

Homecare Solutions 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?

Good ●

Summary of findings

Overall summary

The inspection took place on 03 May 2017. We gave the provider 24 hours' notice to ensure someone would be in the office to facilitate the inspection.

At our inspection in August 2015, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in regards to the following regulations, consent, safeguarding service users from abuse and improper treatment, good governance, staffing and fit and proper person's employed.

The service was rated as inadequate in the safe domain and rated as requires improvement in all the other domains and key lines of enquiry (KLOE's) which meant the service was rated as requires improvement overall.

We undertook a focused inspection in January 2016 to establish whether the provider had addressed the breaches previously identified at the inspection in August 2015. At the focused inspection, we found the service was meeting all the legal requirements but the rating remained unchanged at that time. This was because to change the rating, the provider would need to demonstrate consistent good practice over time. We also only looked at aspects relating to the breach of regulations, rather than looking at the whole question relating to the KLOE.

Homecare Solutions is a domiciliary care agency that is registered to provide support to people in their own homes. The service offers care to people living with a diagnosis of dementia, people who require help with personal care and daily tasks. At the time of the inspection there were two people receiving support.

There was a registered manager at the service. 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 service had a robust recruitment process to help ensure people employed were suitable to work with vulnerable people.

Safeguarding policies and procedures were in place and the staff demonstrated a good understanding of safeguarding concerns and the process to follow if they suspected abuse.

Comprehensive risk assessments were in place and support plans devised to mitigate the risks. We saw that people or their representatives had been involved in planning the care provided.

Staff told us they were well supported and we saw they received regular supervision and an annual appraisal of their work. Staff were inducted in to the service and received ongoing training to support them

to undertake their role.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People's relatives told us they valued that only a couple of staff supported their family member. We were told bonds had formed between their family member and staff. People's relatives said staff were kind and caring and paid particular attention to detail which reassured their relatives that their family member was being well cared for.

People who used the service were fully involved with decisions about their care and we were told they were given choices in relation to their care delivery and their personal preferences were taken into account.

There was a complaints policy in place and although at the time of the inspection there had not been any complaints received, there were systems in place to track complaints.

The registered manager covered care shifts to ensure they maintained oversight regarding the care provided.

People's relatives and staff spoke highly of the registered manager and stated the service was well –led and that they wouldn't hesitate to recommend the agency to others.

The registered manager sought the views of people who used the service and their relatives by undertaking reviews. We also saw questionnaires had been sent to ascertain people's feedback regarding the quality of the service received.

Staff spot checks and competency checks were undertaken regularly to help ensure consistent quality of care delivery.

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.

The provider had systems and procedures in place to protect people from harm and keep them safe. Robust recruitment processes had been followed.

Safeguarding policies and procedures were in place and staff demonstrated a good understanding of safeguarding issues.

People had comprehensive risk assessments and medicines were managed safely.

Is the service effective?

Good ●

The service was effective

Staff received training to support them to undertake their role and were provided with regular supervision and had an annual appraisal.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People had consented to their care or decisions had been made in their best interest by their next of kin or legal representative.

Is the service caring?

Good ●

The service was caring.

People's relatives spoke with fondness about the staff providing support to their family member. We were told bonds had formed and staff were caring and friendly.

People were supported by a familiar staff team that knew their needs. People's dignity was maintained and their independence promoted.

People who used the service were fully involved with decisions about their care.

Is the service responsive?

Good 

The service was responsive

Care plans were person-centred and information about people's life history, likes, dislikes and how they wished to be supported was documented.

People's relatives told us they had been involved in planning the care provided.

The service had a detailed complaints policy and although no complaints had been received, there was a system in place to manage complaints.

Is the service well-led?

Good 

The service was well-led.

The registered manager covered care shifts to ensure people's needs were being met.

People's relatives and staff were very complimentary about the registered manager and the service provided.

The registered manager undertook spot checks and competency checks regularly.

Homecare Solutions Ltd

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.

