

Home Sweet Home Care Limited

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Inspection report

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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

This inspection took place on 13 July 2016 and was announced. We told the registered manager two days before our visit that we would be coming. This was to ensure that members of the management team were available to talk to. This is the first inspection since the service was registered with us in 2015.

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

Home Sweet Home Care Limited provides support with personal care to adults living in their own homes. At the time of our visit they were providing personal care to 38 people and had 24 staff working for them. The service has recently moved location and is presently going through the process of registering their new address with us.

People told us they felt safe using the service. However the provider needed to improve on their staff recruitment process to ensure new staff were suitable before they began working.

Staff were trained in how to protect people from abuse and harm. They were knowledgeable regarding safeguarding and knew how to raise concerns when necessary. We found the registered manager had informed the local safeguarding team of incidents that affected people's safety and wellbeing however we were not notified as required by law.

Risk assessments were individualised and centred on the needs of people and there was guidance for staff to follow to reduce identified risks. Risk assessments had also been completed to ensure the environment staff were working in was safe.

Staff were trained in a number of areas and knew the needs of the people they were supporting well. They had regular meetings either formally or informally with their line manager to ensure they were supporting people based on their needs. We have made a recommendation about keeping a written record of staff supervision.

People's medicines were managed safely and staff were trained to administer them as they were prescribed.

Care plans were detailed, specific to the person and reflected people's choices and preferences. They were reviewed and updated when people's needs changed to make sure people received the care and support they needed. This was done with the participation of people or their representatives. Staff understood how to meet people's needs.

Staff sought and obtained people's consent before they provided them with support. They were

knowledgeable in the principles of the Mental Capacity Act 2005 (MCA) and the requirements of the legislation.

People were supported to maintain good health and were referred to health care professionals when needed.

People's nutritional needs were met. Staff prepared their meals based on their individual preferences and choices.

People said the staff were kind and caring in their approach and their privacy and dignity was maintained. They were happy with the way staff supported them. Staff encouraged people to do as much as possible for themselves to promote their independence.

People were confident they could raise any concerns or complaints with the registered manager and these would be addressed.

There were quality assurance systems in place to monitor the quality of the service. The registered manager sought people's views and acted upon them.

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. The provider did not always follow safe recruitment procedures as not all appropriate checks were in place before staff started work for the service.

There were enough staff available to meet people's needs.

People received support that maintained their safety. Staff were trained in safeguarding adults and were knowledgeable about recognising the signs of abuse.

Risk assessments were individualised and provided clear instructions for staff to follow to ensure people's health and safety was maintained.

Medicines were managed safely by staff.

Requires Improvement ●

Is the service effective?

The service was effective. People received effective care and support from staff that were competent and well trained.

People's rights under the Mental Capacity Act were respected. Care was delivered with their consent and in line with their wishes.

Staff were made aware of people's needs, likes and dislikes and developed effective professional relationships with them.

People were supported to maintain good health and their nutritional needs were met.

Good ●

Is the service caring?

The service was caring. People and their relatives felt staff were kind and caring.

Staff responded to people needs promptly, and ensure their privacy and dignity were respected.

People were involved in the planning of their care needs and were encouraged to be as independent as possible.□

Good ●

Is the service responsive?

Good 

The service was responsive. People's needs were assessed before care and support were provided.

People and/or their representatives were involved in developing care plans to meet people's care needs.

People's care plans were personalised to reflect their wishes and what was important to them. They were reviewed and updated when people's needs changed.

People knew how to complain and were encouraged to express their views.

Is the service well-led?

Requires Improvement 

The service was not always well led. The registered manager promoted an open and caring culture centred on people's individual needs. However they were not always informing us of significant events that affect people's safety and wellbeing.

Feedback regarding the management of the service was positive and people told us they were able to discuss any issues with the registered manager.

There was an effective system of quality assurance in place. The management team carried out audits to identify where improvements could be made.

Home Sweet Home Care 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 checked 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.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications. A notification is information about important events which the registered provider is required to send to us by law.

During the inspection, we reviewed people's records and a variety of documents. These included four people's care plans and risk assessments, seven staff recruitment files, staff training, staff rota system and documents in relation to the monitoring of the service. We also looked at records relating to how complaints were managed. We spoke with the registered manager and the nominated individual.

After the inspection we spoke with four people using the service, three relatives and four members of staff to obtain their views of the service.

