

Van Parys Care Services Limited

Home Instead

Inspection report

Talisman House
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Home Instead is a domiciliary care service providing personal care to people in their own homes. It provides a service to older people and younger adults as well as people who may be living with a learning disability or autistic spectrum disorder, dementia, mental health needs, a physical disability or a sensory impairment. At the time of our inspection there were 110 people receiving support from this service. Sixty-nine people were receiving a regulated activity.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support:

People were supported by a service which promoted choice, control and independence. Staffing levels ensured people's needs were met and staff told us they received regular training. People who were supported with their medicines received these as they should. However, care plans did not always contain the most up-to-date information about people's medicines and appropriate information about the application of topical creams was not in place.

We have made a recommendation about the management of some medicines.

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

Right Care:

Risk assessments were in place. However, control measures had not been regularly reviewed. People received person-centred care which met their individual needs and preferences. People were always treated

with dignity and respect. Staff understood their responsibility to protect people from abuse and were clear about how to report concerns. Staff were confident these would be acted upon.

Right Culture:

The service did not have a scheduled approach to audits and governance checks. Care plan reviews had not been undertaken regularly as planned. There was no clarity about whether staff had received checks on their competency, although we observed some of these checks had been undertaken.

We have made a recommendation about how the provider ensures good governance and oversight of the service.

The service had an empowering culture with clearly defined outcomes for people. People and their relatives were communicated with regularly. People and relatives were involved in developing people's care plans.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 January 2018).

Why we inspected

This inspection was part of CQC's scheduled inspection approach.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Instead on our website at www.cqc.org.uk.

Recommendations

We have made recommendations to the provider about medicines and governance. We will review these recommendations at the next inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Home Instead

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector, and 2 regulatory co-ordinators.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 November 2023 and ended on 29 November 2023. We visited the location's office on 23 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 2 relatives. We spoke with 9 members of staff including the registered manager, and the directors, which included the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 3 people's care files, including their medicine administration records (MARs). We reviewed various other documents and policies relevant to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant people were not always safe and protected from avoidable harm.

Using medicines safely

- Systems were in place to administer medicines safely. However, we identified the information on the electronic medicines administration records (EMARs) did not always correspond to the information held in people's care plans. We discussed this with the registered manager who confirmed the information held on EMARs was correct and staff always used this record to administer medicines. This meant people had not been placed at risk.

We recommend the provider reviews their processes for ensuring care plans contained the correct medicines updates.

- Where people required support to apply topical creams, sufficient information was not in place to ensure these were applied appropriately. We discussed this with the registered manager who took immediate action to ensure everyone requiring support to apply a topical cream had appropriate records in place.

We recommend the provider reviews their processes for ensuring up-to-date guidance about topical cream application is in place.

- Staff involved in administering medicines had received appropriate training. Staff managed medicines consistently and safely.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and documented. However, because care plan reviews had not taken place regularly, these risks were not always monitored. There was no evidence people had been harmed as a result.
- People and their relatives had been involved in developing the risk assessments. Risk assessments promoted people's independence.
- The provider undertook risk assessments of the environment to keep staff safe.

Staffing and recruitment

- Sufficient numbers of staff were employed to ensure people received support safely from a consistent and reliable team of staff members. A person said, "They (staff) are skilled and experienced." Another said, "Yes, very, very good," when asked whether staff were skilled and experienced. A staff member said, "There are enough staff and enough time to support people."
- Arrangements were in place to deal with situations when staff were not able to undertake support as

planned. People told us, "I have regular carers (staff) and I know when they are coming and I'm happy with this." However, another person said, "I am supposed to get a rota in advance, but it doesn't always come very quickly, which can throw me. I need to know in advance who is coming." Another person also told us, "No, I don't get a rota in advance, it's just whoever turns up, but I've gotten to know the (staff) that do visit."

- Recruitment systems were robust. Pre-employment checks were undertaken to ensure people received support from suitable staff.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems were in place to protect people from the risk of abuse. Concerns and allegations were documented, monitored and prompt appropriate action taken, when required.
- Staff were knowledgeable about the signs of abuse. Staff told us they were confident action would be taken by managers.
- People told us they felt safe. Comments included: "Yes, I feel safe with the staff", "Very safe", and "Yes, I feel safe. The staff are brilliant, they are absolutely great."

Preventing and controlling infection

- Staff were trained in infection prevention and control. Care plans contained a good level of detail to ensure staff used PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had a system in place to ensure lessons were learnt when things went wrong.
- Staff understood their responsibility to raise concerns and report incidents.
- Incidents were identified and a tracking system was in place. This meant incidents were monitored by the registered manager and information was shared with staff. A staff member told us, "Learning is shared through staff meetings and newsletters."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed and expected outcomes identified. However, we identified most people had not had a recent review of their care needs. We discussed this with the registered manager, who took immediate action to ensure a planned system of reviews was scheduled.
- People received support which was planned and delivered in line with current best practice guidance.

Staff support: induction, training, skills and experience

- Staff were supported to complete appropriate training. Whilst the majority of this was online training, staff told us they felt confident because they were supported in any new roles. Staff completed a comprehensive induction, which included shadowing more experienced colleagues.
- Staff received supervisions and met with their managers regularly. A staff member said, "I feel supported by management and the office staff. Appraisals are yearly and supervisions are more regular. They also frequently pop into calls to see how staff and people are getting on."

