

Home from Home Care Services 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 the 16 August 2017 and was announced.

Home from Home Care Services Ltd is a domiciliary care agency which provides personal care for 24 older people some of whom may be living with dementia. They provide care for people living around Holbeach and Long Sutton in the South of Lincolnshire. The service has moved office since our last inspection but the provider and the care provided to people is still the same.

At the last inspection, the service was rated Good.
At this inspection we found the service remained Good.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were offered choices in their every day lives.

The service was reliable and people were supported by a small group of staff who knew their needs. Appropriate checks were completed before staff were employed by the service. The rota systems supported staff to be on time for their visits and people were not kept waiting for care. People were involved in planning their care and records accurately recorded the care needed.

People were supported to choose their meals and where needed modified textured food was prepared. People were supported to have access to drinks. Both environmental and care risks were identified and where needed appropriate equipment was put in place. Medicines were safely administered and accurate records were kept.

Staff had received training in abuse and how to keep people safe. The provider's systems ensured that people knew how to raise concerns and these were fully instigated.

Staff knew people's needs and were able to raise concerns if they became unwell. People were supported to access healthcare as needed.

The provider had effective systems in place to monitor the quality of care provided and to support their staff. People's views of the service were gathered to drive improvements.

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 is safe and remains good.

Is the service effective?

Good ●

The service is effective and remains good.

Is the service caring?

Good ●

The service is caring and remains good.

Is the service responsive?

Good ●

The service is responsive and remains good.

Is the service well-led?

Good ●

The service is well-led and remains good.

Home From Home Care Services 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.

This inspection took place on 16 August 2017 and was announced. We announced the inspection as the provider often spent time away from the service and we wanted to be sure they were available for the inspection. The inspection team consisted of a single inspector.

Before the inspection we reviewed the information we held about the service. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited people using the service. 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 the inspection we spoke with a two care workers and the provider. After the inspection we contacted one person who used the service and two relatives of people who used the service by telephone to gather their views of the care they received. We looked at three care plans and other records which recorded the care people received. In addition, we examined records relating to how the service was run including staffing, training and quality assurance.

Is the service safe?

Our findings

Staff told us and records showed that staff had received training in keeping people safe from abuse. They also had access to the provider's safeguarding policy. They were clear on how to raise concerns with the provider and the telephone number for the local safeguarding authority was available in the staff handbook.

Risks to people had been identified and care plans had been developed to manage those risks. For example, where people needed support to move safely around their home information was available on what equipment and how many staff were needed to support them safely. The provider had also completed a risk assessment on the environment in which people received their care and identified possible hazards. The provider then supported people to make changes which would keep them safe. For example, by moving rugs out of the way and by arranging for the fire brigade to fit fire alarms.

Accidents and incidents were recorded and investigated. Where needed appropriate action was taken to keep people safe from the incident reoccurring. For example, care plans were changed and staff received further training.

The provider had systems to ensure that staff were safe to work with people who used the service. People told us that staff consistently turned up at the planned time. A relative commented, "The girls from Home from Home have been regular and reliable." Staff told us and records showed that the rotas included travel time between visits to ensure they could arrive at people's homes on time. In addition, staff explained that the rounds were structured so that the calls were close together and they never had far to travel between visits. The provider explained how they were careful to only take on new packages of care if they could be supported by the staff they employed.

In addition, staff told us how there was a routine to the calls they completed meaning that they regularly supported the same people and so were able to get to know them and their needs. Furthermore there were more staff employed than the hours of care the provider was contacted to deliver. This meant that there was spare capacity in the system to cover holidays and staff sickness with staff who knew the person.

A member of staff told us that they had received training in supporting people to take their medicines. They said that this mainly consisted of supporting people by removing the medicines from the packaging. There were clear guidelines available in the care plans about how people liked to take their medicines. For example, one person chose to have them one at a time with a glass of juice. Records showed Medicine Administration records (MAR) had been fully completed. Where people needed support to apply creams there was guidance in place to show where the cream needed to be applied and the application was recorded on the MAR.

Is the service effective?

Our findings

A relative told us, "I've not had any concerns about staff's skills. When they first came I watched when they helped him. I'm happy when they are here and I can step back."

The provider ensured that training was in place for staff when they started working at the service. A new member of staff told us how they had completed the training when they started and had also shadowed a more experienced member of staff. In addition, they told us how the provider had asked to see copies of their training certificates from previous employment to check their skills level. The provider had encouraged all staff to complete the care certificate and this was mandatory for all new staff. The care certificate is a national set of standards which cover the skills needed to provide safe care.

In addition, there was a rolling program of on-going training for staff to undertake which supported staff to develop their skills in areas they were keen to develop. Staff told us they felt supported by the provider and had regular spot checks and supervisions to ensure that they were working in line with the provider's policies.

Staff had received training and understood the principles of the Mental Capacity Act 2005. One member of staff told us that the people they supported could make the everyday decisions about their care. However, they said if they had any concerns that people were not coping with care decisions or if more complex decisions needed making they would talk to the provider and raise concerns with the family. Where people did need support their care plans identified which family members they wanted to be included in the decision making process.

A person using the service said, "They cook for me and you tell them what you would like, sometimes a frozen meal and something simple." Staff told us how people were supported to have the meals they requested. They told us that this was dependant on what food people had in their home. However, they said they would try to ensure that people did not have too many microwave meals in a row and would offer them alternatives such as scrambled egg on toast. In addition, they told us how they would make sure that people had access to snacks between care visits.

