff told us they were provided with equipment, including gloves and aprons, to ensure that they could provide care safely.

We found the recruitment checks undertaken for staff were thorough in that application forms had been completed, references had been obtained and formal interviews undertaken. Staff we spoke with told us they had completed pre-employment checks before they commenced their employment with the provider. This included references from their previous employment and a satisfactory Disclosure and Baring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

People we spoke with told us they liked the staff that supported them and their choices were respected. One person using the service told us; "The service is very good. [Staff] help and encourage my independence. [Staff] work with me at my own pace, they allow for my slowness, which is helpful. [Staff] allow me to manage first then provide help if I need it. [Home Instead Senior Care] are geared up for what I want and they provide an individual service for me. [Staff] are so highly skilled."

Staff had received regular training to enable them to provide effective support to people, such as safeguarding, first aid, moving and handling, amongst other relevant training. A system was in place to track and record the training each member of staff attended. The registered providers training records showed that staff had training to meet the needs of the people they supported. One care assistant told us, "I had medicine administration training a few weeks ago and a couple of things have changed so I found this really useful. We get offered quite a few courses."

People told us they thought staff were well-trained and effective at meeting their needs. Comments included, "My care worker is well trained and knows what she is doing" and "My [care assistant] is extremely effective, [staff] have so much energy, [staff] are so obliging."

Staff spoke positively about working for the service and as part of the team. Records we looked at included spot checks to check the on-going competence of the care staff, supervision and appraisal records. Minutes of staff meetings showed that staff were encouraged to express their ideas on how to develop the service. This meant that staff were supported to improve the quality of their work and to develop the service. One staff member told us; "The management are very approachable. If you take an issue to them they will act on it. It's not only the management, but the caregivers also. Every caregiver I've come across has been fantastic."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. For people living in their own home, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and staff received training to enhance their understanding. Care staff we spoke with understood the importance of the MCA in protecting people and the importance of involving people in making decisions. All of the care records we looked at contained signed consent to care and treatment records to evidence people had been consulted and had agreed to their support plan. This showed people had been involved in making choices and decisions about the care and support they received. In three people's care records we looked at we saw information in their support plans which

suggested they lacked the mental capacity to consent to the services provided by Home Instead Senior Care and therefore should not of signed their own consent form. We discussed our concerns with the registered manager who assured us this was a records issue and this would be rectified.

People had good access to healthcare services. Staff were proactive in requesting visits or reviews from health professionals such as GPs or other health care professionals. Staff recorded all contacts and visits from healthcare professionals in peoples care plans. This meant staff had clear guidance on people's health care needs and people's healthcare needs were met. One person told us; "[Staff] did an excellent job in getting me a GP appointment and arranging for someone to take me there." Another person told us; "All my health and other needs are taken into account."

People told us that staff from the service gave them the assistance they needed with their meals. People's files had information about their food preferences and tastes, as well as guidance for staff in relation to how people should be supported in relation to nutrition and hydration. We checked a sample of people's daily notes, where staff recorded the care provided at each visit, and saw that staff were providing food in accordance with people's assessed needs.

Is the service caring?

Our findings

People and relatives said without exception that staff and the management were extremely caring. Comments included; "They [staff] care for me I do not feel rushed, It does not matter how long it takes," "[Staff] are lovely, they keep me company when they are here, they have a cup of tea and a nice chat, they are like family to me," "One [care assistant] brought me two bunches of daffodils, wasn't that nice." A relative said, "What I like about the hour visit is that [relative] loves to chat away about his life history and things and the carers are very interested and chat, which is lovely." Another relative told us; "[Staff] are very nice with [relative] and they are very kind to me."

We saw evidence that the support provided was person centred. We saw that through the inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important to them was captured as part of their person centred plans. This meant the service respected people's right to equality diversity and human rights.

Staff told us they had access to adequate information about how to support people and ensure their care was tailored to their needs and preferences. Care files we read contained details about people's likes and dislikes. They also outlined their abilities, so people's independence could be respected and encouraged. People told us they were involved in writing their care plan and someone from the office had visited them to talk about their support needs. They told us they felt involved in all decisions about their support. Staff were matched with people's interests and personalities.

People consistently praised the competence and the attitude of the staff and were very happy with the quality of care. We heard frequent examples of how people's care staff had gone above and beyond to ensure that their needs were met. One person told us; "Great [staff], I am absolutely delighted, [staff] even cleared my blocked outside drain the other day. I am sincerely grateful, they do an excellent job." Another person told us how their care assistant walked over an hour to their home, in adverse weather and still managed to arrive early to the care call. This demonstrated staff were extremely caring and committed to meeting people's needs.

People said they were treated with dignity and their privacy respected. Comments included; "[Staff] respect me and my privacy all of the time," "[Staff] are very tolerant and do not rush me," and "[Staff] are extremely caring, they knock on my door and they always listen to me." This showed staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed that staff had a very good rapport with people and interactions were very kind and encouraging. One care assistant told us; "I always be respectful, polite and take time to talk to the client. Basically, things you do for your own mum."

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

Is the service responsive?

Our findings

People's care records contained good information about the person's needs, any risks associated with their care and their preferences. Care plans were written in a person centred way that gave staff clear guidance about how to support individual people.

