

HomeLife Carers (Torrington) Limited

HomeLife Carers (Okehampton)

Inspection report

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Date of inspection visit:

04 February 2020

05 February 2020

Date of publication:

17 March 2020

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

Homelife Carers (Okehampton) is a domiciliary care agency. It provides personal care to people living in their own houses in the Okehampton area. Not everyone using the service receives 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 our inspection 32 people were receiving 'personal care.'

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

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

The service provided safe care to people. One person commented: "I feel very safe indeed." Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate.

There were sufficient staff to meet people's needs. People confirmed that staffing arrangements met their needs. However, due to staff sickness and travel times late visits did occur and rotas often had gaps which people found difficult. People did say that things had improved since the new manager came into post, citing communication from the office was much better when changes to rotas were needed or a carer running late. People confirmed staff always stayed the allotted time.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Staff spoke positively about communication and how the new manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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

Rating at last inspection: Good (report published in August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homelife Carers (Okehampton) on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

HomeLife Carers (Okehampton)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one inspector and an Expert by Experience with experience of care of older people. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Homelife Carers (Okehampton) is a domiciliary care agency. It provides personal care to people living in their own houses in the Okehampton area. Not everyone using the service receives 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.

There was no 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. The current manager was in the process of registering with the Care Quality Commission.

Notice of inspection:

This announced comprehensive inspection took place on 4 and 5 February 2020. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that

someone would be in.

What we did:

Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke to eight people and six relatives to ask their views of the service they received. We also spoke with eight members of staff, which included the new manager. We visited two people in their own homes.

We reviewed three people's care files, two staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. Unfortunately, we did not receive any feedback.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and supported by staff in their homes. Comments included: "I feel safe - absolutely"; "I feel very safe indeed" and "I feel safe with regular carers but not so much with agency staff – I don't know who is coming around."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.
- Information was available for people on adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for moving and handling, falls and skin care.
- Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available from other services to increase a person's independence and ability to take informed risks.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People confirmed that staffing arrangements met their needs. However, due to staff sickness and travel times late visits did occur and rotas often had gaps which people found difficult. People did say that things had improved since the new manager came into post, citing communication from the office was much better when changes to rotas were needed or a carer running late. People confirmed staff always stayed the allotted time. Comments included: "They (staff) usually come on time and they usually call if they are going to be late"; "My neighbour says she can set her watch by the time my regular carer comes!"; "They (staff) are mostly on time. If they're more than 30 minutes late I call them"; "They sometimes let me know if they are going to be late" and "They (staff) are never in a rush to leave."
- Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The manager explained staffing arrangements always matched the support commissioned and staff skills were integral to this to suit people's needs. They added that people in the main received support from a consistent staff

team. This ensured people were able to build up trusting relationships with staff who knew their needs.

- Where a person's needs increased or decreased, staffing was adjusted accordingly. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The manager explained that regular staff undertook extra duties in order to meet people's needs or sometimes they had to call on other agencies. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. Contingency plans were in place to deal with adverse weather conditions.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People received varying levels of staff support when taking their medicines. For example, from prompting through to administration.
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The manager and community team leaders checked medicine practice whilst working with staff in the community and via records. This was to ensure staff were administering medicines correctly.

Preventing and controlling infection

- Staff followed infection control procedures. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training. One person commented: "They (staff) all wear uniforms and all protective clothing is disposed of properly."

Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

Staff support: induction, training, skills and experience

- People said they thought the staff were well trained and competent in their jobs. Comments included: "I've seen them in training with the experienced carers shadowing new staff"; "The regulars seem well trained" and "They (staff) have to hoist my husband and I've seen them training for that."
- Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a probationary period, so the organisation could assess staff competency and suitability to work for the service. Also, to check whether new staff were suitable to work with people.
- Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling, equality and diversity and a range of topics specific to people's individual needs. For example, dementia awareness and end of life care. Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. A staff member commented: "I received training when I started, and we have regular refreshers."
- Staff received on-going supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the new manager. A staff member commented: "I feel well supported." This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

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

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care.
- People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis. For example, GP and community nurses. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

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

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.

