

# East Lancashire Home Care Limited

## Home Instead East Lancashire Limited

### 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Home Instead East Lancashire is a domiciliary care service. This service provided care and support to people so that they could live in their own home as independently as possible. There was 19 people using the service on the day of our inspection.

This inspection took place on the 05 November 2018 and was announced.

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.

People who used the service told us they felt safe. Staff had undertaken training in safeguarding and knew their responsibilities to report any concerns. Safeguarding and whistleblowing [reporting poor practice] policies and procedures were in place and accessible to staff.

Risks to people's health and wellbeing had been assessed and risk assessments put in place to keep them safe. These were reviewed to ensure they remained current.

The service had a recruitment policy and procedure in place. Robust recruitment processes were followed by the registered manager.

Not everyone required support with their medicines. However, we found for those people who did require support, their medicines were managed safely by the service. Only staff who had undertaken medicines training were able to support people with their medicines.

The service had an infection control policy and procedure in place. Staff had received training and understood their responsibilities.

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 practice. The registered manager had a good understanding of the Mental Capacity Act and associated applications before the Court of Protection.

Staff we spoke with told us and records we looked at confirmed that staff received an induction when they commenced employment. We saw staff had access to training courses which met the needs of people using the service.

We did not have the opportunity to observe staff interactions, however, the staff we spoke with spoke about their role and the people they were supporting with compassion, respect and sensitivity.

Staff we spoke with were aware of the need to ensure people's privacy and dignity was respected at all times. Those staff we spoke with were able to give us examples of how they promoted people's privacy and dignity.

We saw people had person centred support plans in place which they had been involved in. These were in-depth and covered many aspects of the person's life. People had signed to confirm they were involved in this process.

We have made a recommendation that the service considers current best practice around end of life, such as enhanced training and care planning.

All the staff we spoke with were very complimentary about the registered manager and office staff. They spoke of feeling well supported in their roles and their being an 'open door' culture within the service.

There were monitoring systems that ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. People who used the service, staff and others were consulted on their experiences and shaping future developments.

The service was meeting all relevant fundamental standards.

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?

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 good.

Good ●

# Home Instead East Lancashire Limited

## **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 inspection took place on 5 November 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care agency and the registered manager and management team are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This inspection was conducted by one adult social care inspector.

In preparation for the inspection, we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We obtained the views of the local authority safeguarding and contract monitoring team and local commissioning teams. We also contacted Healthwatch to see if they had any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for three people, medicine administration records, staff training records, three staff recruitment files, staff supervision and appraisal records, minutes from meetings and records relating to the

management of the service.

We also spoke with the registered manager, care co-ordinator and two care staff. On the 8 November 2018 we made phone calls to two people who used the service. However, only one was available to speak with us.

# Is the service safe?

## Our findings

There were systems, processes and practices in place to safeguard people from abuse. One person we spoke with who used the service, told us they felt safe when staff were in their home. One staff member we spoke with about safeguarding told us, "I need to ensure that all clients I look after are safe. If I spot any safeguarding issues such as bruises I need to report it to the office."

All the staff we spoke with told us they had received training in safeguarding and knew how to respond if they had any concerns. There were safeguarding and whistleblowing [reporting of poor practice] policies and procedures in place to guide staff in their roles.

We saw risks to people's safety had been assessed to support people to remain safe, whilst respecting people's freedom of choice. One person we spoke with told us, "I have risk assessments in place that I have seen." Care records we looked at showed that risk assessments were in place in relation to personal hygiene, skin conditions, nutrition, hydration and medicines. We also saw any risks within the environment were assessed to ensure safety, such as electricity cut off points and water cut off points in people's homes.

Staff told us they had been trained in the safe use of equipment, such as, hoists. One person who required the use of equipment to mobilise told us, "I have a hoist and they are very competent when using it. I know what I am doing too so I can direct them." Training records we looked at confirmed staff received moving and handling training.

We saw robust recruitment systems and processes were in place. We reviewed three staff personnel files and found there were no gaps in employment, references were obtained and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked at the management of medicines. Not all the people using the service required support with their medicines, some people just required prompting and some required more support. One person we spoke with told us, "I deal with my own medicines. Staff just help me with putting creams on."

