

J McKenna Ltd

Homestead Care

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 ●

Summary of findings

Overall summary

About the service

Homestead Care is a domiciliary care service providing care for people in their own home, in Gillingham and surrounding areas. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 18 people were using the service.

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

People were supported by staff who had received safeguarding training and knew how to keep them safe from harm or abuse. People told us they felt safe. People's individual risks were assessed and regularly reviewed with theirs and, where appropriate their relatives' input. When people required support with their medicines this was provided by staff with the relevant training and competency assessments. The service had improved recruitment and selection procedures that helped ensure people were supported by staff with the required skills, values and character. Accidents, incidents and near misses were recorded and analysed to identify themes and trends with learning shared with staff to prevent a re-occurrence.

People felt fully involved and consulted on all aspects of their care including when this needed reviewing. People felt listened to and able to express their views. The service ensured people were at the centre of decisions affecting their lives. Staff received a formal induction that included shadowing and practice observations. This helped create confident, empowered care staff who delivered high quality care in line with standards, guidance and the law. Training covered a variety of topic areas to ensure each person's needs were met. The service supported people to access health and social care services in a timely way in order to maintain their health and wellbeing. This included access to community nurses, GPs and dental services.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 including how to support people to make informed decisions. 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. Staff always sought people's consent before helping them.

People and relatives spoke positively about the care staff. They said staff were all consistently kind, caring and patient and had got to know them well. People told us staff arrived on time and stayed for the correct duration. Staff confidently described how they supported people's privacy, dignity and independence.

People were supported by staff who enjoyed working for Homestead Care and felt supported by their colleagues and management. Staff felt recognised and valued. Records confirmed they received regular praise and encouragement; including to develop new skills and qualifications. Surveys were used as an opportunity to learn what the service was doing well and where it could improve. Feedback was

unanimously positive from people, healthcare professionals and community services. A wide range of audits were carried out which had helped deliver improved oversight and identify areas where actions were required. These were then tracked and resolved.

The service had developed and maintained good working relationships with agencies and community resources such as GP practices, local authority, community mental health and reablement teams. This had helped people remain well in their homes for longer and supported successful transition from hospital. The service had recognised the role it could play in the community demonstrated by its sponsorship of a local school. This had enabled the school to produce books for their pupils on topics including bullying and internet safety.

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 September 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Homestead Care

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had left the service on good terms the week before the inspection. The managing director advised us they will be looking to secure a new registered manager for the service as soon as possible.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection site activity started on 25 November 2019 and ended on 26 November 2019. We visited the office location on both dates.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We also contacted the local authority and safeguarding team for feedback, reviewed notifications and monthly actions plans we had received. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the managing director, lead administrative coordinator, care support staff and accounts administrator.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data. We spoke with two healthcare professionals by telephone who liaise with the service.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were now consistently recorded and reviewed along with care plans when people's needs changed or risks in their life increased. This included reviewing falls risk assessments following accidents and working in collaboration with healthcare professionals and relatives to encourage and monitor people at risk of malnutrition or dehydration.
- People felt safe and their relatives were confident their family members were kept safe. A person told us, "I feel very much safe with the carers." One relative said, "I feel [name of family member] is safe in their [carer's] hands."
- Systems were in place to help ensure people received safe care. This included regular observations of staff practice which covered areas such as: medicines administration, record keeping, staff communication skills and the legibility and detail of daily notes in people's homes.
- The service had identified people most at risk in the event of adverse weather such as heatwaves, snow or flooding. This information was available on staff members' password protected work phones. This meant people most at risk would receive priority visits.
- General environmental risks to people were assessed such as home security and fire safety. The service had contacted the local fire service with people's consent to arrange a fire risk assessment of their property. This had helped people stay safe at home.
- Since the previous inspection, systems had been put in place to support staff to administer medicines safely. Medicines administration records were complete and legible. Medicines were only administered by staff who had received the relevant training and ongoing competency assessments.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Where people continually declined these type of medicines staff discussed this with them and encouraged them to seek a review of their prescription.
- Where people required topical creams, there were clear instructions for staff on how much to apply and where.