Is the service safe?

Our findings

People told us that they felt safe when staff came to their houses to provide them with care and support. One person said, "I do feel very safe when the carers [staff] come to see." A relative told us, "I am very happy with the girls [staff] and do not have any worries." People who used the service and their relatives felt the service was safe.

However, during our visit we looked at staff recruitment files and found that the provider did not have an effective system in place for checking staff were suitable to support people before they started work. We viewed the recruitment records for six members of staff and noted three of them did not have any references and one had only one reference. People could not be assured that staff were always recruited safely.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found other checks had been carried out which included Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people in health and social care. This assists employers to make safer decisions about the recruitment of staff.

People and their relatives felt there were always staff available to provide care and support to people. One person told us, "I have the same carer that comes to see me, I am very happy with her." People commented they never felt rushed when staff were helping them. One person said, "They [staff] always take their time to make sure everything is done and they are wonderful."

The registered manager ensured enough staff were employed to ensure people's needs were met. They monitored the staffing level which was increased or decreased whenever the needs of people changed. Staff told us there was always enough staff to meet people's needs.

We looked at some staff rota at random and found that staff were allocated the same people to visit each week. This helped to ensure people received consistent care and support. People told us that staff were on time for their visits however if they were going to be late, they received a call from the staff or the office to inform them about the situation. If staff were not well, the registered manager or the nominated individual would cover the visits if no other staff were available.

People were kept as safe as possible as they had appropriate risk assessments in place. We saw risk assessments were centred on the person's individual needs and covered areas such as mobility and transfers. They included clear measures to reduce the risks to people and appropriate guidance for staff to follow to keep people safe. We saw good example in areas of moving and handling where there was guidance on how to transfer people safely and which colour sling to use. People's home environment was also assessed for any hazards to ensure that staff worked in a safe environment.

The service did not have a written contingency plan in place to ensure people's needs could continue to be

met in the event of an emergency, such as a snow or flood. The registered manager said the management team was aware what steps to take in an emergency and was in the process of developing an appropriate plan.

The service had an accident policy which staff were made aware of the reporting procedures. There had been no accidents reported for this service.

The service had a safeguarding policy in place. Staff were confident as to how they would respond to concerns about people's safety and demonstrated their knowledge of the procedures to follow to report abuse. They were trained in recognising the signs of abuse and were able to describe to us different types of abuse. One staff member said, "I will not hesitate to report any concern I have to the manager." Another told us, "I will inform the office immediately if I feel something is not right." A third staff member said, "I would contact the office straight away if I felt a person wasn't safe." One relative told us, "Mum feels safe when the girls [staff] come to see her, she has never mentioned any concerns with us, she is very happy with the girls."

Staff received safeguarding training to make sure they were up to date with safeguarding procedures. They were confident to raise concerns and felt the management of the service would deal with them effectively.

The registered manager was aware of what incidents needed to be shared with the local authority safeguarding adult's team. We saw evidence where they had made referrals to the team where they had concerns about people's safety. They assisted with the investigation, for example through taking statements from staff or discussions with the person or their relatives.

The service had a whistleblowing procedure in place. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe action is being taken to put it right. CQC had received one whistleblowing complaint since the service was registered with us. We looked into the concerns raised and could not substantiate the allegations made. We spoke to the relatives of the person concerned and they told us they were happy with the care and support provided by the service. Staff understood the processes for reporting concerns and escalating them to external agencies if needed. Information on how they would do it was included in the staff handbook which was issued to staff when they had completed their induction.

Staff had access to a good supply of gloves and aprons in each person's home in order to prevent the spread of infections. They also carried gloves with them at all times. The registered manager monitored how many gloves staff were taking to ensure they had enough and not putting people as well as themselves at risk. We saw staff had completed training in infection control and hand hygiene. Staff were also provided with hand gel.

People were supported to manage their own medicines and medicines were administered safely when people needed help. One person said, "The carer reminds me to take my tablets as sometime I forget to take them." The service had a medicines administration policy and procedure to guide staff on administration and documentation of medicines. Staff were aware of what actions to take in the event of an error or a person refusing to take their medicines. They told us they received medicines training and the training records we looked at confirmed this.

We saw that clear instructions for staff on how to administer medicines, were documented for each individual that required assistance. For example one care plan said "Cream [person] all over with aqueous cream." People received their medicines from blister packs. This was where medicines were organised by day and time to be administered, which helped staff to ensure people were having their medicines as

prescribed by their GP. We saw people's allergies were recorded in their care plans.