The service had medicine policies and procedures in place to guide staff, which were accessible. We saw the level of support required was documented in people's care records and risk assessments were in place in relation to medicines. Staff told us and records confirmed, they had received training in administering medicines. We looked at a number of medicine administration records (MAR) and saw these were being completed accurately. We saw the care coordinator audited the MAR's on a regular basis to ensure staff continued to complete them accurately. Any discrepancies on MAR's were discussed and addressed with the staff concerned. Staff competencies were also checked on a regular basis.

The service had an infection control policy and procedure in place to guide staff in their roles. Staff also told us they had received infection control training and knew their responsibilities. One staff told us, "We have

plenty of supplies of gloves and aprons."

We asked the registered manager how lessons were learned and action taken if/when things went wrong. They told us, "If it was a safeguarding issue we would go back to basics with the care plan, further training for staff. All the team would be involved. We would also have special meetings and make it a re-training issue." Records we looked at showed the service shared lessons learnt.

## Is the service effective?

### Our findings

We looked to see how the service ensured staff had the skills, knowledge and experience to meet the needs of people using the service. One person who used the service told us, "The staff are competent. I have health care needs and they came to the hospital and watched the nurse so they knew how to support me at home." Staff we spoke with confirmed they had received an induction when commencing employment. One staff member told us, "My induction was three days of training. During induction you go into a client and meet with another carer and go in to be introduced to them. The other carer shows you what needs doing and the routine. You can look at the care plans and sign them to state you have read them. Everyone I have gone to, I have been introduced to them before I go on my own." We saw that the induction process also included a set of workbooks they had to complete based on the Care Certificate. The Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life.

All the staff we spoke with confirmed they had received training on a regular basis. Training records we looked at showed that some courses staff had completed included, moving and handling, medicines, catheter care, first aid, Mental Capacity Act and Deprivation of Liberty Safeguards and stoma care. Staff were also supported through supervisions and appraisals. We noted these were not always in line with policies and procedures; the care co-ordinator advised us they were aware of this and had been making good progress to ensure they were regular.

If it was part of the package of care agreed, staff supported people to eat and drink enough to maintain a balanced diet. One person's records we looked at showed their care plan included their meal preferences and dietary requirements. For example, it was recorded to avoid foods such as citrus fruit, tomatoes, vinegar and coffee. This level of information ensured staff were aware of the persons likes and dislikes to support them effectively.

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 interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and if any applications had been made to the Court of Protection.

Staff we spoke with told us they had received training in MCA and DoLS; records we looked at confirmed this. We asked one staff what they understood about the MCA and DoLS. They told us, "Today a person may be able to make a decision and tomorrow they might not. It depends on what decision the person is to make. If they were not able to make a decision one day I would assist them. For example, I would pick two dresses out and ask which one they wanted to wear. Giving them a choice and assisting with that. You cannot assume people cannot make decisions."

Records we looked at showed the registered manager, provider and staff had a good understanding of the MCA and DoLS and had taken appropriate action when a person lacked capacity. Capacity assessments and consent forms were in place and signed by the appropriate person. An application to the court of protection had been made for one person using the service; we found detailed records and care plans in place for this person.

## Is the service caring?

### Our findings

One person who used the service told us, "I like the carers, we get on. They are friendly and we can banter with each other. They are kind and caring. I honestly cannot find fault." We did not have the opportunity to observe staff interactions, however, the staff we spoke with spoke about their role and the people they were supporting with compassion, respect and sensitivity.

We asked staff how well they knew people they were caring for. One staff member told us, "I think I know them very well. I get to know them on a personal level and I get to know their families so I can learn about the people I am supporting."

We looked at how the service promoted equality and diversity. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. Staff we spoke with told us they were aware of the Equality Act and had covered this during their induction when commencing employment. The service had an equal opportunities monitoring form in place that staff completed, however, there was no evidence this was discussed with people who used the service. We spoke with the registered manager who told us they would look at how they could improve in this area.

Care records we looked at during our inspection, showed that people had been involved in the development and review of their support plans. People had signed to confirm they had been involved and the level of personal information such as their backgrounds and history, likes and dislikes showed that staff had involved the person. This is important and ensured people views and preferences were taken into account in the delivery of their care.

