Ms Susan Botham

HomeCare Services

Inspection report

Beech Cottage
Wenning Avenue, Bentham
Lancaster
Lancashire
LA2 7LW

Tel: 01524264933

Date of inspection visit:
18 July 2018
07 August 2018

Date of publication:
14 September 2018

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

We inspected Homecare Services on 18 July and 7 August 2018. We gave 48 hours notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. This was the first time we had inspected the service since they were registered in August 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people. Five people received care and support when we inspected.

The owner or provider of this service was also the manager. There is no requirement for a registered manager to be in post in this situation. 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. We have referred to the owner/manager as the provider throughout this report.

The provider had failed to keep themselves up to date regarding changes to best practice and their responsibilities around meeting the regulations. This meant systems were not always in place in areas such as medicines support, assessment of risks to people needed to be more robust and appropriate training for staff. Also records relating to the recruitment of staff, their supervision and quality assurance checks which had been carried out were not robust.

The provider responded quickly during the inspection to design and implement systems which were appropriate. The provider told us they had sought information from recognised best practice agencies. They had also subscribed to a consultancy for policy support to ensure they remained up to date in the future. This demonstrated their commitment to continuous improvement.

People benefited from a well-managed person-centred service. Staff knew their preferences and likes. Staff treated people with respect and dignity was always maintained. People and their relatives felt the service was well co-ordinated and that they truly were involved in designing and reviewing their care.

Professionals told us the service provided consistent care to people and worked in such a way with other agencies that people's health was monitored well. This approach meant people did not deteriorate or require further health services on occasions.

Staff morale was positive and they understood their responsibilities. Staff all demonstrated a person-centred attitude to their work. Also, they had a good understanding of how to safeguard people from avoidable harm.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible, the policies and systems in the service supported this practice.

People felt very confident to approach the provider with any concerns as did staff. The provider was very hands on and frequently delivered support for people. People described the service as a team who worked together for the benefit of people who used the service.

A breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found during this inspection. This related to good governance. You can see what action we told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Systems around the management of medicines did not follow best practice guidance. Improvements were made during the inspection.

The recruitment process was not robust and complete records were not made.

Recognised risk assessment tools were not used to understand and mitigate risk. Improvements were made during the inspection.

Staffing was well managed and staff knew how to safeguard people from avoidable harm.

Is the service effective?

Good

The service was effective.

The training staff had received in other employments was used to evidence knowledge. The provider was working to refresh this knowledge.

Staff told us they felt well supported by the provider.

People were supported to maintain good health and had access to healthcare professionals and services.

People were involved in their own care. People were well supported to understand their options and demonstrated they had consented.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff could describe the likes, dislikes and preferences of people

who used the service.

Staff understood each person's communication needs and enable people to communicate effectively.

Is the service responsive?

Good

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

Staff used their knowledge of people's likes and preferences to deliver care in the way people wanted it.

People understood how to raise concerns and were confident they would be listened to should they complain.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider did not have up to date knowledge with regards to legislation and best practice. This meant systems in place to assess, monitor and improve the safety and quality of the service were not robust.

People and their relatives told us the provider was a good leader who worked with people to ensure they received high quality support.

Staff told us they experienced positive morale and that the provider supported them in their roles.

HomeCare Services

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 all the information we held about the service. This included information we received since the service was registered. We sought feedback from the local authority prior to our visit. We used the information the provider sent to us in the also Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We gave 48 hours notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit activity started on 18 July 2018 and ended on 7 August 2018. We visited the office location on these dates to see the provider; and to review care records, policies and procedures. One inspector carried out this inspection.

We spoke with two people and one of their relatives over the telephone to seek feedback. We received feedback from the local GP service.

We spoke with the provider and two care workers as part of the inspection.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medication records. We also looked at two staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Requires Improvement

Is the service safe?

Our findings

Arrangements in place for the management, storage, recording and administration of medicines were not designed or carried out in line with best practice guidelines. For example, the medicines administration record (MAR) did not contain the exact details of the doctors prescribing instructions. This meant people were at risk of receiving medicines incorrectly.