Staffing and recruitment

At our last inspection the provider has failed to ensure staff recruitment procedures were robust. This was a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment procedures had been improved with employment gaps followed up at interview where required and risks assessments undertaken where appropriate.
- Since the previous inspection the provider had employed more administrative staff to ensure new systems and processes worked effectively and were embedded in working practices.
- People commented positively about the timeliness of the visits and receipt of their weekly rotas which they received by post. One person said, "They turn up on time and sometimes stay over the time." One relative said, "Timekeeping has been superb. They are never more than five minutes outside of the allotted time." Another relative commented, "If running late they'll always let us know – it has only happened once."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were supported by staff who knew how to keep people safe from harm or abuse. Staff explained how they would raise any concerns internally or externally if they felt action was not being taken. They felt confident management would listen and take the necessary action in a timely way. The managing director and lead administrative coordinator were scheduled to do their safeguarding adults for managers training with the local authority.
- The service recorded and analysed accidents, incidents and near misses. This was used to identify themes in order to reduce the chance of them happening again. Learning was shared with the staff. For example, on one occasion a care worker had not turned off a person's stove properly. This was investigated, an apology given to the person, the care worker had a reflective supervision and learning was shared with staff at a subsequent team meeting.

Preventing and controlling infection

- Staff had received training in infection prevention and control and understood their responsibilities in this area.
- Staff had access to personal protective equipment such as disposable aprons and gloves. People told us staff wore these appropriately when supporting them.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

At our September 2018 inspection the provider had failed to ensure care and treatment was only provided with the consent of the relevant person and that people with the correct legal authority were making decisions on behalf of people who had been assessed as lacking capacity. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood the principles of the MCA and, since the September 2018 inspection, had received training in this.
- Staff had an improved understanding of the importance of seeking consent before offering support with aspects of people's daily lives. One staff member said, "People should be seen to have capacity until assessed otherwise. People are allowed to make unwise decisions."
- Where complex decisions were required mental capacity assessments had routinely taken place. Where these assessments indicated a person lacked capacity to make a specific decision records confirmed best interest meetings were held with input from all relevant parties.
- Since the September 2018 inspection the service routinely checked if relatives and/or representatives had the legal authority to be involved in decisions relating to people's health and welfare or finances. This information was recorded. This meant people's legal rights were protected.

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

- People had an initial assessment prior to them receiving a service. This was completed by staff who had received training to do this. The assessment captured people's needs, abilities and preferences. Required outcomes were identified and reviewed with people every six months or earlier if required.

Staff support: induction, training, skills and experience

- Since the previous inspection the service had introduced a formal six-month induction which included a workbook, shadowing of more experienced carers and progress reviews. New staff received practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member told us, "My induction was really good."

- People felt the staff were well trained and had confidence in their ability to meet their needs. Staff received training in areas such as medicines, equality and diversity, nutrition and hydration, working with behaviours that challenge, catheter care and dementia awareness. One person said, "I'm quite confident in the carers." Another person commented, "I feel they [staff] are competent." Two relatives told us, "Staff seem to know exactly what they're doing" and "They [staff] do the job very well."

- Staff had regular supervision which was used as an opportunity to reflect on their practice, people's changing needs and professional development. Topics covered included: confidentiality, safeguarding, people's needs, roles and expectations and feedback from audits. One staff member said, "Supervisions are really good."

- The service actively encouraged and supported staff with continuing professional development. This included supporting them to enrol on the relevant national vocational qualification course appropriate to their role and skill set. It had also involved giving care staff the opportunity to participate in the monthly collection of medicines administration records for auditing, rota management, updating the training matrix and supporting the induction of new staff. A staff member said, "It makes you feel valued."

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required.

- Staff were aware of people's dietary needs, allergies or intolerance to certain foods and their preferences. These were documented and reviewed. One person's plan noted, 'I would like the care worker to bring me a choice of three or four meals from my freezer so that I can choose what I would like to eat.' People's daily notes confirmed their preferences were met.

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

- People were supported by staff who understood the importance of helping them access health and social care services in a timely way to maintain their health and wellbeing. This included: community nurses, social workers, mental health practitioners, GPs and chiropodists. Healthcare professionals' comments included, "They go the extra mile with clients" and, "They are willing to do whatever we ask. They are always approachable and are very good at advocating for clients."