We found people who used the services received personalised care and support. They were involved in planning the support they needed. One person told us; "I had my six monthly review this morning. I was fully involved in it we have worked out what worked best and what was not so good so we are improving what I get." Another person told us; "They take my views into account and we both plan what I need. We review it to check it meets my needs."

The service worked responsively with external health and social care professionals, such as social workers and district nurses. When we spoke with health professionals they told us staff met people's needs well and made appropriate referrals for their intervention.

Staff we spoke with said the registered manager was accessible and approachable and dealt effectively with any information.

The registered manager told us they were actively tackling social isolation with their 'What's on where' initiative. They compiled a directory of support services and activities people could access in Sheffield and Barnsley. This information was published in a user friendly format and available to all people who use the service and the public. The registered manager told us staff used this resource to encourage and support people to access their community, particularly for individuals who were identified as being at risk of social isolation. Staff confirmed they were aware of and utilised this resource. We saw the registered manager obtained feedback from the public about their 'What's on where' initiative. Comments include; "Thank you for the information. I am passionate about care of the whole person and there are many things that make a difference as well as medicine" and "This is a fabulous directory."

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the service user guide that each person was given a copy of when they started to use the service. We found copies of the service user guide in the care files kept at people's homes. This showed people were provided with important information to promote their rights. We saw the registered provider had received no complaints since the last inspection. People we spoke with felt listened to and told us they never had any reason to complain.

Is the service well-led?

Our findings

The registered manager had been in post for 11 years and throughout the service's inspection history shown ongoing and sustained compliance with the regulations. We found a strong leadership framework in place. The registered manager told us the registered provider was supportive and responsive to the needs of the service. One way they achieved this was through sending monthly reports which measured the quality of service provision at Home Instead Senior Care to the registered provider. This meant the registered provider was able to monitor their performance and respond to areas of weakness so quality and safety standards were always met. Staff at all levels were clear on their roles and responsibilities to monitor performance and risk of care delivered. This meant there was clear lines of accountability within the organisation and systems which supported the running of the service were well-embedded.

Without exception, people receiving support, their relatives and friends said they would recommend Home Instead Senior Care to their friends and family. Comments included; "The office [management team] is very good if you ring them. I would recommend Home Instead definitely, the care has been excellent" and "I would recommend Home Instead to anyone, they are really helpful if you ring and if I have issues all I have to do is say and it's sorted." We saw in the 2017 satisfaction survey that 94% of respondents would recommend Home Instead Senior Care.

We saw the registered provider had a five year business plan in place to drive continuous improvements at the service. The plan included visions and values, which put people and staff at the centre of their plans to be a quality service responsive to the community. We saw the service regularly held education workshops in the community, which were free and available to anyone who wanted to attend. The workshops covered subjects such as dementia awareness, challenging behaviour, activities to encourage engagement and practical advice about fraud or financial scamming. The registered manager told us the purpose of the workshops were to raise awareness in the community and give people the knowledge and understanding to prosper within their own homes. The success of the workshops received local recognition in several newspaper articles. This shows Home Instead is an important part of the community. We saw the registered provider's business plan objectives were ambitious, but achievable, such as raising hourly wages for care assistants and continuing to up-skill staff by way of training them in specific conditions to meet changes in peoples' needs. The service aimed to be a skilled and motivated team of professionals. At the inspection we found staff were highly competent and all spoken with praised the service's commitment to meeting their training needs. Staff told us the management team responded to feedback from the 2017 staff satisfaction survey and made changes to the training program, offering regular face to face training at the service. This shows staff were empowered and actively encouraged to voice their opinions.

The registered manager told us the service is always open to rigorous and constructive challenge from people who use the service and the public. This was achieved through providing a variety of platforms for people to give their feedback, such as regular surveys, planned meetings or informal discussions in person or over the telephone. We saw the office's contact information was displayed on a variety of mediums in the public domain so people knew exactly who to contact should they wish to raise a concern. We found because people were actively encouraged to discuss their concerns and there were high levels of open

engagement this impacted positively on the number of received complaints. This was reflected in our checks of the complaints log which showed no complaints had been received since we last inspected the service in 2016. All people spoken with said the management team were very approachable. This demonstrates the service had sustained outstanding practice over the inspection period.

There was evidence of an open and inclusive culture. All of the staff felt communication was good and they were able to obtain updates and share their views via team meetings. Staff consistently told us they were motivated by and proud to work at Home Instead Senior care. All the staff spoken with said they were a good team and could contribute and feel listened to. We saw some staff employed at the service submitted a short video testimonial in 2018 about their experiences working at Home Instead Senior Care. Those seen conveyed high levels of job satisfaction and commended the service's strongly collaborative approach to care. Comments include; "I enjoy working for Home Instead because the very first day I walked into the office I was made to feel very welcome, all the staff gave me the support I needed to carry out my job properly," "Home Instead is a brilliant place to work. We work as a team and everyone is appreciative of each other" and "They [Home Instead Senior Care] are a big family, they treat you well and I love the job I do." We saw the service actively promoted a workforce from all equality groups.

We found that the service had received local and national recognition for the services they provide. We saw the service was awarded The Queen's Award for Enterprise in 2016. This accolade is awarded to businesses for outstanding achievement in four categories; international trade, innovation, sustainable development and promoting opportunity through social mobility. This shows the service has a track record of being an excellent role model for other services.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.