

Mr & Mrs Ryan Godwin

Homecare Services (Bury)

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

About the service

Homecare Services (Bury) is a domiciliary care service providing personal care to people in their own homes. 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 the service was providing personal care to 43 older people.

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

Medicines were administered and audited in line with established best practice. Policies, procedures and staff knowledge reflected this. The registered manager assessed staff competence on a regular basis.

Recruitment procedures were in place and there were enough staff on duty to meet people's needs. Staff received appropriate training and supervision to provide care in a person-centred way.

People were encouraged to maintain levels of independence by staff who had regard to their likes, dislikes and individualities.

People had the right support to eat and drink. There were strong links to local health teams and initiatives to help people stay well and provide effective access to health services.

Care plans contained detailed information with regard to people's support needs and were reviewed regularly. People, and where appropriate their relatives, were involved in the care planning process.

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.

The management team and staff worked in partnership with health and social care professionals to ensure people received effective care. Systems were in place to manage and respond to complaints and lessons were learnt when things had gone wrong.

The service was well-led by a registered manager who took personal accountability and ensured the culture was open, supportive and inclusive. Record keeping, and quality assurance processes were clear. The registered manager was committed to identifying ways of continually improving the service.

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

Rating at last inspection

This is the first inspection of this service which registered with CQC on 25 October 2018.

Why we inspected

This was a planned inspection based on the date the service first registered with CQC.

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 well-led.

Details are in our well-led findings below.

Good ●

Homecare Services (Bury)

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Homecare Services (Bury) is a domiciliary care agency that provides personal care to people in their homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave 48 hours' notice of the inspection as we needed to make sure the right people were available to answer our questions.

Inspection activity started on 22 October 2019 and ended on 5 November 2019. We spoke with people and their relatives on the telephone on 22 October 2019 and visited the office location on 5 November 2019.

What we did before inspection

We reviewed information we had received about the service since registration and we sought feedback from professionals who work with the service. 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.

During the inspection

We spoke with five people who used the service and three relatives. We spoke with the registered manager, the care coordinator, two community supervisors, the care mentor and two care workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question was rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider had effective recruitment procedures in place. Relevant checks were carried when new staff were employed. Staff files showed that appropriate records including checks from the disclosure and barring service (DBS) and references were in place.
- People confirmed their care calls had taken place at the agreed times and for the correct duration. Comments included, "They [care workers] are here at the correct time, if they are running late or someone is off sick, they will let me know" and "Can't fault the carers, they always turn up on time and are great people." One person's relative also told us, "They [care workers] call on time and never missed a call, if they are a little late they ring to tell [person's name]."
- The agency had sufficient staff to meet people's needs. People were supported by a small team of staff they knew and trusted.
- The registered manager told us the use of an electronic call monitoring system had started to improve the effectiveness of monitoring care calls. We saw action had been taken to make improvements when calls were late.

Using medicines safely

- Staff received training in the safe administration of medicines and had their competency assessed to help ensure their practice was safe.
- We found the service used a medicines risk assessment to ensure the correct level of support people required was accurately recorded.
- Thorough audits of medication were completed. The registered manager showed us that where errors had occurred, such as staff not signing for administering a medicine, these errors were identified and dealt with immediately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's wellbeing were assessed. There were risk management plans relating to people's mobility, moving and handling and pressure sores.
- Risk assessments included risks within their home environment and identified specialist equipment people needed to keep them safe.
- An on-call system was in place to ensure advice and support was available to people and staff out of hours.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their role and responsibility when recording and reporting

safeguarding incidents.

- Staff had received appropriate safeguarding training. They demonstrated a good knowledge of the risks people could face and how they should act. Staff confirmed they were encouraged to raise any concerns via the service's whistleblowing procedures should they need to. One staff member told us, "I have no concerns regarding the people I support, if I know how to make a safeguarding referral if I do or how to share my concerns."

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and reviewed to identify any lessons that could be learned.

Preventing and controlling infection

- Staff confirmed they had access to personal protective equipment, such as aprons and gloves when supporting people with personal care or when preparing food.
- There were measures to ensure food was served safely. Care workers had training in food hygiene and the care workers when applicable checked that food was stored safely, with regular checks carried out of food storage temperatures.

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.

This is the first inspection for this newly registered service. This key question was rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received the right support to eat and drink. The provider assessed people's support needs in this area and this formed part of people's care plans.
- The service also made positive links with the Greater Manchester Nutrition and Hydration programme (GMNH). The GMNH programme focuses on delivering a community intervention for identifying and addressing malnutrition and dehydration in the 65+ population. The service used the assessment tools provided when people they supported consented to this. The service told us of instances where they had referred people to the GMNH because they were at risk of malnutrition.

