

Warrington Care Services Limited

Home Instead Senior Care

Inspection report

CU16 Warrington Care Services
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Cheshire
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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Home Instead Senior Care (Warrington) is a registered domiciliary care agency based in Cheshire that provides personal care to people in their own homes. The service is part of a network of Home Instead Senior Care franchises. At the time of the inspection 41 people were receiving a regulated activity from the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service met all relevant fundamental standards.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The majority of people spoke positively about the management of the service and the approachability of senior staff. However, there were a small number of concerns raised about the quality and timeliness of communication by some people using the service.

The service had a clear structure and performance framework which helped to define roles and responsibilities. A substantial and regularly updated set of policies and procedures provided guidance to staff regarding expectations and performance. We saw evidence that staff had been challenged when their performance did not meet the required standards.

Staff and managers spoke with clarity and enthusiasm about their roles and demonstrated a mature and transparent approach when questions were raised during the inspection.

The service had used safety and quality audits to identify and address issues relating to; staff conduct, medication errors and late calls. Information had been used effectively to improve practice and to inform further development.

People and their relatives told us that the service was safe, and the service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns.

Individual risk was fully assessed and reviewed. Positive risk taking was encouraged to improve people's skills and promote their independence.

Staff were safely recruited and deployed in sufficient numbers to provide safe, consistent care and support. The employment records for staff were maintained to a high level and showed clear evidence of employment histories, photographic identification, references and checks.

Staff were trained in the administration of medicines and had their competency checked. Medicines were stored and administered in accordance with best-practice guidelines. Where an error had been identified, the service had taken immediate action to improve practice.

The service trained staff to a high standard in appropriate subjects and supported with regular supervision and appraisal. Training was subject to regular review to ensure that staff were equipped to provide care and support. Staff had been provided with additional, specialist training where necessary. New staff completed the Care Certificate to ensure that they were competent to deliver care before they were offered a permanent contract.

We saw evidence of staff working effectively in partnership with healthcare services to deliver positive outcomes for people. People were also supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists as required. For example, local dementia services and the stroke association.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment.

People told us that staff treated them with kindness and respect, and it was clear from our discussions that staff knew people, their needs and preferences well and provided care accordingly. People and their relatives told us they were actively involved in decisions about care. They gave us examples of how staff took time to explain important information and offer choices.

Through discussions people described that their care needs were met in a personalised way and were subject to regular review. People gave positive feedback when asked about this aspect of their care.

The majority of people that used the service had specific needs in relation to equality and diversity. We saw that people's needs were considered as part of the planning process in relation to; disability, age and religion as well as other protected characteristics.

We checked the records in relation to concerns and complaints. There were six complaints recorded in the previous 12 months. Each had been addressed in accordance with the provider's policy and included a written response.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection.

The inspection took place on 29 January 2018 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

As part of our planning for this inspection we sent out questionnaires to people connected with the service. We received 12 out of 21 questionnaires back from people using the service, 12 out of 41 from staff, four out of 21 from relatives and one from a community professional. We used all of the information available to us to plan how the inspection should be conducted.

During the inspection we spoke with two people using the service, eight relatives of people supported, four care staff, the nominated individual, the registered manager and senior staff responsible for oversight of the service. We also spent time looking at records, including six care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us that the service was safe. Comments included; "Oh yes, I am really safe. They make sure I am safe in the shower", "We've never been let down and there's never someone new [as carer] unless they've been introduced by one of the supervisors", "It's a big thing having a stranger come into the home but there has never been any cause for concern or worry. We have a sense of normality in fact, because of the support for [relative]" and "Yes, we really do feel [relative] is safe and we're now looking to increase to other visits (commission additional services from Home Instead)."

The service maintained effective systems to safeguard people from abuse. Staff were trained and aware of what to look out for and how to report any concerns. Information about safeguarding was available to staff and people using the service.

Individual risk was fully assessed and reviewed. Positive risk taking was encouraged to improve people's skills and promote their independence. For example, in relation to activities, exercising and socialising. Risk assessments contained a good level of detail which promoted positive risk taking. Environmental risk was assessed for the protection of people receiving care and staff.

Staff were safely recruited and deployed in sufficient numbers to provide safe, consistent care and support. The employment records for staff were maintained to a high level and showed clear evidence of employment histories, photographic identification, references and checks.

Staff were trained in the administration of medicines and had their competency checked. Medicines were stored and administered in accordance with best-practice guidelines. Where an error had been identified, the service had taken immediate action to improve practice.

Staff followed procedures in place that reduced the risk of infection. Staff were clear about the need to use personal protective equipment (PPE) when providing personal care.

There were a small number of incidents and accidents recorded, records had been assessed and reviewed by the registered manager to see if further action was required to improve people's safety.

Is the service effective?

Our findings

People spoke positively about the skills and knowledge of the staff. Comments included; "They're all very good and very helpful; they mostly use their initiative", "They understand how to talk to [relative] and they listen to what I advise" and "Some of the carers have just been trained in using a hoist. Before that, they helped them to move using a 'glider' and they did that without any problem." Staff members told us they had received sufficient training to fully undertake their roles fully.

People's needs were assessed in sufficient detail to inform the delivery of care. We saw and were told about care being re-assessed as people's needs changed. Care and support were delivered in line with current legislation and best-practice. For example, the service had recently developed a system for capturing best-practice which was aligned to regulation and the Care Quality Commission's key lines of enquiry.

The service trained staff to a high standard in appropriate subjects and supported with regular supervision and appraisal. Training was subject to regular review to ensure that staff were equipped to provide effective care and support. Staff had been provided with additional, specialist training where necessary. New staff completed the Care Certificate to ensure that they were competent to deliver care before they were offered a permanent contract.