Is the service effective?

Our findings

People and their relatives told us they were happy with the service provided and felt staff knew what they were doing. One person said, "The girls [staff] are very helpful, they make sure things are done properly and I am very happy with the way they look after me." A relative told us, "Yes they [staff] know what they are doing."

Staff undertook appropriate training to meet people's needs and carry out their roles and responsibilities effectively. Staff had completed training in areas such as moving and handling, safeguarding, medicines management, infection control and food hygiene. Staff also received specific training such as dementia awareness. This helped to ensure staff gave appropriate care and support to people living with dementia.

People could be confident their care needs were met as they wanted and by staff who were trained in their roles. Staff felt the training was good and helped them to gain the knowledge and skills to meet the specific needs of each person they supported. One staff told us, "The training is good and this helps me with what I do." Another told us, "I have learned a lot since I have joined this agency."

Staff underwent an induction programme to ensure they had the skills and knowledge on how to carry out their duties. They completed training courses in a number of areas prior to supporting people. They also shadowed more experienced members of staff during their visits in order to gain experience on how to meet the needs of people using the service. Staff told us they had received an induction when they started working for the service. All staff were given a "Staff handbook" which contained information about the service and policies and procedures staff had to adhere to.

All new staff were also enrolled on the Care Certificate as part of their on-going development. The Care Certificate was introduced in April 2015 and identifies the minimum standards for induction training for staff who are new to supporting people. New staff had to go through a probation period before becoming permanent members of the staff team. This helped to ensure people received care and support from staff who were fit to carry out their roles.

Staff felt well supported and told us they could contact the registered manager or the provider if they needed to. Staff had regular meetings with the registered manager to discuss their work however this was not always documented. We recommend the registered manager keeps a written record of all the meetings they had with individual staff. Staff told us they discussed any issues they had during these meetings for example, people needs, training needs and any personal matter that affecting their work. The registered manager was in the process of completing an appraisal for each staff member from next month as it would be one year since they started providing a service to people.

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 make particular decisions any made on their behalf must be in their best interests and as least restrictive as

possible. The service worked within the requirements of the MCA and we found that the registered manager had a good understanding of the process to follow when a person did not have capacity to make certain decisions.

We saw staff were trained in the principles of the MCA and they told us they always asked for people's consent before providing support. This was confirmed by people and relatives we spoke with. A staff member told us, "I always ask the client for their permission before I start helping them and let them know what I am going to do." One person told us, "They [staff] always ask me before they do anything."

People were consulted about their care and support and had given formal consent in areas such as care planning and administration of medicines. People had been involved in the decision making process and they had signed their care plans where they were able to demonstrate their consent.

People were supported at mealtimes in accordance with their plan of care where they had requested it as part of their care package. Staff supported them to eat a healthy and balanced diet. They helped them with the preparation of their meals and assisted them with their daily or weekly shopping, depending on their preferences. One person told us, "The staff help me with my meals." Another person said, "They [staff] always make sure I have drink and something to eat." People were supported to make choices regarding their meals for example if they wanted a hot meal or a sandwich. Care plans provided detailed information about each person's dietary needs and preferences to inform staff of their nutritional needs. For instance, one person was on a soft diet.

Some people had food charts and fluids charts in place to monitor their nutritional intake. Relevant health professionals such as the dietitian were contacted when necessary, in order to ensure people were eating and drinking sufficient amount and were not at risk.

People's health needs were assessed on a regular basis and where needed external health care professionals were contacted for advice to ensure people continued to maintain good health. From the care records we sampled we saw the management team had contacted relevant health and social care professionals, such as the GP, social workers, and district nurses for support and advice. People were supported to attend appointments with doctors or other health care professionals when they had requested for staff to escort them. We saw one person was visited daily by the district nurse and staff liaised with them if they had any concerns about their medical conditions.

As staff provided care and support to the same person they were aware of their health needs and recognised any changes in their health and well-being. They told us they reported any concerns to the person's next of kin as well as to the registered manager. One staff member told us, "if I notice anything not right with the person, I will contact the relatives and my manager. If it is an emergency then I will call an ambulance."

Is the service caring?