The inspection took place on 03 May 2017 and was announced. The provider was given 24 hours' notice because the location provides a small domiciliary care service and we needed to be sure someone would be in the office to facilitate the inspection.

At the time of our inspection there were two people receiving support from the service, which employed two members of care staff in addition to the registered manager.

The inspection team consisted of one adult social care inspector from the Care Quality Commission. Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

During our inspection we went to the provider's head office and spoke with the registered manager and one care staff member. We sought feedback by telephone regarding the quality of the service from two relatives of the people receiving support as the people themselves were not able to participate in a phone interview.

During the inspection, we looked at various documentation including two care files for the people receiving support and two staff personnel files. We looked at staff recruitment information, supervision notes, training, staff rota's, schedule visits, policies and procedures and two medication administration records (MAR).

Is the service safe?

Our findings

We asked people's relatives if they had any concerns regarding their family member's safety whilst receiving support from Homecare Solutions. One relative said, "Not at all, they're really good, better than any of the other providers we've ever used." A second relative said,, "No concerns whatsoever with this service. We had a poor agency before this one but the social worker sorted us receiving support from this one and we haven't looked back."

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. We found people were receiving care from only two staff and the registered manager. Staff were deployed consistently to support people which ensured familiarity with the person receiving support and contributed to the formulation of good relationships and safe working practices. The registered manager also undertook regular care visits because the service was very small and they told us that it enabled them to have contact with people who used the service and ensure their care was being delivered safely.

The service didn't have a call monitoring system at the time of the inspection as there were only two staff and two people receiving support. We asked people's relatives if there had ever been any missed visits. A relative told us, "Never had missed visits, they're early if anything. Sometimes I'm back earlier and the carer doesn't leave before the time they are supposed to." A second relative told us, "There have been no missed visits and they come at the times that we want them and stick to what has been arranged with the social worker. The previous agency was useless, they used to come early and think it was alright to put [my relative] to bed at 19.00. This agency is excellent, no messing about."

The service had an appropriate safeguarding policy and whistle blowing procedure so that staff could report any poor practice or concerns. The staff member we spoke with was knowledgeable about safeguarding issues and confident of how and where to report if necessary. The staff member said,, "I've had face to face safeguarding training. Protecting people is central. I'd raise any concerns I had with my manager and I'm confident they'd follow the procedure. Abuse could be financial. A person's family member could be moving their finances around or the person could have an unexplained bruise which would make me consider physical abuse." There was also information for people who used the service and their relatives regarding disclosure of abuse or suspected abuse within the service user guide.

We looked at two staff files and saw the service had a robust recruitment procedure. Each file included an application form, offer letter, proof of identity and two references. Each new employee was subject to a Disclosure and Barring Services (DBS) check to help ensure they were suitable to work with vulnerable people.

People's care records contained identified areas of risk. Risk assessments were in place for areas such as falls, moving and handling and the use of equipment. The risks were reviewed and updated as changes occurred.

We looked at how the service managed accidents and incidents. There was an appropriate up to date accident/incident policy and procedure in place. We found there had been no accidents or incidents at the service. A staff member told us, "We've not had any but I'd call an ambulance if it was required, notify family, and complete an accident form and daily log so it was recorded."

Homecare Solutions is a domiciliary care service providing care to people in their own homes. People's relatives told us there were supplies of personal protective equipment (PPE) kept with people's care files in the home of each person being supported which included gloves and aprons. This would assist with minimising the potential spread of infections. A relative told us, "The gloves and aprons are left with the file, they always wear them."

