Homecare 24 Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 15 June 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager may be out of the office supporting staff or providing care. We needed to be sure that they would be available when the inspection took place.

Homecare 24 Limited is a domiciliary care agency that provides a range of care supports to adults living in their own homes. At the time of our inspection the service provided personal care to three people with a range of support needs including disability and age related conditions.

Homecare 24 was registered with The Care Quality Commission on 12 December 2014, and had started to provide support to people during march 2015. This was their first inspection.

The Service had a registered manager. 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.

Summary of findings

The family members that we spoke with were positive about the care workers and the quality of support that was provided to their relatives by the service.

People were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. Staff members demonstrated that they understood how to safeguard the people whom they were supporting. Training and information about safeguarding was provided to staff.

The service had assessed any risks to people receiving care. Risk assessments were up to date and guidance for staff members in how to manage identified risks was contained within people's care plans.

Information about people's medicines was detailed and up-to-date. We saw that medicines administration records had been signed and dated. Guidance was included in people's care plans to ensure that they were protected from any risk associated with administration of their medicines.

The provider had ensured that people received support from good quality staff members at the times that they required. Staff recruitment processes were in place to ensure that workers employed by the service were suitable. Staffing rotas met the current support needs of people, and access to management support was available at any time of day or night.

Staff members were well trained and supported. Training met national standards for staff working in social care organisations and the service was supporting staff members to achieve a qualification in health and social care. Staff members received regular supervision sessions with a manager.

Staff members that we spoke with understood the importance of capacity to consent, and we saw that information about consent was included in people's care plans. The service had an up to date policy on the Mental Capacity Act and Deprivation of Liberty Safeguards, and staff received training in relation to this.

Information regarding people's dietary needs was included in their care plans, and guidance for staff was provided in order to ensure that they met individual requirements.

Staff members spoke positively and respectfully about their approaches to care, and the people that they provided care to.

Care plans were up to date and contained detailed information about people's care needs and how these would be supported. Family members were positive about the quality of care that was provided and the information that they received. The quality of care was monitored regularly through contact with people who used the service and family members where appropriate.

People who used the service knew what to do if they had a concern or complaint.

The service was generally well managed. Staff and family members spoke positively about the registered manager. A range of processes were in place to monitor the quality of the service. However, the provider was not able to evidence how the quality assurance processes were evaluated and used to improve the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

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. Risk assessments were up to date and guidance in relation to managing risk was provided for staff delivering care.

Staff we spoke with understood the principles of safeguarding, how to recognise the signs of abuse, and what to do if they had any concerns.

Information about people's medicines was detailed and medicines administration records were signed and dated.

Is the service effective?

Good

The service was effective. Family members of people who used the service told us that they were happy with the support that they received.

Staff members received regular training and supervision.

The service had policies and procedures on The Mental Capacity Act and Deprivation of Liberty Safeguards, and information about capacity was recorded in care files. Staff had received training, and understood what to do if they had concerns about people's capacity to consent to any care activity.

Is the service caring?

Good

The service was caring. Family members of people who used the service spoke positively about staff members' approach to care, dignity and respect.

Staff members that we spoke with talked positively about the people whom they supported and described positive approaches to care.

The provider had arrangements in place to ensure that people were matched to appropriate care staff, and to ensure that, wherever possible, people would not be supported by a carer that they were unfamiliar with should one of their regular carers be absent.

Is the service responsive?

Good

The service was responsive. Care plans were up to date and contained detailed information about how and when care should be provided. Care plans and assessments contained information about people's needs, interests and preferences.

People who used the service knew what to do if they had a complaint.

Is the service well-led?

Requires Improvement

Aspects of the service were not well led. Although a range of quality assurance processes were in place, we did not see evidence of how these were evaluated and used to improve the service.

Summary of findings

Family members of people who used the service and staff spoke positively about the management of the service.	

Homecare 24 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 was planned to check 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.