Care plans recorded where people needed a modified textured diet to keep them safe from the risks of choking. The care plans clearly recorded the texture of the food to be offered and a list of the person's food likes and dislikes. In addition, other care needed to keep people safe while eating was recorded. For example, to ensure that they were sitting up before offering them food.

Staff told us they would support people to access hot drinks while they were in the home and when they left they ensured the person had a cold drink next to them. Where people were at risk of not drinking enough to stay healthy this was recorded in their care plans. Staff kept a record of their drinks so they could raise concerns with health professionals as needed.

People could be confident that the provider and staff would support them to access healthcare

professionals when needed. A relative told us, "When they were worried about a urinary infection they offered to take the sample to the doctors for us."

Is the service caring?

Our findings

People told us staff were kind and caring and that they had a good relationship with the people they provided care for. A relative told us, "They look forwards to the visit. They discuss things with them and talk about things." A person using the service said, "I feel comfortable talking to the manager and I have a lot of confidence in my carer (member of staff)."

People told us that an important part of this relationship was that they were introduced to the staff who would care for them and they saw the same small group of staff most of the time. A relative commented, "There is continuity, it tends to be a core group of staff, but if there is a change you still get one of the core group who he knows and knows his needs." Another relative said, "They have two carers (staff) that come and they like the consistency of having the same one as they struggled to accept care. The manager went out with the staff and introduced them."

In addition, people told us how they were able to contact either the provider or staff if they had any concerns about their health or care and how they felt looked after by the service. A relative told us, "They have made it clear that if we need them at any time all I have to do is call the manager." Another relative said, "They go above and beyond what they are asked to do."

Staff told us that they had received training in supporting people's privacy and dignity. They told us that they would ensure curtains and doors were shut before providing care and that they encouraged people to complete as much of their own personal care as possible. A relative told us, "They make him do as much as possible which has increased his well-being and he is much more mobile."

The provider understood that some people may find it hard to accept care. They worked with people to build up a trusted relationship so that they would be willing to be more open about the support that they needed. One relative told us how this had worked well and led to a gradual increase in the hours of care provided and maintained their relative's pride.

Staff also told us that they supported people to make choices about their care, especially if people were deteriorating. A relative told us, "Staff always chat with him and see what he feels he is able to do. The support provided is flexible and they do what he wants when he wants it."

Is the service responsive?

Our findings

People were happy with the care they received. A relative told us, "My relatives are very particular and are very happy with the service. It makes life easier for them as they know they can rely on it."

Records showed that people received an assessment before they started to use the service to check if the care the provider could deliver would keep them safe and meet their needs. People were then able to view their care plan and suggest changes so that the care they received was person centred. A relative told us, "We reviewed the care plan and added additional information into the plan."

Staff told us that the care plans contained all the information required to provide safe care to people and staff knew people's care needs. People using the service and their relatives were please at how responsive the service was. One care plan showed that one person was deteriorating quickly and the staff were providing flexible care. An example of this was scheduling a later morning visit as the person was becoming tired and wanting to spend more time in bed. Their relative told us, "His needs are changing quickly and so they have accommodated a later call."

While most of the care calls were about supporting people with their personal care, there were some calls which supported people to access the local community. For example, one person liked to go into town on a Friday to have fish and chips. Another person was supported to do their shopping in the local town.

In addition, staff told us how some of the people they supported liked to help and so they would encourage them to do things like wiping the side down or setting the table. When staff left people they ensured that they had access to their chosen activity. For example, if people liked to watch the television they ensured the remote was in reach.

People were supported to complain about their care if needed. The care plan in their home contained a copy of the complaints policy and a blank complaint form. A relative told us, "If I felt I needed to complain I would but we have not had any cause to and [name] appreciates what they are doing." A member of staff told us that no one had raised any concerns with them as yet, but that they were aware of the information available for people in the care plan and they would support them to submit the complaint.

Is the service well-led?

Our findings

There was a provider for the service. A provider 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.

People told us that the service provided a good quality of care. A relative told us, "I think they are exceptional and my relatives think they are a godsend." A person using the service said, "I would have no hesitation in recommending the company."

People using the service and relatives told us that the provider was approachable and responsive to their needs and helped them navigate the care system at a time when they needed support. A relative told us, "There is always someone to speak to and the manager is always available to talk to. I've really appreciated the help."

Staff also found the provider friendly and available to support them when needed. A member of staff told us, "[The provider] is approachable and you can go to her with a problem and she will try her best to sort it out for you." Staff told us how the registered manager would often support staff on calls where two members of staff were required. They said this meant that she knew people's abilities and understood their needs. They told us this was helpful when they raised concerns about people's needs. In addition, the provider had an on call phone system that ensured staff could always contact them for advice and support.

Staff told us the provider was supportive of the hours they wanted to work and would arrange their hours to give them blocks of days when they were not working. Staff told us they found this useful as they didn't get so tired and allowed them to have a personal life. This support of staff aided in the long term retention of staff. In addition, as staff felt supported they were always willing to support the provider and volunteered to cover shifts if needed.

People using the service had their views about the care they received gathered. We saw that the comments gathered were positive. One person had commented, "The ladies are all excellent and are all aware that [name] does not like loud voices. He prefers a calm quiet environment. The ladies are always cheerful and friendly."

The provider had appropriate audits in place to effectively monitor the quality of care provided. Medicine administration records were routinely checked for completeness and accident and incident forms were monitored for trends. Where concerns were identified action was taken to improve the quality of care provided and to stop repeat occurrences of the incident.