We looked at how the service managed people's medicines and found that suitable arrangements were in place to manage medicines safely. There was an up to date medicines policy in place. We found the staff did not routinely or directly supervise the administration of medicines, which was in most cases the responsibility of the person receiving supports relative. We saw the staff did support one person's medicines on set days when their relative was unable to support them. The person's medication administration record (MAR) was returned to the office at the end of the month for auditing so the registered manager could identify and address any discrepancies on the record. We saw there were missing signatures on the MAR we looked at. We ascertained this was due to the person's family member predominantly administering the medicines and the staff only being responsible for the other days. We asked the person's relative if there were any concerns regarding the management of their relative's medicines. The relative said, "No concerns at all. There have never been any missed medicines. [My relative] doesn't always want the paracetamol but they refuse them for me too. The staff document when they've given [my relative] them and it always corresponds with the pack. Only me and the one staff member do them so I know they're given correctly."

We found that the service regularly undertook competency checks of staff who administered medication or who prompted people to take their medicines independently and this was verified by the staff we spoke with. All staff administering medication had received training, which we verified by looking at training records. A relative of a person who used the service told us, "[My relative] always receives their medicines correctly and I've no worries here." A person who used the service and self-medicated said, "Staff always ask if I have taken my medicines when they come."

Is the service effective?

Our findings

People's relatives told us they felt the staff were well trained and had the correct knowledge and skills to provide effective care. One relative told us, "The staff with this agency are very well trained. They know what they are doing and what I would call proper carers. Agencies think a day of training and a bit of shadowing makes someone a carer. You need at least six months before you have the knowledge to be classed as a carer. [My relative] is handled well. These carers know what it's all about." A second relative told us, "The staff communication with me is very good. The staff are very thorough. [My relative] needs reassurance and perseverance. They are very professional."

We looked at two staff files and saw there was an induction programme in place. This consisted of training, shadowing the registered manager and having their competencies checked prior to working alone. An employee handbook was also given to each member of staff for them to refer to when necessary. The member of staff we spoke with felt their induction had been comprehensive. They told us, "I have a care background so I wasn't unfamiliar to care when I started working here. I completed training and shadowed the registered manager for two weeks."

We saw from the staff files we looked at that staff had undertaken training relevant to their work. We were told by a staff member that further training opportunities were available to them, such as National Vocational Qualifications (NVQ) and equivalent courses. The staff member was currently undertaking a course at university in dementia. They told us, "Training is through social care TV. I was also an instructor before working here. I've completed manual handling, safeguarding, medication and first aid. I'm currently doing dementia at university."

We looked at two staff personnel files and saw that supervision had been conducted 4 weekly and both staff members had received an annual appraisal. This enabled staff an opportunity to consider their continued personal and professional development.

We saw that people who used the service or their representatives had signed a contract agreeing to the care and support they would receive. We looked at the way the service managed consent for any care and support provided. Before any care and support was provided, the service obtained consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service, checking people's files and speaking to staff. A relative told us, "They prompt and check things with [my relative] all the time. They don't just presume." A second relative said, "They check things are okay with me and [my relative] first." We asked a member of staff how they would ensure a person had provided consent to care and they told us, "I always inform the person what I'd like them to do. I do this by saying, I'm going to do this now, is that okay?"

We checked whether the service was working within the principles of the MCA. We found that documentation referring to the level of people's capacity was included within the care files. The management team we spoke with demonstrated an understanding of working in people's best interests and could give examples of involvement in best interest decision making.

Is the service caring?

Our findings

The service is a domiciliary care agency, which means service user's care is delivered in people's own home. During the inspection we were unable to observe the care being delivered and therefore have made our judgement based on the information provided by the people we spoke with and their experience of the care received.

People's relatives told us that staff were kind and treated them with dignity and respect. One relative told us, "I can trust them. That's the best way I can sum it up. I didn't trust the other agency. These are not looking at the clock and pre-occupied with leaving within the allocated time. [My relative] is looked after very well indeed. This agency give me a break. They are really very good." A second relative told us, "[My relative] looks forward to the carer coming and didn't engage with other services. The staff member has a good relationship with me and [my relative]. My son is even connected to the staff member, runs and gives them a hug. Massive weight off my mind. I can't fault them. They are so accommodating."

