

D2SCo Limited

# Home Instead Senior Care (Calderdale & Spen Valley)

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Home Instead Senior Care (Calderdale and Spen Valley) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Home Instead Senior Care (Calderdale and Spen Valley) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; 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 there were 34 people receiving personal care.

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

People felt safe when receiving care and support. There was a good standard of information showing how staff could minimise any risks, and people received their medicines safely.

Staff were recruited safely, well trained, and the service aimed to make sure people had consistent staff providing their care.

People had good relationships with staff and were complimentary of the care and support they received. People said staff took time to support people to communicate their needs and respected people's privacy and dignity.

People were involved in development and review of their care plans to make sure the support they received met with their assessed needs in the way they preferred.

Staff were responsive to people's health needs and liaised with healthcare professionals as needed.

Systems were in place to learn from issues such as safeguarding concerns, accidents and complaints.

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. People had signed their consent to care plans and the process for making best interest decisions for people who lacked capacity were followed.

Robust systems were in place to gain the views of people using the service. Feedback from people was analysed and used to inform the review of the service.

The registered manager acknowledged that the process for managing complaints about the service would benefit from some improvements.

The registered manager provided people with leadership and promoted a supportive and inclusive team culture. People said they had confidence in the management of the service.

Rating at last inspection and update: The last rating for this service was requires improvement (published 03 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Home Instead Senior Care (Calderdale & Spen Valley)

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to people to gain their views about the service.

#### Service and service type

Home Instead Senior Care (Calderdale and Spen Valley) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 23 September and ended on 25 September 2019. We visited the office location on 25 September 2019.

### What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with five members of staff including the provider who is also the registered manager, deputy manager and three care workers.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and safety were identified and risk management plans put in place. They included detailed control measures staff should follow to minimise the risk and the level of risk was then assessed with control measures in place.
- Where the risk assessment concluded that, despite the control measures, some risks remained, detailed actions for staff to take in order to further minimise the risk were included.
- The Herbert protocol (a scheme used in partnership with the police to be used in the event of a vulnerable person going missing) had been put in place for a person living with dementia who had previously left their house and become confused.
- All of the people we spoke with said they or their relative felt safe when receiving care and support. People used the words, "Definitely" and "Absolutely" when we asked about this.

### Using medicines safely

At our last inspection the provider had failed to make sure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- 'Emergency Grab sheets' had been developed to give medical staff information about the person in case of emergency. However, the list of medicines one person was taking had not been updated on this document.
- Body maps were in place to support staff in making sure topical medicines such as creams were applied correctly. Protocols for medicines prescribed on an 'as required' basis were in place for staff to follow when they supported people with these medicines.
- Staff received training in administration of medicines. Safe systems were followed for the recording of

medicine administration. People told us staff supported them well with their medicines.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding issues were identified and reported appropriately by staff. Incident reports were completed by caregivers when they were concerned about a person's safety. Records demonstrated staff had a good understanding of different types of abuse, particularly emotional abuse.
- Referrals to the local authority safeguarding team were made as needed.

Staffing and recruitment

- Systems were in place to make sure staff were recruited safely.
- Records showed there were enough staff to meet the needs of people using the service.
- The registered manager said, wherever possible, staff were matched to people using the service in terms of skills and compatibility. Staff were arranged in teams to promote consistency of support for people.

Preventing and controlling infection

- Staff said they had access to as much personal protective equipment such as gloves and aprons as they needed. People told us this equipment was delivered to their homes by the provider for staff to use.
- People said staff left their homes clean and tidy after delivering care.

Learning lessons when things go wrong

- Accidents were audited monthly to identify themes and trends for which action could be taken to minimise the risk of reoccurrence.
- Safeguarding events were analysed for patterns and trends. If any were identified the analysis included what actions were taken in response. The analysis was also used to identify people who might be particularly vulnerable.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- People had signed their consent to their care plans. Where people did not have capacity to do this, the process for making best interest decisions was followed and recorded.
- Some people had a Power of Attorney for health and welfare in place. This meant another person had been legally nominated to make decisions on their behalf. The registered manager said they would check this with the Office of Public Guardianship to make sure they were following correct process.

Staff support: induction, training, skills and experience

- Prior to confirmation of their employment, new staff followed a robust induction process during which an assessment was made of their suitability for the job. Staff who did not have a background in care, completed the Care Certificate. The Care Certificate is a set of standards to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.
- Staff followed a comprehensive training programme and were supported to study for National Vocational Qualifications (NVQ's). Where clients presented with particular needs, training was organised to enable staff to give appropriate support. For example, a specialist nurse had delivered training in supporting people with multiple sclerosis.
- People said they thought staff were well trained.
- Staff received ongoing support from the registered manager and deputy manager. They told us they received regular effective supervision and competence checks. Staff felt confident to raise any issues they might experience with the registered manager at any time.

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

- People told us staff supported them with their meals as needed. One relative said, "(Person) is getting everything (person) needs, (their) eating and drinking is better than it's been in years on (their) own." Other

people told us staff supported them to choose their meals.

- Effective staff observations had helped one person as they realised the person was having difficulty eating the food their relative had provided. Staff liaised with the relative and the person was provided with food they could enjoy.