We recommended that the provider review their medicines policy and introduce systems in line with latest best practice around medicines management for people living in their own home.

On day two of the inspection an appropriate medicines policy had been introduced. The provider had worked with the local GP and pharmacist to ensure details of medicines prescribed were correct and that documentation around the assessment of people's needs and administration were appropriate.

Staff told us the provider had supported them to understand how to administer medicines safely and that they had been observed as competent. One member of staff said, "[Name of provider] did observations when I first started, until I was confident with the system. The provider had not recorded they had observed staff as competent. They told us this was something they would do following the introduction of the new policy. In addition, they explained a new audit to ensure MARs were completed properly would be introduced.

People told us they were happy with the support they received around medicines. One person said, "Staff get my medicines from the chemist and put them in a cup and I take them myself, staff make sure I take them."

We looked at two staff files in relation to the recruitment process. The provider did not operate a robust recruitment process. Records of interviews were not made; one application form did not contain the full work history of the care worker. The provider knew the history, but had not recorded it. Police checks had been made prior to staff starting to deliver care, however references from previous employers had not been received prior to the care workers commencing duty. The provider explained they knew the care workers personally and were satisfied of their good character. They had also ensured they were supervised until such references had been received. We saw this was the case.

We discussed with the provider how to evidence robust recruitment and to operate a safe and effective procedure. On day two of the inspection the provider had improved the records held about both care workers and they were appropriate. They had also worked with an organisation to purchase policies which provided guidance for them within the law. The provider was clear on how recruitment should look if they recruited staff in the future.

Risks to people's safety were recorded in their care plans. Areas such as mobility and continence had been considered. Staff understood the risks and how to minimise the likelihood that a person would be harmed. However, despite this the provider did not use recognised risk assessment tools to help them assess risks

and what to do to mitigate them. We discussed how these can help providers understand when to refer to outside agencies for help and support. The provider had an assessment tool they used to ensure they gathered important information about a person before they started to support them. We saw this did not include all areas staff may need to know about. For example, pressure area care and choking.

We recommended that the provider review their assessment tool to include all areas of need and in addition introduce recognised risk assessment tools. On day two of the inspection the provider had updated their assessment tool and introduced the recognised tools available. They told us this had improved the care plans to guide staff to support people safely.

The provider had also ensured risks to people and staff had been considered in areas such as the environment and lone working. Staff had access to appropriate equipment such as gloves, aprons and wipes to help prevent the spread of infection.

People told us they felt safe being supported by the provider and their staff team. One person said, "I can call if anything is wrong. I have a bracelet on in case I need help, fall or anything and this goes through to [Name of provider]. This is a good service for me. I have fallen a couple of times and needed to use it." Another person told us, "I feel safe with carers coming to my house." A relative told us, "I feel absolutely safe, especially when [Name of provider] herself is here. Their expertise is good and I know someone is there."

We saw that where accidents or incidents occurred records were made. The provider had reviewed each record to understand if they could learn any lessons. We saw in people's records where they had an accident or were unwell they had been monitored to ensure they were okay. For example, following a bump on the head. We received positive feedback from a GP. They told us, "[Name of provider] usually visit once per day. The person had been unwell and they increased this to three times per day, this meant there was no need to refer the person to further health services. Excellent care was provided." This meant the provider ensured peoples wellbeing and safety were monitored well.

We spoke with the provider and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. All had a good understanding of the process to follow to report concerns. No concerns had been identified since the provider registered with us in August 2017. We saw a robust system was in place if required. Staff had confidence the provider would act professionally. One member of staff told us, "100% [Name of provider] would listen, I know if I had an issue they would sort it out.

We saw there were enough staff employed to cover the support people needed. People told us, "Carers arrive on time and spend the right amount of time with me" "I know the carers pretty well, we have got some new ones. All carers are introduced so I know them" and "They turn up on time, unless there is a good reason. They usually let us know." Everyone received a copy of the rota each week so they knew the times staff would visit.

