

Three Shires Care Limited

Home Instead Senior Care

Inspection report

11 Rural Enterprise Centre
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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

About the service

Home Instead Senior Care is a domiciliary care service. People are supported in their own homes so that they can live as independently as possible. At the time of our inspection there were 30 people receiving personal care.

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.

The provider refers to its care staff as caregivers.

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

The provider demonstrated safe recruitment practices. They carried out checks on the suitability of staff before they started work. People had the support they needed to manage and take their medicines safely.

The provider had measures in place to protect people from infections. The management team reviewed any accidents or incidents involving people who used the service, in order to learn from these.

Before people started to use the service, their individual needs and preferences were discussed and recorded for caregivers to follow. Caregivers had received training to reflect people's needs and their responsibilities. People had support to prepare their meals and drinks where they needed this.

Caregivers and management worked effectively with community health and social care professionals to ensure people's needs were met.

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

People were very complimentary about the care and support they received from their caregivers. People described them as very kind and compassionate. The registered manager took time to match staff with the people's they supported needs and preferences in order to build a good relationship.

The management team promoted a person-centred culture within the service. People's care and support was exceptionally kind and caring. People and their relatives were encouraged to provide feedback about the service they received, so any improvements could be identified.

The provider had quality assurance systems and processes in place to enable them to monitor and improve people's care. Caregivers and management sought to maintain positive working relationships with the

community professionals involved in people's care.

The service was led by two directors who were also the owners of the company [one was the registered manager and the other the nominated individual]. Caregivers demonstrated a strong level of engagement, a real sense of pride of working for Home Instead and there was a high level of caregivers job satisfaction. The provider was passionate about care and put people at the centre of the service delivery. They welcomed any form of external and internal auditing and feedback received was treated as an opportunity to reflect and further improve the quality of the service for people.

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

Why we inspected

This service was registered with us on 25 February 2020 and this is the first inspection.

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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 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Home Instead Senior Care

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

One inspector carried out this inspection.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was announced. 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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 06 April 2022 and ended on 11 April 2022. We visited the provider's office on 07 April 2022.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and

feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 the registered manager, the Nominated Individual, [The nominated individual is responsible for supervising the management of the service on behalf of the provider] and five staff members. The provider refers to care staff as "Caregivers."

We reviewed a range of records. This included three people's care records and risk assessments. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including staff rotas, accident and incident analysis, the complaints log and quality assurance record.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the providers training records and policies and procedures. We spoke with three people who used the service and two relatives. We also spoke with the local hospice.

Is the service safe?

Our findings

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

This is the first inspection since registration. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential risks of harm.
- Relatives told us their family members felt safe when they received their care and that caregivers respected their homes and promoted their safety. One relative told us, "My relative would not usually accept care from anyone, but they do from the caregivers because they feel safe with them."
- Systems and processes were in place to help identify and report abuse to help keep people safe. Caregivers had received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to caregivers on the measures needed to reduce potential risk.
- If anything changed or concerns were identified caregivers were able to immediately alert and record them on their hand-held devices, so caregivers had current information.
- We saw risk assessments were reviewed and audited by the management team at twice weekly or sooner if required. Review points are documented and remedial action taken, which may include coaching to staff on use of dignified language at all times, addition to listed activities for each visit, right through to amendment of the care plan for a person to include new information.

Staffing and recruitment

- People were supported by regular reliable caregivers.. One person described the caregivers as, "Absolutely Excellent."
- The provider followed robust recruitment procedures to ensure people were protected from caregivers that may not be fit to support them. Disclosure and Barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- The registered manager told us, "We take great care in our recruitment of caregivers to ensure they have the standards and values we expect for the people we support."

Using medicines safely

- The provider had systems and procedures in place to ensure people received the level of support they needed to manage their medicines safely. A caregiver gave us an example of how they had followed the provider's emergency medicines procedures when they found an unidentified tablet at a person's home, in order to keep the person safe.