Our findings

People and their representatives commented positively about the staff and their caring attitudes. They were satisfied with the way staff supported them. One person said, "The staff are very helpful and caring." Another said, "The girls are very good." One relative said, "I am pleased with the lady [staff] that comes to see my mum." Staff promoted people's independence and encouraged them to undertake the tasks they were able to. People informed staff of what they were able to do for themselves and this was recorded in their care plans, for example washing their face or pouring their drinks. In one person's record it was written, "I am able to open the door however I have a key safe to be used in emergencies only." This showed the service encouraged people to care for themselves where possible. One person said, "I like to be as independent as I can, I can't bend down easily so need some help."

Staff respected each person's wishes and provided support according to their preferences and needs. From records we sampled we saw people were involved in making decisions in areas such as what they like to eat or drink, what time they want the staff to attend to their needs, what they like to wear, how they like their drinks, where they like to sit during the day, and how they like their hair and nails done. Care records were very specific to the person, reflecting their wishes, choices and preferences.

Staff had a good understanding of people's needs and how they communicated, such as looking for facial expressions and understanding what certain behaviours might mean for the person. For example one person was unable to talk and they used their thumb up and down to communicate with the staff. As staff were allocated the same person to visit on a daily/weekly basis they were well aware of the person's needs and this helped to ensure people received care and support according to their individual needs, choices and wishes.

People told us staff treated them with dignity and respect. One person told us, "Staff always knocked on the door before they come in." Staff explained how they ensured they maintained people privacy and dignity. For example they mentioned that they made sure the door was closed and curtains drawn when they were supporting people with personal care so their privacy was not compromised. They also covered people to protect people their dignity whilst washing them. They always called people by their preferred name and spent time talking with them while supporting them.

People were given appropriate information about their service. There was a folder in each person's home which contained a copy of their care plans, risk assessments, food and fluid charts, body maps and daily log sheets which staff completed on each visit, along with the complaint procedure, and contact details of the service. Relatives told us they were given written information about the service and had their contact details in case they needed to ring them in an emergency or to discuss the needs of their loved one.

Is the service responsive?

Our findings

People received care and support which were responsive to their needs and personalised to their wishes and preferences. Feedback from people using the service indicated they were happy with the care and support they received. One person said, "I have some nice girls that come to see me and they're all very good." One relative told us, "The girls are nice and very good carers."

From discussion with staff we found there was a person-centred culture within the service. This meant that people's individual needs and choices were promoted. People's personal histories, wishes, needs and routines were recorded in the plans and this helped staff to make sure people received the care they need.

Before a person started using the service the management team carried out an assessment of their needs to ensure they would be able to meet them. These assessments looked at what the person's needs were and what support they needed. We looked at the assessments and found them to be comprehensive and contained information about people's specific requirements such as moving and handling, continence management, diet, medicines and any medical conditions.

The assessments were undertaken with the involvement of people or their representatives. Discussions also took place around the time the person would like the staff to visit and any wishes they might have, for example they would prefer to have an early call as they liked to wake up early.

From these assessments, an individualised care plan was drawn up, to ensure all the care and support needs discussed during the meeting would be met. Staff were made aware of people's care plans so they knew the person's needs and how to meet them. For example we saw in one care plan it was written, "Using the red sling assist [person] into seated position and then place the sling down lower back, ensure that the sling is as far down as possible." In another care plan, the person had requested for staff to remind them to cream their legs and feet. The care plans contained clear instructions for staff to follow. This helped to ensure people could be confident that their needs would be met and their wishes respected.

The care plans were regularly reviewed and updated with the involvement of the person. Staff were aware of their responsibilities to inform their line manager if they noticed any changes in the care needs of the person they were supporting.

People were supported to go out into the community with staff to places of their choice such as shopping, social clubs, coffee shops or the local library. Care plans included information about what social activities people liked to take part in. One person liked to play cards and staff made sure this happened. Another person enjoyed going to a local coffee shop once a week and staff accompanied them there. Other activities that staff helped people with were nail varnishing, taking them to the barber, playing bingo and just general shopping in the local town centre. Staff supported people to take part in the activities they wanted to ensure social isolation was reduced.

The service had a complaints policy which provided a clear process to record and investigate any

complaints received. The procedure informed people how they should make a complaint and how long the process would take from acknowledgement to conclusion. This helped to ensure people were aware how quickly any complaints would be addressed and how long they would have to wait for an answer regarding their complaints. People told us they knew how to raise a complaint and they were certain any issues would be looked into promptly. We noted the registered manager had dealt with minor concerns raised by people on a day-to-day basis but the service had not received any formal complaints since their registration with us last August.