The provider explained that when a new person approaches them to be supported they worked with everyone to ensure where possible people received the support they needed at their preferred time. Staff allocation was well managed and there were contingency plans in place if sickness, leave or the weather impacted on service delivery.

Good

Is the service effective?

Our findings

The staff team consisted of the provider who also delivered support to people and three care workers. Two of those care workers had full time jobs elsewhere within social care and education. The provider had ensured staff had relevant previous training before they supported people. The provider had allocated staff to complete training on-line in specific areas. Staff progress in completion of this training was slow. The provider had issued a six weeks deadline and was monitoring progress. They had explained to staff it was essential they complete the training in their employment so they could assess their knowledge and competence.

Practical training in areas like first aid and moving and handling was difficult for the provider to source due their size and rural location. They had made links with the local authority to join their training to enable staff to receive updates. A relative told us, "Staff are well organised and well trained. I trust them implicitly. I couldn't manage without them. I must be able to trust them. They do a good job." One person told us, "Care staff have received good training, otherwise they couldn't do the job they do."

Staff were very knowledgeable about their role and how to promote high quality services for people. They understood the standards expected of them and they explained this was in part from the robust induction they had received from the provider. One member of staff told us, "I worked with [Name of provider] for the first few weeks until I was confident and when I knew I was ready." A relative told us, "[Name of provider] checks the staff if they are new before they set them off. They always come with the provider to watch them work."

The provider worked alongside care workers regularly to assess their performance. A relative said, "Staff are always well supervised and checked." In addition to checks on performance the provider supported their staff by having weekly chats about their role and any issues they may have. A care worker told us, "I am supervised. I visit my manager and we discuss clients and if I am okay and coping. Anything they feel I am doing well and I am told this. I feel I can voice my opinion. I receive enough support. If I have an issue they are just a phone call away."

We were confident staff received the support and supervision they required, however, the provider had not recorded the support they had carried out. On day two of the inspection they showed us new documents they will use in the future to record, spot checks on performance, supervision and appraisal of staff.

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 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.

At the time we inspected everyone supported had the capacity to make their own decisions. Where people had instructed others to be legally authorised to make decisions on their behalf this was known by the

provider. People had signed their care plans or communicated their decision to consent to the care the provider offered them. The provider had an accessible 'easy read' consent form in their care plan for people who may need additional support to understand the process.

Staff understood the practicalities around how to make 'best interest' decisions should this be needed in the future and appropriate policies were in place if required. Families and key representatives were fully involved in the care design and delivery alongside the person and the provider.

Where staff supported people with meal preparation, hydration and support to eat they understood people's needs and risks. For some people their relatives were heavily involved in support and the staff team communicated well to understand their role and people's progress. We were told of one example where a person had an infection and due to their short-term memory being affected, calls had been increased to prompt them to drink often and observe their progress. Where needed appropriate professional support had been sought to ensure people's nutrition and hydration was well managed.

The provider had very good links with local healthcare professionals, including district nurses, reablement teams and occupational therapists. Staff could describe how they worked to prevent ill health. For example, one member of staff said, "I make sure a person with diabetes has the right diet, we reiterate what is good for them. I look at their feet, nails and I cream them to keep them in good condition. I check people's bodies when I am washing them for signs of weight loss or bruising. We monitor falls and watch changes in mobility, such as ability to stand. Any changes are reported to the provider, I tell the doctor and I write my concerns in the care plan." People told us the staff team worked well to support their health. People said, "Staff get the doctors and district nurses to come, we are all well looked after" and "If they think I need the doctor they do this."

Records relating to the communications with professionals, people and their relatives were not always completed when those conversations happened away from the people's homes. The provider explained they tried to maintain an accurate record of all communications when they visited people in their homes but that a robust log was not always kept. This meant it was difficult to track the details of how a health or support related issue had been dealt with. On day two of the inspection the provider had designed a new system whereby such conversations could be recorded and a time line of communications could be clearly evidenced. This type of log is particularly important if other agencies or staff must take over the running of a service in an emergency.