- Caregivers received annual training in the provider's medicines procedures, and their competence in this area was checked during unannounced spot checks.
- Caregivers maintained accurate and up-to-date medicines records to confirm people had taken their medicines as prescribed.

Preventing and controlling infection

- Caregivers received training on their role in protecting people from the risk of infections.
- Caregivers were supplied with personal protective equipment (disposable gloves and aprons) to reduce the risk of cross-infection and were clear on when they were expected to use this.
- The provider had COVID-19 risk assessments and contingency plans to help ensure they continued to deliver a safe service during the pandemic.
- "The provider ensured staff followed national guidance in relation to the prevention and control of infection."

Learning lessons when things go wrong

- Caregivers understood the provider's procedures for reporting any accidents or incidents involving the people who used the service.
- The management team reviewed accident and incident reports to identify any actions needed to keep people safe and reduce the risk of things happening again.

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.

This is the first inspection since registration. This key question has been rated 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

- Prior to starting using the service people's needs and choices were assessed to ensure the provider could provide the care and support they wanted. One relative described how the registered manager had visited them and had reassured them they could meet their needs. They said, "I was consulted about the care I would need when I left hospital – this was done with dignity and respect."
- Assessments were thorough and looked at people's physical and mental well-being as communication needs, social circumstances, dietary requirements, mobility/independence and their personal preferences. This 'Needs Assessments' focused on people's desired outcomes, and aimed to overcome barriers presented.

Staff support: induction, training, skills and experience

- Caregivers were sufficiently qualified, skilled and experienced to meet people's needs. We saw there was an ongoing schedule of training in place, to ensure caregivers kept up to date with good practice.
- All new caregivers went through an induction period, which included shadowing more experienced caregivers to get to know people, as well as covering the basic training subjects in the form of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider supported caregivers by providing home based one to one training on people's specific needs such as hoist use and catheter bag training at any time of day.
- Caregivers told us they felt supported by the registered manager, field care supervisors and compliance co-coordinators. All caregivers said they had regular supervisions. The registered manager told us they were committed to encouraging caregivers career development and supported them to undertake specialist courses such as City and Guilds End of Life Care and Dementia Care .

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

- People were supported by caregivers to keep healthy and well. Guidelines were available for caregivers to follow and to ensure food and drinks were available for people they supported. Many people had caregivers cook freshly-prepared meals for them. This ensured people were protected from the risk of malnutrition and dehydration.
- Where people required specialised diets, caregivers aware. For example for a person with diabetes, caregivers knew the person's sugar intake should not be too high.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support.

- The registered manager gave us examples of how they assisted people to maintain their independence and dignity. They described how they had referred a new person to the service to the physiotherapy and occupational therapist for mobility equipment.
- People's care files set out how caregivers should support them to manage their health and medical conditions and access the services they needed such as the GP, District Nurses, Occupational Therapists and bowel and bladder specialists.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes. Caregivers and other staff employed had completed training in relation to the MCA.
- Relatives confirmed caregivers always asked for their family members consent before providing care and support.
- Care plans involved people and recorded where their consent had been discussed with them.

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.