- Professionals had feedback positively about their contact with the service. For example, 'I found the frequency and quality of communication extremely good and far better than most providers we work with.' Another professional commented, 'There has always been good and open dialogue.'

- The service and its staff recognised the importance of supporting and encouraging people to maintain their oral health. Care plans identified people's needs in this area and specific support required such as help with dentures or help accessing dental services. Staff understood the benefits good mouth care could provide including avoiding infections, improved dietary choices and increased confidence.

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 the same. 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; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were kind, caring and patient. Their comments included: "We've had really excellent care", "Staff are all extremely pleasant", "They are very pleasant people to have in the house" and "All of them are kind and caring. We are so blessed." A staff member expressed, "I hope I make their lives easier and leave them with a smile." We saw one person had been given a 'welcome home' card from the service on their return from hospital.
- People told us staff had taken the time to get to know them well. This had helped build trust and support mutually beneficial interactions. One person said, "I know all the carers very well." A relative told us, "[Family member] enjoys their care. We're absolutely happy with the care. They've got to know [family member] very well."
- The service kept a record of compliments and shared these with staff. A selection we read stated: '[Name of carer] is great in every way', 'The care and attention I receive from [name of carer] is outstanding. [Name of carer] is very thorough and has a great sense of humour. I never want the carers to leave as they are all so lovely' and, 'All the staff are friendly and polite.'
- People were able to express their views and make decisions about the care and support they received. One person had feedback, 'If I have a problem they [the carers] always listen to me and they are just absolutely brilliant.' Another person told us, "I'm involved in my care plan. They listen to me."

Respecting and promoting people's privacy, dignity and independence

- People's personal information was treated with the respect and importance it deserved. Their information was held securely whether stored at the office or on staff members' password protected work phones.
- Staff understood how to support people to maintain their dignity and provided us with examples such as closing the curtains and covering people when supporting them with personal care. One person told us, "They support my privacy." A relative said, "Staff are respectful."
- People were supported by staff who understood the benefits of helping people to retain their independence. One professional had feedback in a recent survey, '[Name] especially likes that staff allow him as much independence as possible.' Care plans had been written in a way which emphasised independence. For example, one person's plan advised, 'Please support me with just my pyjama top as I am having trouble managing buttons.'

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since the September 2018 inspection improvements had been made to ensure people's needs were assessed and known prior to their first care visit. This meant the service knew they could meet people's needs before their care commenced.
- People's care plans were person centred, detailed and regularly reviewed with theirs and, where appropriate, their relatives' or representative's input. A professional had feedback in a recent survey, 'Care plans and risk assessments are much more comprehensive and detailed than was the case some time ago. The agency have worked hard to address the findings of the most recent CQC inspection.'
- People and their relatives had confidence in staff record keeping. One relative said, "Records are a true reflection of what they [staff] do." Another relative told us, "The paperwork is fine. It is very clear."

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.

- People's care plans documented their preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them. For example, one person had a sight and hearing impairment. Staff told us they needed to stand close and face the person when communicating with them. After the person had raised with the managing director that not all staff were doing this an email reminder was sent out. The person told us staff were now "much better" with this.
- People's preferred communication needs were shared appropriately with others, such as healthcare professionals for example, when they required admission to hospital.
- Care plans included 'All About Me' documents which had been created by people, relatives and their care staff. These detailed people's backgrounds, skills, achievements and aspirations and helped build rapport between staff and people.
- The managing director told us information could be provided in different formats, such as large print, if required. One person had feedback in a survey, '[Name of carer] speaks so clearly to make sure I can understand.' Staff told us they supported people with sight impairments by reading information for them.

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 were encouraged and, where required, supported to maintain contact with family and friends and

links with the community. For example, when people had events to attend, such as church services or local day centres, staff supported them to be ready in time. A day centre had feedback, 'Clients that use our service speak highly of the team and the service they receive. It is noticeable that the interactions between clients and staff has been, and is, dignified and person-centred.'

Improving care quality in response to complaints or concerns

- People told us they knew who to complain to and that if they had a complaint they would be confident it would be resolved quickly. Information on how to complain was included in people's care plans which were in their property. The service had not received any complaints since the previous inspection. People and relatives expressed, "We're satisfied. We have no complaints", "They're very good. I have no complaints" and "I couldn't fault anything."