We visited Homecare 24 Limited on 15 June 2015. The inspection team consisted of a single inspector. We reviewed records held by the service that included the care records for the three people using the service and three staff records, along with records relating to management of the service. We also spoke with the registered manager and a company director who were on site during our visit. In addition to this we made telephone contact with two staff members and, although we were unable to speak with any of the three people who used the service, we spoke with two family members.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make.

Good

Is the service safe?

Our findings

Family members of people who used the service told us that they felt that the service was safe and that they were confident with the quality of care staff. One family member told us that, " the staff members make sure that [my relative] is safe all the time "

The provider had made efforts to ensure that people were protected from risk associated with care. We saw that the risk assessments for people who used the service were had been carried out at the point of referral to the service, and were updated every three months. These included information about a range of risks relevant to the person's needs, for example, moving and handling, mobility, falls, managing body fluids and risk within the community. Risk assessments did not always include risk management plans, but information and guidance for staff around managing identified risk was included in the person's care plan. Information about people's health needs, such as diabetes, was contained in the plans, and highlighted were there may be concerns that staff members should be aware of.

Risk assessments also included information in respect of environmental risk, and safety of equipment. Staff members had received moving and handling training prior to working with people who required this support.

Staff members were familiar with the principles of safeguarding people who used the service. They were able to describe types of abuse, the signs and indicators that might suggest abuse, and what they should do if they had a safeguarding concern. Training records showed that staff had received training in safeguarding prior to commencing work with people who used the service. The service had up- to-date safeguarding policies and procedures covering care of both adults and children. These reflected current best practice guidance and referred to the local authority safeguarding procedures.

There was a policy and procedure for administration of medicines that reflected current best practice guidance. Staff members had received training in safe administration of medicines. The care files that we saw included detailed assessments of the medicines that people used, that included information about what they were for. One person required support to take their medicines and we saw that medicines administration records had been signed to show that that these had been taken. Their care plan included guidance for staff on how to support the person with this in order to minimise risk. This demonstrated that people were effectively supported with their medicines.

The service ensured that staff members were suitable for the work that they were required to undertake. We looked at three staff files. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Staff files also contained training certificates and supervision records. We saw evidence that staff members were not assigned work until the service had received satisfactory references and criminal records clearance from the Disclosure and Barring Service.

There were sufficient numbers of staff to ensure that people's needs were supported. Staff members 'logged in' to the person's home at the beginning and end of a care call by swiping a barcode contained in the care file using an app on their mobile phone. An alert would be raised with the provider if a care worker failed to scan in or out at the relevant time, to ensure that failures of service were addressed immediately. Care calls were monitored by the provider on a weekly basis. The provider ensured that that staff had sufficient travelling time between care calls to minimise any possibility of lateness. One staff member told us, "it's less rushed than at other agencies I've worked at. I'd rather have fewer clients and do it well which happens here." A family member said, "they always turn up on time, and if we have a hospital appointment, they will change the times to suit us."

All staff had received training on infection control procedures and were provided with disposable gloves, aprons and anti-bacterial gel, along with information regarding safe disposal of these and other relevant waste. We saw that stocks of these were held at the office and were told that these were regularly delivered to carers to ensure that they had adequate supplies. This was confirmed by a staff member that we spoke with.

Staff members received a copy of a staff handbook at induction. This included information about safe practice and emergency procedures and contacts.

The service maintained a 24 hour on-call service that was available for staff and people who used the service to

Good

Is the service safe?

discuss and report queries and concerns. The provider also had a major incidents and emergencies policy included, for example, actions to be taken in case of adverse weather and disruptions to public transport.

Good

Is the service effective?

Our findings

Family members of people who used the service were positive about the support that they received from staff and felt that staff had appropriate skills and knowledge. We were told, "the carer is really good, and understands [my relatives] needs" and, "they seem very well trained."

Staff members received induction training prior to commencing work with any person who used the service. This followed the requirements of the Skills for Care Common Induction Standards for workers in social care services. The registered manager showed us how the service was delivering the new Care Certificate for induction training of staff in social care. We saw that two new workers currently were following an induction programme that was linked to the Care Certificate. Qualified external trainers were used to deliver training, and a programme was in place to ensure that this would be updated on a regular basis. Staff members that we spoke with were able to list the training that they had received, such as moving and handling, medicines, safeguarding, infection control, and one stated that, "I thought the training was really good." The registered manager told us that a number of staff members had been registered for The Qualification Credit Framework which is a workplace based qualification for workers in health and social care services. Staff members confirmed that they had already commenced working towards this, and we were told, "it's really helpful."