This is the first inspection since registration. This key question has been rated 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 benefitted from a provider, registered manager and caregivers who were committed to ensuring they received a service which was exceptionally caring. The registered manager had developed a culture of where people were encouraged to achieve their goals and dreams. They told us at the initial assessment they found out what was important to them and how caregivers could help and support them. One person told us, "I never thought I could be this happy at this time in my life – and this is down to the staff [Caregivers]." A relative wrote, "We absolutely love how much you care for [relative's name] and how much interaction you have with her. This is truly wonderful."
- People using the service and their relatives were all extremely positive about the service they received. We heard several examples of how caregivers had gone the extra mile to support them. For example, where one person had gone out using their mobility scooter and had an emergency leaving the mobility scooter behind. A caregiver had spent several hours looking for it in the town centre before bringing it back to their home. Another person used to love going on holidays particularly cruising in the past, caregivers worked with the person to develop their confidence and organised with the cruise company an escort, so they could go again.
- People were treated as individuals and caregivers respected their preferences and needs. For example, caregivers supported a person to go to their favourite garden centre to support their love of gardening.
- The registered manager recognised the importance of building a trusting relationship between people using the service and their caregiver. They told us how they took particular care and attention to match their personalities. One caregiver described how if a caregiver had a loud voice this could trigger anxieties in a person. They described how the person had got enjoyment from the tone of their voice and so had been able to support them successfully.
- People's relatives could be involved in monitoring people's care if people wanted them to be. The care plan system could be accessed via an app if people wanted their families to be able to view their day to day care and support. We heard how one person had given their permission for a family member who lived abroad to access their records. The provider told us, this enabled the family member to be reassured their relative was well and being supported to remain independent. A relative wrote, "I must add that when I made my initial call to your office on Monday I spoke to [name] who was exceptionally helpful and pleasant and I was pretty sure then that we'd come to the right people for my parents' care."

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

- The provider helped people to express their views so that caregivers and the management team understood their views, preferences and choices.
- The provider ensured people experienced continuity of care this meant caregivers were able to get to

know people well. Records we viewed showed people were visited by consistent caregivers. Feedback from people was they appreciated the small regular caregivers. One person said, "I have dementia so it's important for me to know the caregivers names and they understand me."

Respecting and promoting people's privacy, dignity and independence

- The provider and caregivers were committed to promoting people's independence, in a manner that enhanced their self-esteem and achieved their aspirations. One relative said, their partner would not have accepted care prior to starting to use the service, but due to the caregiver's kindness and the dignity and respect they showed them they now accepted support.
- The registered manager and caregivers respected people's independence and took proactive actions to enable their independence. We saw they had made referrals to health professionals for specialist equipment and supported people to regain their mobility.
- People and relatives were extremely complimentary about the caregivers and told us, they were supported by the same caregivers as much as possible. This continuity of care allowed caregivers to build up positive, trusting and meaningful relationships with people. The registered manager and the office staff provided care and support to people during caregivers absences or emergencies.
- Respect for privacy and dignity was at the core of the provider's culture and values. All caregivers were trained in dignity and respect.
- People's right to confidentiality and privacy was respected, with people's private information securely stored.

Is the service responsive?

Our findings

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

This is the first inspection since registration. This key question has been rated 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

- People and their relatives told us they had care and support from a reliable, regular caregivers, they trusted. People were involved in the care planning process to ensure their individual needs were identified and could be met. One person told us, "Caregivers understand what I like and how I like things done."
- Caregivers utilised the handheld technology to instantly up-date any changes the person required, so care and support was person centred to meet their needs. A Caregiver told us, "The technology is very good I know that if anything changes between our visits I'll be informed before I start my visit."

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 considered as part of their pre-assessment and their care plans described how people communicated, preferred language and the best way for caregivers to offer choices and support.
- Caregiver's had received training in caring for people living with dementia to help them understand how best to communicate with people and alleviate any anxieties they may have.

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 supported to keep in touch with family and friends. During COVID-19 restrictions when people were unable to see their loved ones caregivers assisted people to use technology to stay in contact with their relatives.
- A caregiver gave us an example of how they had helped a person to rebuild their confidence and mobility so they were now able to go out independently.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place and where known to people The registered manager reviewed all complaints to identify ongoing concerns and put actions in place to resolve these.
- The complaints record showed any concerns that had been raised had been responded to appropriately detailing actions and outcomes. One relative told us, they had raised a concern with the provider and they had been supported by the registered manager throughout the process and was happy with the conclusion.

End of life care and support

- People's care plans detailed their end of life wishes and preferences.
- The provider also worked in partnership with the local hospice to support people receiving end of life care.

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.