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

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. One person commented: "They (staff) always ask my consent."
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005).
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care. For example, a best interest meeting had taken place to discuss a person's medication management.

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

- Those people who needed assistance with meal preparation were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

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 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 said staff were kind and caring. People commented: "They're (staff) all lovely people. Some go above and beyond"; "They care about my happiness"; "My husband is very fond of his carers. He loves them all. They make him happy"; "They're very efficient and friendly. My husband really likes them"; "The carers are wonderful, they are all very good" and "Brilliant team of carers, so caring and kind."
- Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed and kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.
- The service had received written compliments. These included: 'We are very happy overall with the service. Mum has been very lucky with the carers that she has - we live 200 miles away and knowing that mum is well cared for has made the anxiety of her living on her own with quite marked disabilities a lot less of an issue. If she didn't have this level of care, she wouldn't be able to remain in the home she lives. Thank you.'

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

- Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained it was important people were at the heart of planning their care and support needs. People confirmed they had a care plan, which was discussed with them. One person commented: "They (staff) review my care plan regularly and give me good feedback."

Respecting and promoting people's privacy, dignity and independence

- People confirmed that staff treated them with dignity and respect when helping them with daily living tasks.
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. One relative commented: "It is so important for mum to remain at home, the carers are a lifeline."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; 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 received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs. People felt they were involved with organising their care plan, describing how they had met with a senior member of staff at the start in order for them to understand their needs.
- Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate.
- Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care, including cultural and religious preferences.
- Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes, and dislikes were taken into account in care plans.
- Care plans were detailed and included personal preferences, such as what colour flannels people preferred. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed.
- Staff said they felt that people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. One commented: "The care plans are very good. I always make sure I read them before seeing the person, so I am well prepared."

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.

- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained communication details explaining how people communicated and the need to speak clearly to ensure they could communicate their wishes. For example, due to hearing difficulties.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people and people that mattered to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the

management team. People were made aware of the complaints system when they started using the service. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.

- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.
- The majority of complaints received related to late visits or changes to the rota. The service had identified that this had been an issue and was working to make improvements.

End of life care and support

- People were supported at the end of their life. The manager said, in the event of this type of support being needed, they worked closely with the community nursing team; GP's and family to ensure people's needs and wishes were met in a timely way.

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 good. At this inspection this key question has remained the same. 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; 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

- Staff spoke positively about communication and how the new manager worked well with them, encouraged team working and an open person-centred culture. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis.
- The service had implemented a secure electronic system for staff to update daily notes from each visit on a mobile phone supplied by the company. These notes were therefore visible for the staff to see prior to their visits to people, keeping them informed of changes in care needs.
- The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The management team recognised the importance of this policy to ensure a service people could be confident in.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The new electronic system enabled very clear auditing to monitor the service being provided to people. It enabled close monitoring of times of calls, care plans, risk assessments and medicine management. Where actions were needed, these had been followed up. For example, improved communication regards to changes to rotas and if a carer was running late. Further plans were to move from paper records to the electronic system. This means care plans will be more detailed, and person focused. This process was underway. As a result of the audits a service improvement plan was in place which the management team were actively working on.
- Spot checks were also conducted on a random but regular basis. These enabled the manager to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.
- The management team had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

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

- People's views and suggestions were taken into account to improve the service. The service sought feedback from people who use the service to identify areas for improvement. People confirmed they had

completed questionnaires about the service and felt this was a worthwhile exercise to address any niggles. For example, timings of visits. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

- The new manager had also initiated 'drop-in' sessions for people. This enabled people to firstly meet the new manager and secondly to raise any concerns they had. As a result of the first session, the new manager had ensured communication regarding visits had improved. A relative commented: "We really appreciated the drop-in session, it was so good of the manager."

- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Homelife Carers (Okehampton). For example, people were constantly encouraged to lead rich and meaningful lives.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and community nurses. Regular reviews took place to ensure people's current and changing needs were being met.