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

- People were supported to eat and drink to maintain a balanced diet. Care plans were detailed about the types of food people enjoyed and how they wished to be supported to eat and drink.
- Care notes recorded staff respected and supported people's preferences about their food choices. Staff prompted people to drink enough and always left drinks within reach.

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

- People received a seamless transition and consistent support from professionals across a range of agencies.
- Staff were vigilant about monitoring people's health needs and were observant for any changes. Timely action and appropriate referrals were made to partner organisations, when needed.
- Staff supported people to access health care services when required. Staff worked collaboratively across services to meet people's needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's consent to care was sought and documented. A person said, "They always ask for my consent first before doing anything for me." Another person told us, "They do (ask my consent), and they respect my preferences."
- People and their relatives, where appropriate, were involved in decisions about their support needs. A relative told us, "I am very involved in their (relative's) care even though I live a long way away." Another relative explained, "They liaise with me in person. [Name of relative] has a named care co-ordinator who I speak to all of the time."
- Staff were knowledgeable about the MCA and how to employ its principles. Staff gave people choices and supported them in their decision making, when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. People were consistently positive about the attitude of staff. Comments included: "The [staff] are very kind, and they listen to me. Some of the much younger staff are really very good and have a great manner for them being so young", "They (staff) are all very good, kind and respect and know me well", and, "They listen to me, respect me, and know me well".
- Care notes showed how staff treated people with dignity and respect whilst supporting people. Staff had developed positive relationships with people and their families. A staff member told us, "I see regular [people] and can build a good relationship with them."
- People were treated as individuals. Staff responded quickly to people's changing needs.

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

- People were supported to express their views and were involved in decision making about their care.
- The service had undertaken a number of additional training and awareness sessions to provide information to people about other sources of advice and guidance. For example, advocacy services, and pensions information.
- People received unhurried care times, which allowed staff to spend time with them to promote their choices and independence. A relative said, "The carers (staff) are timely, they are never late. They are always friendly. Carers (staff) are well matched to the people they are supporting."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect at all times. A person said, "They (staff) promote my independence." Another told us, "They (staff) help me to keep my independence." Another explained, "The service is very reliable, and the staff are very good. I like to be as independent as possible, and they support this."
- The service made an effort to match people with staff, taking into account their likes, dislikes and personalities. A relative explained, "The carers (staff) are matched well to the person. Before the visits started, [name of person] was asked about interests and hobbies to match staff. [Name of person] looks forward to the carers (staff) attending calls."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in developing their care plans and their choices and preferences recorded. People's individual needs were identified, including any protected characteristics.
- People were supported to carry out activities important to them and supported to maintain hobbies and interests. A relative told us, "The staff encourage [name of person] to continue with their social events and to get out and about."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and met. People told us they were happy with their communication from the service.
- The service supported people to use and access technology to support people's accessibility needs.

Improving care quality in response to complaints or concerns

- The service responded to any concerns raised in a timely manner. After a mistake in the staff rota a relative explained, "They (the service) responded to me straightaway and explained what had gone wrong, they rectified the issue straightaway, issued an apology and it has never happened again."
- The service used information from feedback to improve care quality.
- People and relatives knew how to give feedback about their care experience. People and relatives told us they felt confident to raise concerns.

End of life care and support

- People were supported at the end of their life, where applicable. People were supported to make decisions about their preferences for end-of-life care.
- Staff supported people and their relatives to receive individual and person-centred care. Staff told us they received good support from office staff and managers when they were supporting people at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have an effective governance system. The service used a 'dashboard' which enabled managers to review a range of information in real-time. However, this was not always used, or able, to produce reports which supported governance of the service.
- The provider's governance system had not identified the issues found during our inspection visit. For example, medicine updates, competency checks, care plan reviews, and how staff found out about changes to people's care plans. During our inspection visit, we identified a number of occasions when this notification system had not taken place. We discussed this with the provider and the registered manager. Immediately following our inspection, the registered manager had developed a number of tools to better support the service's governance framework.

We recommend the provider reviews their governance arrangements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Staff told us the service was well-led. People and staff knew the registered manager well. A person said, "I know who the manager is and could talk to them." A staff member said, "[Name of registered manager] is outstanding." Another told us, "[Name of directors are] very easy to talk to, very approachable and fair."
- The provider had a clear vision for the service to ensure people and the wider community were involved and supported. The provider had developed values which supported an inclusive and person-centred organisation.
- Staff told us the service had a positive culture and they enjoyed working there.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider was honest with people, relatives and staff about how the service was managed and openly encouraged and welcomed feedback. The provider shared any feedback received and what actions they had taken as a result through a 'you said, we did' approach.
- The service undertook annual quality surveys. The outcomes from these were shared with staff to support learning and to improve the service. Staff were proactively encouraged to offer suggestions and improvements during these sessions.

- Staff attended regular meetings. A staff member told us, "I find them (meetings) useful, and I am able to have my say. They are open for discussion and all staff are open."

Working in partnership with others

- The service had close, effective and collaborative working relationships with partner organisations and the local community. These relationships supported people who use the service, people in the community, and staff. For example, with various health and wellness initiatives.
- The service was innovative about their links with partner organisations, signposting to financial and legal aid, and exploring and relaunching technological innovations to promote independence and keep people safe in their own homes.
- The service had developed a number of initiatives across the local community, for example, hosting a regular dementia cinema, which was accessed and enjoyed by the local community.