We looked at how people's privacy and dignity were being respected. One staff member told us, "If I am doing personal care I will close the door, close the curtains or blind and talk them through the process. There is one person I have supported who I just passed their clothes through a gap in the bathroom door."

One person we spoke with told us how important it was for them to have their independence. They went on to state, "I am very independent and staff appreciate that." Staff we spoke with were aware of the importance of maintaining and building people's independence as part of their role. One staff member told us, "I assist them as much or as little as they need. If I am prompting them I am also supporting them to be independent." Care records we looked at detailed the level of care and support a person needed.

Personal records, other than those available in people's homes, were stored securely in the registered office. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

All the staff members we spoke with confirmed they would be happy for one of their relatives to use the service.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. One person we spoke with told us, "Right at the beginning I sat down with [name of registered manager] and discussed a care plan. They took me on and have responded to what I needed. They look after me."

We saw client profiles and background information was available in care records. Records we looked at showed people had person centred care plans in place which involved the person, reflected the person's current needs, were person centred and reviewed. Care plans were in-depth and covered areas such as health needs, mobility needs, personal care needs and daily routines. Care plans were very detailed and directive for staff. For example, one person had a medical device; the care plan gave staff a step by step process in how to use and care this.

We looked at what technology was used to support people who used the service. The service had an 'IQ' system in place for staff to use to log in and out of people's homes. This allowed staff a 10 minute window in case they were running late; after that an alert was sent to the office to inform them staff had not arrived. The care co-ordinator told us if this occurred they would ring the staff member to locate them and keep the person using the service informed.

We looked at how concerns and complaints were managed within the service. One person told us, "If I had any hiccups, I am absolutely sure they would be dealt with in my favour." The service had received one complaint; the information we looked at showed what action had been taken and how the complaint was resolved. A complaints policy and procedure was in place which was accessible to staff and people who used the service.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

We asked the registered manager how they were meeting the requirements of this standard. The care co-ordinator told us they were able to source information in braille, larger fonts, in other languages and audio. There was no one using the service at the time of our inspection that required information in alternative formats.

Care plans we looked at, whilst containing lots of information about supporting people with personal care and medical conditions, did not explore people's end of life wishes. We discussed this with the registered manager, who assured us they would address this concern.

We recommend the service considers current best practice guidance and training when supporting people at the end of their life.

## Is the service well-led?

### Our findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating within the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

All the staff we spoke with were very complimentary about the registered manager and office staff. They spoke of feeling well supported in their roles and their being an 'open door' culture within the service. One staff member told us, "I think the service is managed fantastic to be honest. It is the best company I have worked for. If there are any issues you just ring up and it is sorted straight away."

There were monitoring systems that ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. A number of audits were conducted in the service; these were significantly robust to ensure any issues were highlighted and action taken. Audits were used to improve the service.

People who used the service, staff and others were consulted on their experiences and shaping future developments. We saw surveys were sent out to people who used the service and staff. We looked at the most recent surveys and found both results were positive. Any issues had been highlighted and an action plan had been put in place detailing what improvements were needed and how this was going to be achieved.

We saw staff meetings were held on a regular basis. There was a staff meeting held on the day of our inspection. There had been two previous meetings which had discussed people using the service and any staff topics. The registered manager also told us staff were encouraged to attend the office every Monday and spend some time with other staff; we saw this on the day of our inspection when two staff attended the office to have their lunch.

The service had other initiatives for people who used the service and staff. For example, there was a Christmas Party held yearly for people who used the service, their relatives and staff. There was a regular newsletter to keep staff up to date with what was happening across the organisation. The service had recently held a MacMillan coffee morning when they raised money for the charity.

The service had received a number of compliments from people who had used the service or their relatives. Some of the compliments we saw included, "[Name of staff] you are amazing at your job. Thank you for all the care you gave [name of person]. I am so grateful for everything you did and so are the family. You went

more than the extra mile. You truly are caring and we could do with a few more [name of staff] in the world", "A sincere thank you to you all. You provided not only a reliable and efficient service, but also a kind and sensitive one, always aware of what was wanted and what was needed" and "It matters so much to me to know that there are people like you out there who care."