End of life care and support

- Although at the time of the inspection there were no people receiving end of life care, staff at the service had undertaken training in Death, Dying and Bereavement and had experience of supporting people and their families at that sensitive time. One staff member told us, "I've supported a few people with end of life care. I listen to how they want things. For some people this can be having their favourite creams, perfume on their pillow, photos nearby and soothing music."

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to demonstrate good governance as systems in place to assess, monitor and improve the quality and safety of the service provided to people were not robust enough. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last comprehensive inspection there had been changes in management of the service. This included the most recent registered manager leaving the service the week prior to the inspection. The managing director accepted the importance of securing a new registered manager as soon as possible to help maintain the improvements made and ensure they are sustained.
- The managing director told us they realised the importance of personally avoiding delivering care to the detriment of providing effective and ongoing oversight and direction to the service. With reference to this, the managing director said, "That's imperative."
- Since the previous inspection the outgoing registered manager had put improved systems and processes in place that helped ensure more effective and timely oversight and actions. This was helping ensure quality of care delivery, people were kept safe and regulatory requirements were met. A staff member said, [Name of previous registered manager] has put good processes in place. Everything is much more organised." Another staff member commented, "I think things have moved in a positive direction. We need to keep doing what [name of previous registered manager] put in place and I think we'll be able to do that."
- The provider had acted on feedback from a local commissioning team's monitoring visits since the previous inspection with regards communication, documentation and risk management plans.
- Following the previous inspection, the provider had put an organisational structure in place with clearly defined roles for staff. This included a position for a deputy manager which was to be taken on by the lead administrative coordinator the week following the inspection. Another staff member had been recruited to backfill this staff member's position.
- The managing director had ensured all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.

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 told us they enjoyed working for Homestead Care and felt supported by management and colleagues. Staff comments included: "This is the best company I've worked for. There is a good rapport between us. We're all going out for a Christmas meal", "There is a real sense of teamwork. Everybody wants what's best for the clients" and, "The carers seem happy. We have a laugh. They [carers] come in smiling."
- The managing director was well respected with staff feeling very supportive by them. One staff member said, "[Name of managing director] is great, very caring and approachable, listens to what you say and offers help."
- Staff felt recognised and valued. Compliments and feedback from audits were shared with staff which helped them feel empowered, motivated and proud about their work. A recent email to staff expressed, 'Feedback on the completion of records is good. There has been great improvement. This is fantastic. Well done.'
- The managing director understood the requirements of Duty of Candour. They told us it is their duty to be, "Truthful, honest and open with people and accept when you've gone wrong."

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

- Quality surveys were sent out to people, professionals and day centre staff with feedback used to ensure quality was maintained and areas for improvement identified. The service told us they were developing another survey which could be sent out to relatives where appropriate.
- Regular team meetings were held. Recent meeting topics included: CQC inspection, daily records, compliments, quality assurance and a local authority monitoring visit. A staff member told us, "Team meetings are some of the best I've been to." Another staff member said, "Everyone has a chance to speak and they are regular." A set of minutes we reviewed stated, 'Attention to detail is key. There is evidence of some good recording...Keep it up.'
- Relevant staff had been supplied with a briefing pack by the management to give them support and guidance with Brexit and the associated EU Settlement Scheme.

Continuous learning and improving care

- The managing director was nearing completion of their level five in management and leadership for social care. They told us, "[This] means that I can put my name forward as registered manager and ensure that the company retains this focus."
- Audits (for example for accidents/incidents, daily notes and medicines) were effective in identifying when errors had occurred with this then used to update essential records and to inform discussion at supervision and team meetings for learning and to prevent a reoccurrence.

Working in partnership with others

- The service worked in close partnership with others to provide good care and treatment to people. This included establishing and maintaining good working relationships with GPs, a reablement team, local authority commissioners and mental health services. A healthcare professional told us, "Homestead Care are very flexible and think outside the box. [Name of managing director] really cares. I'm positive about the service they provide."
- The service recognised its role in the local community and had sponsored a local primary school which had enabled them to provide the children with books promoting awareness of bullying, internet safety and the effects of drug and alcohol misuse.