This is the first inspection since registration. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were all complimentary and spoke enthusiastically about the quality and culture of the service and their positive experiences, they told us they highly recommended the service to others. One person told us, "The service they provide is well worth the money it's exceptional."
- Caregivers were motivated to provide people with care which was driven by their compassion and 'can-do' value-based attitudes. This was reflected in the spoken and written accounts caregivers provided in relation to the achievements people had made in their lives with the support provided.
- The provider and management team encouraged caregivers to think beyond planned care tasks and consider creative ways of meeting people's needs. We saw and heard of numerous examples where caregivers had advocated for people to ensure they received care in the way they wanted to or were able to achieve what was important to them. The registered manager described how they had assisted a person to access mobility equipment which had enabled the person to regain their independence and have greater access to local amenities.
- Caregivers told us, they felt highly valued and well supported by the provider and their colleagues. A Caregiver said, "The registered manager has been a brilliant support both personally and professionally. I often call into the office to have a coffee and a chat at lunchtime. I can discuss anything with them."
- The nominated individual and the registered manager showed their appreciation for caregivers by providing them with "Smile boxes", boxes of treats and flowers as a thank you for all their hard work.
- The provider considered caregivers wellbeing as very important so had arranged for them to have access to an "Employee Assistance Programme" so they could access support 24/7.

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

- The management team promoted a positive culture within the service, based upon transparency, inclusiveness and respect for people, their relatives and caregivers. They worked closely with caregivers and listened to feedback from people and their relatives to ensure caregivers were working in line with expectations.

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

- There was a range of support mechanisms in place for the registered manager and staff team. These included regular staff meetings, supervision, observations of caregivers performance [spot checks], and

caregivers being able to shadow working with experienced caregivers .

- The registered manager had support from the nominated individual on a regular basis. The Nominated Individual told us, they visited the office at least weekly and had oversight of the office email account. They told us, they used these visits so they could hear things face to face and coach and mentor the registered manager. At all other times, daily contact by telephone and email took place, in a very 'hands on' way but without crossing the day-to-day accountability of the Registered Manager This was to ensure they had good governance of the service being provided.

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

- People and their relatives were asked by the provider to complete an annual customer satisfaction questionnaire. We saw all the responses received were very positive particularly agreeing the service had a strong culture of good quality care.
- Management completed audits and checks to monitor and identify potential improvements in the safety and quality of people's care and support. These included audits on key aspects of the service, such as people's care records, staff personnel files, medicines records, safeguarding issues and accident and incident reports.
- The registered manager told us they conducted unannounced spot checks on caregivers to ensure they were upholding the care and support standards expected.

Continuous learning and improving care

- The registered manager and nominated individual were committed to make improvements. and look for any lessons learnt. Actions taken had been effective in to preventing the potential for recurring themes. The nominated individual said, "Even when things are going well, we always strive to think could we have done any better for people."
- Caregivers demonstrated the provider's values, and understood what was expected from them, by being open to learn from mistakes without fear of repercussions. A relative told us, the registered manager was "Fantastic and goes over and above." This was to ensure their family member was happy and appropriate communications were met. We were given an example of how the registered manager personally responded to a person's medical emergency themselves within thirty minutes and was able to reassure the person and their relatives.
- The provider had an electronic staff feedback system to collect positive feedback about each other and recognising achievements. The provider told us, and we saw how passionate they were about delivering high-quality care and person-centred support, and achieving this by ensuring caregivers and management team provided consistently high-quality care.

Working in partnership with others

- The registered manager worked with a vast range of professionals involved in people's care and support including occupational therapists, safeguarding teams, GPs and the local hospice.
- The registered manager and the Nominated Individual were passionate about dementia care and was involved with the Dementia Action Alliance. They shared their knowledge with others through dementia workshops for people and their relatives.
- The provider had received accreditations for their service. It been awarded The Princess Royal Training Award for its End of Life Training. In 2022 they had achieved the maximum score from homecare.co.uk, placing them in the top 20 recommended Home Care Provider in the West Midlands.