We found people were supported by a small staff team which meant bonds had formed and staff understood people's needs. The staff spoken with had a good knowledge of the people they supported. Staff spoke about people with fondness and it was evident bonds had formed between staff and the people they were supporting. A person that had received support from the agency was in hospital at the time of the inspection and the registered manager was visiting the person regularly to ensure the person had regular visitors and to maintain the bonds that had formed. This was done in the registered managers own time and showed that people were at the heart of the service.

The people we spoke with said the staff that cared for them were kind and caring. One relative said, "It's [staff name] all the time. Never different staff. [My relative] trusts them. [My relative] is frail and only having one staff member means they have continuity of care." A second relative said, "We only have the same staff members. They do little bits for you which shows they care. They'd made my son's bed when I returned from the school run. I returned to find them sweeping because [my relative] was asleep. It's the extra mile things they do to make your life easier. We have an attachment and [my relative] is settled and comfortable with them."

We saw evidence people who used the service, and their families when appropriate, were fully involved in the care delivery from the start. We ascertained people's choices were explored and that people remained involved in their care delivery. One relative said, "They always give [my relative] choices; ask them if they want to get dressed, what they want to wear; choice when shower, pyjamas they want to wear if not going out. They are always appropriately dressed for the weather." A staff member told us, "The people I support tell me what they want. One person likes to wear pyjamas when they aren't going out, always a fresh pair. I'll ask which ones and if dressed but not going out, ask slippers or shoes. You ask and then listen to what the person wants."

We asked people's relatives if they felt their family members were treated with dignity, respect and were given privacy by staff at the times they needed it. A relative told us, "The carers are excellent. They have the

attention to detail and do all the little things. They even clean the sink after using it with [my relative] who is very happy with them." A second relative said, "[My relative] is comfortable. The bedroom door is closed. They're conscious of maintaining [my relative's] dignity when the little one is in the house. [My relative] is always adequately covered and dignity maintained." The staff member told us, "I always make sure doors are closed, curtains are shut. If anybody else is in the house, I inform them before providing personal care so they give the person I am supporting some privacy. Keep people covered as much as possible so they don't feel exposed."

We were told people were able to maintain as much independence as possible by staff. Staff also told us how they aimed to maximise people's independence when delivering care. A member of staff said, "When supporting personal care, squeeze the shower gel in to the person's hand so they can do the wash themselves. Walk the person being supported with verbal instruction. They nod and smile their agreement." A relative told us, "[My relative] is very independent; they've gelled with the carer though. They can be persuaded to do things and the carer's perseverance means it happens. [My relative] didn't do it for other carers but they like this one and they get the best out of them."

A service user guide was given to people who used the service. This included the service's statement of purpose, explanation of care delivery, financial information and complaints procedure.

The service did not provide end of life care directly but, where applicable, could continue to provide a domiciliary service in support of other relevant professionals such as district nurses, who may be involved in supporting a person at this end stage of life. At the time of the inspection the service was not supporting anyone who was in receipt of end of life care.

Is the service responsive?

Our findings

We saw in the two care files that we looked at that people's needs had been assessed prior to their care package commencing. We saw that some people had been referred to the agency through the local authority and in these instances a full assessment would be provided by the referring practitioner. However, people also approached the agency requesting support independently so the registered manager had a unified approach which involved completing their own assessment. This enabled the registered manager to gain an understanding of people's needs and assess whether the agency could meet their requirements before care commenced. One relative told us, "An initial assessment was completed a few weeks ago and a care plan provided. We were involved and had a review today and the manager was at that. I told the social worker they'd done well finding us this agency."

Support plans were developed using the information from assessments and detailed people's medical needs, mobility, when people liked to get up, how they wanted their support to be delivered, personal care needs, hobbies and important information about them. People's preferences, for example preferred routines, were noted as were things that made them happy. For example; one person's file stated how many pillows they liked and that they liked to have a drink on their bedside table. There was reference within the care plans to people's spiritual and emotional needs as well as physical requirements. People had duplicate care files, we saw one was held at the agency office and people's relatives told us that there was a care file in their homes for staff to refer to when providing care. A relative told us, "The registered manager devised the care plan with [my relative]. It's been reviewed by the registered manager and social worker but we can ring and can make adjustments in between reviews when needed. That's how responsive this agency is."