Staff members told us that they received regular supervision sessions from a manager. One said "I speak to my manager a few times a week." We saw that supervisions had taken place during staff induction. The service had a policy of supervising staff on a three monthly basis post induction, and, since this was the service had only been working with people since March 2015, there were no records of these. We were told that arrangements for supervisions with current staff members had been made, and that these would take place shortly after our inspection. Two staff members confirmed that that there had been team meetings. We were told that, "We've all been into the office twice to talk about a range of issues." However, we did not see any records of these meetings.

We discussed the importance of recording meetings with the registered manager, who told us that meetings would be recorded and minutes placed on file in the future.

The care plans for people who used the service clearly showed that they whether or not they had capacity to make decisions about aspects of their care, and provided guidance for staff about how they should support decision making. None of the people using the service during our inspection had capacity issues. However, we asked staff members what they would do if they felt that a person was losing their capacity to understand, and were satisfied that they understood their responsibilities. We were told, "I would try ways of helping them to understand," and, "I would monitor carefully, and if I had concerns would talk to my manager about an assessment."

The service had policies on The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) that are part of The Mental Capacity Act. We saw that training on both the MCA and DoLS was provided to staff members as part of their induction. Information about DoLS status was included in people's care documentation. No one who used the service was subject to a DoLS authorisation at the time of our inspection.

People had signed risk assessments and consent forms to show that that they had consented to the care that was being provided by the service. Where family members or other representatives and signed this on people's behalf, we were shown how this was recorded.

Care staff were involved in meal preparation, and we saw that care plans and risk assessments for people who were being supported with eating and drinking were clear about the reasons why support was required. They also provided detailed guidance for care staff about how to prepare and deliver food as people required. This included information about preferred food and drink, offering choice, and when and how people should be supported. Records of the food and drink that care staff provided to people who used the service reflected guidance contained within their care plans.

Information about people's health and medical needs and histories were contained within their care documents. Although people's family members were generally responsible for ensuring that health needs were met, staff members that we spoke with told us that this information was helpful to them

Good

Is the service caring?

Our findings

Family members that we spoke with told us that they considered that the service was caring. One said that, "the staff are lovely." Another said, "they are much better than other agencies we have used before."

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. We were told that, "I really enjoy my work. Even little things I do are important to people." We were also told, "I treat people how I would treat my mum if she were in the same situation," and, "I really like the person I work with."

The registered manager told us that, except where there was an emergency, it was important that people were supported by staff members that they were familiar with. We saw from people's care plans and the staffing rotas that care was provided by the same regular staff member. A second named worker whom the person knew provided cover if their regular carer was on leave or unwell

The service made efforts to ensure that care staff were matched to people on the basis of individual preference and needs. Although none of the people who used the service at the time of our inspection had specific cultural or other diversity needs in relation to the care that they received, we saw that care plans and assessments included information about personal histories, interests and preferences.

The registered manager told us that new staff members, or those new to the person who used the service, would shadow established staff members in order to understand the person's needs and establish a relationship with them. We saw recorded evidence that shadowing had taken place as part of staff induction and that this had been supervised and assessed.

We asked about approaches to dignity and privacy. A family member said, "the carers are great. They treat [my relative] with respect, and always make sure they are happy with their care." Staff members told us that they received training about dignity in care at induction, and this was confirmed by the records that we viewed.

The provider ensured that confidentiality was maintained. Care documents and other information about people were stored in a secure cabinet within the service's office. Copies of assessments, care plans and risk assessments were also maintained within the person's home. A staff member that we spoke with over the phone was clear at the start of our conversation that they were in a public place and could not discuss anything in relation to people who were supported by the service over the phone.

We viewed information that was provided to people who used the service and saw that this provided clear explanations of the service that was being provided. A family member said, "we got all the information in a pamphlet and this was helpful."