People were supported to eat and drink in accordance with their needs. We saw evidence that staff worked with relatives and healthcare professionals to ensure that people had access to nutritious meals that met their preferences. For example, in relation to people who had swallowing difficulties.

We saw evidence of staff working effectively with healthcare services to deliver positive outcomes for people. People were also supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists as required. For example, local dementia services and the stroke association.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Care records showed and discussions with people confirmed that their consent was always sought in relation to care and treatment. Comments included; "Everything's with consent. They speak to [relative] like I speak to [them]", "I hear them say 'Do you want a shave today?' If [relative] says no, they don't do it" and "Yes they do give [relative] the choice – let [relative] get up in [their] own time. They treat [relative] in a human way, like family." Care records showed evidence of consultation and people or their relatives had signed to indicate their agreement and consent.

Is the service caring?

Our findings

People told us that staff treated them with kindness and respect. Comments included; "Their attitude is very good, really. They're very friendly", "Very nice. Very jovial as if they were talking to their own parents. They sometimes give their own time, at the end of their shift and they say 'Your [relative] is lovely, we were just sat talking.' It gives you an idea of what they're like", "Yes they are [caring]. They chat to [relative], about [their past; they know about what [relative] did as work" and "They are willing to do anything for you, you only have to ask."

It was clear from our discussions that staff knew people, their needs and preferences well and provided care accordingly. One relative said, "Yes – little things like Mum's past work. They sit looking at pictures of where she used to work, that the carer has found on their I-Pad for her." While another relative told us, "It takes time to get to know a person's background and they do take an interest."

People and their relatives told us they were actively involved in decisions about care. They gave us examples of how staff took time to explain important information and offer choices. People's care records were extensive and contained sufficient information to help staff understand individual preferences and needs. For example, records contained a good level of detail regarding; family relationships, jobs, hobbies, daily routines and meal preferences.

Each of the people using the service held their own tenancy or lived with family members. Staff were aware of the need to maintain privacy and dignity when providing personal care. Staff told us that they recognised people's personal space and were respectful when engaging with them. They gave us practical examples of how they respected people's right to privacy and dignity when providing personal care.

We saw numerous examples in care records of staff actively promoting people's independence. For example, one care record explained how the person needed, 'Support to get back to the lifestyle [person] used to have.' Staff with understood the need to help people to maintain and improve their levels of independence.

Is the service responsive?

Our findings

Care records and discussions with people confirmed that their care needs were met in a personalised way and subject to regular review. People gave positive feedback when asked about this aspect of their care. Comments included; "There are reviews [of the care plan] every 6 months, with someone from the office", "They review every so often about [relative's] care and if it is still suitable, any changes etc.", "Care was timed for the 'golden hour' when [relative] was most responsive to support" and "They included everything we requested, and they did ask [about male/female carer choices] too."

Home Instead Senior Care was primarily funded to provide personal care. However, some people told us how staff supported them with activities and personal interests in accordance with their wishes. For example, in relation to music and knitting. The service also had activity boxes that staff could take to a person's home to help engage them in meaningful activities. For example, crafts and puzzles.

The majority of people that used the service had specific needs in relation to equality and diversity. We saw that people's needs were considered as part of the planning process in relation to; disability, age and religion as well as other protected characteristics.

People's needs in relation to communication were also considered. We saw evidence that important information about sensory loss was recorded in care records. This helped staff to better meet people's needs.

We checked the records in relation to concerns and complaints. There were six complaints recorded in the previous 12 months. Each had been addressed in accordance with the provider's policy and included a written response. The complaints' process was understood by the people that we spoke with and was available in the registered office and people's homes. We saw evidence that action had been taken in response to complaints. For example, staff had been moved and rotas reviewed.

None of the people using the service was receiving specific end of life care, but staff were aware of the need to plan in this area should the need arise. The registered manager told us of their ambition to complete a train the trainer programme in end of life care to support staff.

Is the service well-led?

Our findings

The current registered manager had been in post since December 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The majority of people spoke positively about the management of the service and the approachability of senior staff. However, there were a small number of concerns raised about the quality and timeliness of communication by some people using the service. Comments included; "It's fine really but I'd like to know when they change my times [of carer support]", "It's very good. Even if someone is ill or goes on holiday, the office will phone up to warn us that it'll be a different carer coming", "I'm 75% satisfied [with communication] and if they asked if there was anything they could improve, it would be that", "Absolutely great – they are really responsive" and "If we need to get hold of somebody, there's always someone there, including out of hours."

The service had a clear vision to provide high-quality, responsive, person-centred care. This was reflected in promotional materials and the discussions we had with staff. Staff and managers were able to consistently articulate the values associated with the service.

The service had a clear structure and performance framework which helped to define roles and responsibilities. A substantial and regularly updated set of policies and procedures provided guidance to staff regarding expectations and performance. We saw evidence that staff had been challenged when their performance did not meet the required standards.

Staff and managers spoke with clarity and enthusiasm about their roles and demonstrated a mature and transparent approach throughout discussions held during the inspection.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through meetings and regular surveys.

We saw evidence that the service worked with other health and social care agencies to achieve better outcomes for people and improve quality and safety. We saw evidence that the service worked effectively to improve safety and quality in response to safeguarding concerns.

The service had used safety and quality audits to identify and address issues relating to; staff conduct, medication errors and late calls. Information had been used to improve practice and to inform further development.

Ratings from the previous inspection were displayed as required.