We asked the staff member how they knew people's care needs and how they initially engaged with people. The staff member told us, "There's a short description of people and their life in the front of the file. This enables us to start conversations until we get to know people better and they come naturally because we then know the person and their likes/dislikes."

There were systems in place to record what care had been provided during each call or visit. Care files contained a daily log, which was completed by staff at each visit. This included information on when personal care had been provided, when medicines were given/prompted/checked or any food preparation. We checked these documents and found they were being filled correctly and with sufficient detail by staff and were signed and dated.

The service had an appropriate complaints policy in place, which was outlined in the service user guide and given to all those who used the service. We noted that since the date of the last inspection the service had not received any form of complaints regarding any aspect of service provision. There was a complaints file in the office so the registered manager could track these if received. The staff member told us, "I've never received any complaints. The policy is in the file to refer to if I needed to advise somebody on how to make a complaint. I'd tell the manager."

People's relatives told us that should there be a need to complain they felt confident in talking to the

manager directly and had regular on-going discussions with management as part of the normal process of care delivery. A relative told us, "No, no concerns. See the manager all the time. If I had concerns, I'm confident it would be sorted but I haven't found fault." A second relative said;; "Never complained. Can't see I would need to but I'd speak the manager if I needed to."

We noted that a satisfaction survey had been sent out to one person and that the results obtained had been extremely positive. The person commended the agency and scored all the answers as very good. There were only two people receiving support at the time of the inspection but it was the registered manager's intention to send bi- annual questionnaires to people receiving support as the agency expanded so they could analyse the data and use the information to drive improvements.

Is the service well-led?

Our findings

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.

Staff and people's relatives told us that the registered manager often undertook care visits themselves. The registered manager told us this enabled them to maintain oversight and to ensure people's care was being delivered how they would like.

The registered manager told us they valued being a small service and that people were at the heart of the care they received. The registered manager had plans to expand the service but indicated this would be done slowly so care was not compromised. The staff member told us the registered manager genuinely cared about people and that they were at the heart of the care delivery. A staff member said, "There is no rush, the registered manager is not pushed by time. They just want us to do our best for the person."

We saw within staff files we looked at that staff competencies were checked regularly. Spot checks were carried out frequently to help ensure people who used the service and their families remained satisfied with the care delivery. Regular care plan reviews and questionnaires also helped to ensure quality of care and appropriate care delivery was maintained. A staff member told us, "The registered manager undertakes spot checks. The spot check involves making sure that we've arrived at the person's house on time and that we are doing what we are required to do in line with the care plan."

Staff meetings were not conducted at the time of the inspection due to the small staff team and seeing each other daily to discuss issues or concerns. Staff had monthly supervision to enable them to raise things with the registered manager. The registered manager told us that staff meetings would be implemented upon growth of the agency but at the current time there wasn't a requirement due to working alongside the staff to deliver care.

Staff told us they felt they were able to put their views across to the management, and felt they were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued. They said they thought the management were fair and approachable, and also told us they worked well together. It was clear from our observations that the team worked well together in a mutually supportive way. A staff member told us, "I think it is well- led this agency. It is team work. The manager is very supportive. They look out for us too. They always make sure that we've got home okay and are safe."

People's relatives told us they valued the same care staff who were very familiar to them and their family member. We asked people's relatives if they would recommend the service to others. One relative said, "Yes, I wouldn't hesitate. They are here daily. The other agency, we must have had 50-60 different faces providing care. We have only a few people now. We didn't know who would be coming before. It was poor. This is a completely different and very good in comparison to what we had before." A second relative said, "Yes,

definitely. We would recommend this service. If this is the norm the care we are receiving across this agency then I must say that the standard is very good.