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

- Staff liaised with healthcare professionals as required by the person they were supporting. For example, they liaised with one person's GP in relation to their weight and prescribed nutritional supplements.
- Care plans directed staff to seek advice from healthcare professionals. For example, one person's care plan said staff should accompany the person whilst they were eating and look for any issues that might need a referral to the dietician. Skin condition care plans detailed that staff were trained to recognise early signs of skin damage and gave direction to report any issues to the district nurse.
- People we spoke with gave examples of how staff had reacted quickly and appropriately when their relative became ill. These included staff contacting a GP when they suspected a person had an infection. Staff collected the prescription and began the administration of the medicine very quickly. Another example was staff recognising when a person was having a heart attack. An ambulance was called, and relatives informed without delay.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- All of the people we spoke with complimented the staff team on their caring approach. When we asked if staff were caring one person said, "Absolutely, very much so" and a relative commented, "Yes, witnessed it several times, when we've been there, and they've been there."
- Staff said they had received training in equality and diversity and acknowledged the importance of understanding people's individual needs. They gave examples of how they had needed to be respectful of the religious needs of one person's spouse when they were delivering care in their home and how they had previously supported a person going through gender reassignment.

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

- People's views about the service they received were sought through a courtesy telephone call the day after commencement of service with a follow up visit after four weeks. This was followed by a minimum of two quality assurance visits to the person's home each year.
- People were also provided with pre-stamped, self-addressed cards to enable them to give their views of the service on an independent homecare review website. Thirty-two comments had been left on this website between January and September 2019 with the majority being very positive. Comments included, 'I can't praise the office staff and carers enough, they are so flexible with the unexpected care changes required' and 'The carers were well qualified, conscientious and very patient, they treated my (spouse) with kindness and understanding.'

Respecting and promoting people's privacy, dignity and independence

- All of the people we spoke with said staff made sure their privacy and dignity was maintained whilst receiving support. When asked about this one person said, "Oh very much so" and another said, "Yes they do, they are pretty good at that."
- All of the people we spoke with gave examples of how staff encouraged people to retain their independence.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This was because complaints were not always managed well.

Improving care quality in response to complaints or concerns

- All the people we spoke with said they knew what to do if they had any concerns or complaints about the service. They said they had regular contact with senior staff and they were always asked if they had any concerns.
- Two people told us they had contacted the office to raise complaints. One said office staff got back to them within ten minutes to update them on what actions they were taking. The person said their complaint was fully resolved within 24 hours. Another person told us they did not know the outcome of their complaint.
- Complaints were documented along with the actions taken to address them. However, the provider had not obtained confirmation from the complainant that they understood and were satisfied with the outcome of their complaint.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Following an enquiry from a person about using the service, a consultation meeting with a senior member of staff was booked with the person in their home. During the consultation, a full assessment of the person's needs was completed. The template used for the assessment then became the care plan. This meant the person, or where appropriate their representative, was fully involved in the development of the care plan. People we spoke with confirmed they were involved in the development and review of care plans.
- One page profiles were included in people's files. These are helpful for staff getting to know the person and included family details, important memories, hobbies and interests and wishes.
- Electronic care plans were in place which meant the care plan was always a live document. An App was available for people to download which meant they, and people with their permission, could view the care plan and details of the care and support given on each call. The App also gave detail of the staff due to make the calls. Paper care plans were made available for people who could not, or did not wish to, use the App.
- Care plans were person centred and gave clear instruction to staff about the support the person needed and how they would like to receive it.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People we spoke with gave examples of how staff found alternative ways to communicate with their relatives for whom communication was difficult. One person said, "They work out from (person's) body

language what (person) wants to do, they interpret it." Another said, "They negotiate, they have a very good rapport with (person)" and a third person said, "If they are unsure if (person) can't get words out, they'll say 'Come and show me,' and (person) will point. They'll take time and it helps (person), stops (them) getting frustrated."

- The registered manager said they would be able to provide information for people in a format to meet their needs if this was needed.

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 we spoke with gave examples of how staff interacted with people in a positive way.
- One person said how much their relative had enjoyed staff supporting them to spend time outside.

End of life care and support

- Training records showed less than a third of care staff had received training in providing end of life support.
- Care files did not reflect a robust approach to gaining people's views about the care and support they would like to receive as they approached 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure adequate systems and processes for assessing and monitoring the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Staff told us they were very well supported by the registered manager and deputy manager. They said they could speak with them at any time for advice and support.
- Since the last inspection the provider had registered with CQC as the registered manager. They worked closely with the deputy manager who was in the process of applying to CQC to be registered as manager and share the role with the current registered manager.
- All the people we spoke with said they could contact office staff when they needed to and all reported good responses. One person said, "I am very confident about contacting management and the admin. they are very good consistently and I know who to contact."

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

- People we spoke with told us they appreciated that staff contacted them to let them know of any issues.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service

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

- The registered manager and staff we spoke with were clear about their role and responsibilities and had a very good knowledge of the service.
- Comprehensive audits of the service were in place.
- Accidents and safeguarding issues were analysed to identify what actions could be taken to minimise risks.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- Systems were followed to regularly gain the views of people using the service and their relatives.
- Staff meetings were held on a monthly basis for office staff and quarterly for care staff. Staff said they were encouraged to share their ideas and opinions about the service.

#### Continuous learning and improving care

- The registered manager maintained an overview of how the service was being delivered. They analysed feedback from people using the service, staff and others involved in order to learn from people's experiences.

#### Working in partnership with others

- Staff liaised with a range of healthcare professionals to make sure people received the support they needed.