Good

Is the service responsive?

Our findings

Family members of people who used the service told us that they were pleased with the support that the service provided. We were told, “they are very helpful and are able to change things when required.”

People’s care plans reflected their needs and ensured that care staff had appropriate information and guidance to meet these. Care documentation included assessments of people’s care needs that were linked the local authority care plan. Assessments and care plans contained information about people’s living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person.

People’s care plans were clearly linked to the assessments, and to risk assessments for specific activities. We saw that care plans provided information about each task, along with detailed guidance for care staff about how they should support the person with these. This included, for example, information about how the person liked to be communicated with, how choice should be provided, how to manage behaviours that may be challenging, and how best to support people with their mobility needs. Assessments and risk assessments were signed and dated, but we noted that this was not the case for the care plans, although there was evidence that these had been updated to reflect information contained within the other documents. We discussed this with the registered manager who assured us that care plans would be signed and dated in the future.

The notes of care that we saw showed that people had received support that was consistent with their plans. The records were detailed and easy to understand. We saw that staff members informed the registered manager immediately about concerns, and that these were followed up with a written report. For example, we saw an email that reported actions that a staff member had taken in relation to discovering signs of hypoglycaemia (low blood sugar) on visiting a person with diabetes. This described the appropriate actions that they had taken, and the fact that the person had been admitted to hospital for monitoring.

Staff members told us about how they read and reviewed care plans and care notes at each visit, and how they were kept informed about any change in need. We were told, “the care plans are really good as they tell me lots about my client and what I should do," and "I get an email or phone call if there is anything I need to know before a visit.”

Daily care notes were recorded and kept at the person’s home, and we saw that these contained information about care delivered, along with detail about the person’s response to this and any concerns that care staff had. Staff members that we spoke with told us that they always read these notes when they arrived at a person’s home to ensure that they were made aware of any issues that they needed to be alerted to.

The service had a complaints procedure that was available in an easy read format. This was included in the Service User Guide that was provided to all people who used the service at the commencement of their care agreement. A family member that we spoke with said they were aware of the complaints procedure and confirmed that they had received this information at the start of care. They told us that if they had a concern or complaint about the service, they would raise this with the registered manager, “but I have never had any complaints.”

The record of complaints, concerns and compliments maintained by the service showed that there had been no complaints since the service had commenced.

Requires Improvement

Is the service well-led?

Our findings

A family member of a person who used the service told us, "I think the agency is well managed. I can always contact the manager and they keep in touch with me." Staff members said, "I meet with my manager regularly, "and I am in touch with my manager a few times a week by phone or email."

The care files that we viewed showed that quality assurance processes such as on-site spot monitoring, and telephone checks with people who used the service to assess their satisfaction with their care took place. Records of care calls were monitored weekly, and there were regular audits of care notes. We also saw that care records were of good quality, and that risk assessments and management plans were up to date. There were plans to conduct regular satisfaction surveys, but these had not commenced yet as the service had only been operational for three months.

We asked about how the service evaluated their quality assurance processes in order to improve practice. The registered manager and a director told us that they met regularly to discuss quality issues, and to agree improvement actions where required. However there were no records of these meetings so we were unable to see how the information was used to improve the service.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff members told us that they had attended team meetings where, "we discuss issues about the service." However, minutes of these meetings were not available at the inspection.

We discussed the importance of recording meetings in relation to service quality and team support with the registered manager and the director. They told us that they would ensure that minutes of future meetings were taken and maintained centrally.

Staff members spoke positively about the registered manager and told us that they felt well supported in their role. Staff members said that they could contact their manager at any time, and would not wait until a meeting if they had any questions or concerns.

The service had a business plan, and we saw that the provider intended to provide care to more people. New staff members had been recruited to enable capacity for this, and we saw that they were currently undertaking induction training to achieve the Care Certificate.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example social workers, general practitioners and community and specialist nursing services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Records showing how the provider evaluated and improved their practice in respect of quality assurance processes were not maintained. Regulation 17(1)(2)(f)