Positive working relationships with professionals and families ensured people received well-coordinated support, which impacted positively on their health and feelings of wellbeing. The local GP told us, "The patients seem very happy with the continuity of care provided."

Good

Is the service caring?

Our findings

Everyone we spoke with told us the staff provided compassionate care with a kind and caring attitude. People said, "The new carer is very nice. I am very satisfied with the care I get. Staff certainly treat me with respect" and "Staff are very polite and nice to get on with. I don't want to go into a care home if possible. I want to stay at home, I feel better at home. The service means I can stay at home." A relative told us, "My family member is very comfortable with the carers. They have a good chat and carers make sure everything is right before they leave, and they chat with me."

Positive relationships were described between people and their care workers and provider. We asked staff how they had achieved such positive relationships. One care worker told us, "We are introduced to people. The provider is the first person to care for people and we shadow them. It is easier we see the routine and set up of their home. We also get a background about people and this helps to build relationships."

Care plans also included descriptions of people's preferred way of communicating or any needs they may have to be understood. For example, one person's care plan stated staff must speak slowly, listen carefully and repeat their words to enable the person with a hearing and speech impairment to communicate effectively. A member of staff told us, "We ask the person to focus just on us, use eye contact and speak slowly as they can lip read a little. We clarify they understand. It works well." Another person had a hearing impairment and had learnt to use email as a form of communication. The provider regularly received emails with requests so that the person can direct their own support. The provider told us, "The person really enjoys using technology and has learnt to do their shopping online too."

This approach to caring for people empowers them to be independent and included in the support they receive. We saw the provider always considered what the person could do or would like to do for themselves and promoted their independence. Staff could describe how they managed each person's routine to enable them to be independent. For example, one member of staff told us, "I get the flannel ready and the person washes areas they can do as much as possible, I then take over. I support the person to undress themselves. This also maintains their privacy." One person said, "I get myself washed and they (staff) help with my back. I can walk with my Zimmer. I feel confident with them in the house."

Where people needed emotional support because they had fallen or were unwell they told us staff were kind towards them. A relative told us, "This morning my family member had problems breathing. [Name of provider] calmed them and they are better. They show care and compassion. I feel my family member is in good hands when they are here."

Staff were very aware of their role protecting people's privacy and dignity. One member of staff told us, "Privacy and dignity is a big thing with me. I think what if I was in their position. I cover private areas with a towel if I am washing a person. I take my time. If a person is using the toilet I leave them in privacy. I always put myself in their shoes." One of the people who used the service said, "I receive very dignified personal care. Staff always cover me with a towel."

Good

Is the service responsive?

Our findings

The provider and staff team understood that their role was to deliver high quality, person centred support. They approached this through working with the person, relatives and professionals to understand what was needed and how the person preferred their support to be. Staff treated people as individuals. One member of staff told us, "I am good at asking people what and how they want things, everyone is an individual and do not want the same as the last person."

People and their relatives described the person-centred approach, a relative said, "My family member wanted to come home and we are doing our best to keep it like that. Working as a team to do this. We all write in the book so there is continuity of care and use a diary. Carers always look so they know what to do."

Very specific information was held within each person's care plan about their routine and preferences, for example the colour of flannels the person preferred to wash their upper body, the time a person preferred to go to bed and how to support a person at different times of the day when their energy levels changed. People and their relatives had been fully involved in developing their care plan and were supported to regularly review progress with the provider. A relative told us, "I helped with the care plan and I was consulted on all levels. We have regular reviews, in fact one is due shortly." The person-centred detail, along with positive relationships maintained with people, relatives and professionals ensured people received responsive support.

Staff were aware of their role in preventing social isolation for people and monitoring their feelings of wellbeing. How people maintained a connection with the local area and friends was supported in part by the provider ensuring people received local and national newspapers, supporting them with shopping and medicines collections. This was particularly important in the rural area covered by the provider. Some of this work was completed outside of the time allocated for support. People told us, "Carers have time to chat, this is important as it gets a bit lonely. It is part of the service I receive" and "The staff do over and above, pick up my medicines from the chemist. A lot of the time they ask if there is anything they can do to help. They will do what is needed, they are very obliging."