We saw the service had received a number of compliments from people or their relatives. One relative wrote, "Home Sweet Home Care have been looking after my mother for a year now and latterly my father as well. The team are committed, adaptable and most of all client focused. Nothing is too much trouble. My parents look forward to each visit."

Another relative commented, "Just wanted to say how myself and the family are very happy with Home Sweet Home. On meeting [registered manager] at my father's she talked me through the best ways to support my father which the team have done very well. It's never too much trouble for any of the staff to be there for me and my father. I would just like to say a big thank you to the team and wish you all the success for the future of the company who are very professional in every way."

Is the service well-led?

Our findings

People and their relatives felt the service was good and run well. They said they could talk to the registered manager if they had any concerns/issues and were confident they would be dealt with. The registered manager and the nominated individual took an active role in the running of the service and they knew the people they supported well. One relative said, "This is a very good agency and they offer very good service." One person told us, "This is so far the best agency I had for some time, the staff are very good and the girls in the office too are very friendly and helpful."

The registered manager was not always aware of their responsibilities to inform the Care Quality Commission of significant events that affect people's safety and wellbeing. They did not notify us of safeguarding referrals which the registered manager made to the local safeguarding team. The registered manager explained that they were unaware that a notification was required in this instance and agreed to ensure notifications were made for any future incident which affect people using the service. However we had been notified of other events that had happened at the service.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager spoke to us about their vision and values about the service. They said, they wanted people to receive a safe service which was responsive to their needs. They told us, "It is not about quantity but quality. We do not advertise our service, it is through word of mouth. We are a small service and want service users to receive the best care." Feedback from people and their relatives indicated that they felt the service was good and they were happy with the way it was run. Staff were aware of the vision and values of the service.

Staff felt well supported in their role by the management team. They said they could contact them at any time for advice or support. One member of staff said, "I can ring the office if I need any advice or need to discuss something about the client." There was also an on-call service they could ring for support. Staff described the registered manager as very approachable and supportive. They were encouraged to make suggestions about how to improve the service.

People's views were sought and acted upon. The management team contacted people by telephone every six to eight weeks to seek their views and gather feedback from them regarding the service. We looked at the records of calls made in May 2016 and all people contacted were happy with the care and support they received.

The service also sent satisfaction surveys to people to gain their views and feedback about the service. We looked at the recent completed surveys and again people were happy with the way staff cared for them. All feedback was acted upon with remedial action, for example one person commented about wanting more cream to be applied by staff and this was brought to the attention of the staff who attended to their needs.

We looked at the quality assurance systems in place to monitor the quality of the service and drive forward

improvements. We found that regular checks were carried out in areas such as medicines management, care records, people daily records and food/fluids charts. The management team also visited each person's home regularly to complete spot checks in order to ensure staff were providing quality care and meeting people's needs and wishes. We saw the registered manager had taken action where they had identified staff were not adhering to policies and procedures. For example during a recent spot check one staff member was not wearing appropriate clothing. The registered manager reminded the staff of the uniform policy and informed them that they would be closely monitored. We noted that a future unannounced spot check was planned in the diary to check on the member of staff to ensure it did not occur again.

Care records, staff records and other documentation required for the management of the service were kept securely and could be located promptly when required. Care records were accurate, personalised and fit for purpose. We saw records which staff had written were all up to date and completed correctly, and peoples' care records reflected their current care and support needs. Some records were computerised and were password protected to ensure only authorised staff could access these records.

The service had a number of policies and procedures which staff had access to. They were continually reviewed and updated. This helped to ensure staff were providing care and support to the expected standards and meeting people's needs. The nominated individual informed us they were in the process of reviewing all the policies and procedures to ensure they reflected current regulations and guidance.

The registered manager and nominated individual worked well with other health and social care professionals to ensure people received all the care and support they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Care Quality Commission (CQC) of incidents which had occurred within the service as required by the CQC (Registration) Regulations 2009. Regulation 18 (2) (e).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not operate effective recruitment procedures to ensure that persons employed were of good character and have the qualifications, competence, skills and experience necessary for the work. The registered person did not ensure required information was available for each person employed. Regulation 19(1), (2) and 3).</p>