We spoke with the staff about the support they provided to maintain peoples' social needs. One of the staff explained, "It is very natural for me to build relationships. I always respect people's property. It is the little things like checking the toilet is clean. Looking for a coffee cup to wash and being friendly. All of this helps build a good connection. I think it is an adventure to find out about people and their ways. Some people like banter and jokes, others not. Different approach for different people. Person centred support is what we aim for, we talk to people and listen."

At the time we visited nobody required palliative support from the service. The provider was aware of the community professional support if this was required.

No formal complaints had been raised with the provider since they registered in August 2017. A policy was in place should people want to formally raise concerns. The provider could describe how they would

investigate such concerns. People told us they knew how to raise concerns if they had any. One person told us, "I know how to complain. In the past one or two carers were not so good. I told the provider and they sorted this out for me."

Requires Improvement

Is the service well-led?

Our findings

This inspection was the first inspection since the provider had registered with the CQC in August 2017. Therefore, it was the first time the systems and arrangements in place had been scrutinised by the regulator. The provider is the sole director of this single location. They explained the difficulties they experienced keeping themselves up to date whilst organising the service delivery.

We found the provider did not have robust systems in place to ensure they could evidence they were meeting the fundamental standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, best practice in relation to medicines was not known, the use of recognised risk assessments was not in place or records to evidence safe recruitment.

The provider did complete checks of the service to ensure it was safe and of good quality. However, they failed to record them. There was also a lack of records in relation to staff supervision and communications between the provider, professionals and relatives.

The provider responded immediately to implement what was expected within an acceptable time frame. This meant the provider had reached a satisfactory level of understanding and practice to prevent specific breaches of the regulations. However, prior to the inspection the provider had not ensured they had sought appropriate guidance to ensure they remained up to date and understood the legislative requirements of their registration.

We found none of the people who used the service were harmed because of this. However, the provider had not ensured robust systems and arrangements were in place to assess and monitor the service's quality and safety. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider told us they had started to access Skills for Care which is a national organisation specifically funded to provide practical support and tools which will help achieve a better led, more skilled and valued adult social care workforce. We also directed the provider to known organisations who issue best practice guidance such as the National Institute for Health and Care Excellence (NICE).

The provider told us they were committed to making improvements to ensure they met all their legal obligations and to achieve a rating of good or outstanding at their next inspection. To facilitate this, they had subscribed to a consultancy organisation who will provide policies which meet legislative requirements and who also keep providers up to date. This demonstrated their commitment to continuous improvement.

We received positive feedback about the provider from people, their relatives and the local GP. One person told us, [Name of provider] is very good indeed, very thoughtful and lovely and I am very satisfied." A relative said, "[Name of provider] comes themselves, they are not afraid of work. They are a good manager. I like them and I can talk to them. One of the rules of the company is good confidentiality. I trust they keep my information confidential." The GP told us, "I'm very impressed with the manager and their company. They

are very capable, they know the clients very well."

Staff also felt the provider gave them good leadership and support. Comments from staff included, "We have a very positive culture and the clients are positive with us, we can laugh and smile" "[Name of provider] is a true leader, easy to talk to, a good listener and they want to see you be happy in your work."

Everyone we spoke with mentioned the high standards of care that were driven by the provider's own standards. A member of staff told us, "People receive the best they can have with the standards of care. We don't talk over clients and we treat people as human beings."

The survey of people and their relative's views was carried out in March 2018. Everyone who responded said they were satisfied or highly satisfied about the service they received. One of the comments recorded said, 'High quality service, good value for money, very responsive and I would recommend the service, there are no actions they could do to improve'.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems based on best practice and legislation were not in place to assess, monitor and improve the service or to evidence checks on safety and quality had been completed. Regulation 17 (1) (2), (a), (b), (c), (d), (e) (f).