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

- There were effective systems for working jointly with other agencies. The provider had set up formalised, regular meetings with key partners such as health services, local pharmacy and social services. The service also encouraged people to participate in Buy's Exercise Referral Scheme (BEATS). The registered manager provided examples where people receiving the service engaged in the BEATS scheme and received support and advice from a physical activity specialist to promote their health and wellbeing.
- People's care plans showed close involvement with external health and social care professionals. This had been documented and advice and guidance included in support plans.
- We received positive feedback from social care professionals about the level of support and engagement staff provided and how the service provided quick responses to any issues they raised.

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.

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.

- The service was working within the requirements of the MCA. No one using the service at the time of our inspection had restrictions on their liberty.

- Staff had completed MCA training to help them understand the principles of the Act.
- People confirmed staff gained their consent before they provided them with assistance which meant people had choice and control of their lives.

Staff support: induction, training, skills and experience

- Staff received ongoing refresher training to ensure they were well equipped to meet people's needs. This was through a blend of online learning and face to face learning. Staff had undertaken training in areas relevant to their roles and the support they provided. This included training on moving and handling, first aid, catheter and stoma care, dementia care and health and safety awareness.
- Staff told us training opportunities were always available in areas applicable to the needs of the people they were supporting. A staff member told us, "This training on offer is brilliant. We did a dementia tour training recently which I found very helpful."
- Staff had regular supervision with their line managers. Supervision was used to assess the staff member's performance, address development issues and to discuss managers' expectations of care workers.

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

- People's needs were assessed by the care team which sometimes included the registered manager, care coordinator and the community supervisors before they started using the service. People and those closest to them contributed to their assessment which included lifestyle choices and required call times.
- Protected characteristics under the Equality Act were considered. For example, people had been asked about their cultural needs and their preference of either male or female staff members.
- Information gathered during assessments was used to develop care plans which helped staff to get to know people and meet their needs.

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.

This is the first inspection for this newly registered service. This key question was rated good. 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; Respecting and promoting people's privacy, dignity and independence

- People and relatives were complimentary about the care provided. Comments included, "They [care worker's] do everything they can, been no better care agencies" and "I love the girls [care workers] who visit me, they are like my family."
- Staff had a good understanding of people they supported. Staff knew people's likes and dislikes, and interests and incorporated these into their care.
- Staff had received training on equality and diversity and the registered manager was clear about their responsibilities in this respect.
- The provider told us they welcomed and encouraged lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would provide care to LGBT people without any discrimination and support them to meet their individual needs.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in care decisions daily and through reviews and surveys about their experiences.
- The views and preferences of people using the service were clearly expressed in their care plans. Care plans supported the involvement of people in decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy was respected. Comments from people included, "They definitely respect my dignity" and "They treat me with dignity and respect." Everyone we spoke with told us care workers knocked on their doors before entering their flats.
- People confirmed support from the service helped them to remain independent and living own homes in line with their wishes. The registered manager provided a positive example where the service introduced assistive technology for one person to be able to self-administer their medicines, which resulted in her person requiring less support from the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question was rated 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

- Care was planned to meet people's needs. The electronic care plans at the service were person-centred and regularly reviewed. Staff had access to people's care plan via their smartphones. They contained detailed information about people's daily routines and specific care and support needs.
- Care plans were detailed in their scope and identified key areas and goals where people required support. There was information on how best to provide care and what people preferred and information on what was required on each visit was summarised on visit plans. People and their family members could also have access to the care plans via the smartphone application.

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 communication needs were detailed in their care plans.
- The registered manager told us the service would be able to provide information in different formats if needed.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. This was clearly detailed in the information pack given to people.
- People and relatives knew how to make a complaint should they need to. They were confident if they had any concerns they would be addressed promptly.

End of life care and support

- Consideration was given to inform people's end of life care for their choice, comfort and dignity and these were recorded in people's care files.
- People's choices and preferences in relation to end of life were appropriately explored and recorded where agreed with them or their chosen representative. For example, any family and friends they wanted to be with them and choices about the arrangements to be made.

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.

This is the first inspection for this newly registered service. This key question was rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The registered manager demonstrated a commitment to providing consistent and person-centred care that met people's needs in a way that promoted their individuality.
- The registered manager undertook audits in areas such as care plans, medicines, calls analyses and staff files and spot checks were undertaken of staff providing care in people's homes. These checks helped the registered manager to have a clear overview of the service they provided for people.
- The registered manager reported all notifiable incidents to the relevant authorities.
- The management team consisted of a registered manager, one care coordinator and three community supervisors. Staff told us they enjoyed working at the service and felt the management team were supportive. Comments included. "The management are great, [registered managers name] is very committed" and "[Registered managers name] is by far the best manager I have worked for. She always tries her best for everyone."

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

- People were supported by an approachable and enthusiastic management team. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.
- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.

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

- The management team carried out regular spot checks on the service. This included visiting people in their homes and getting people's views on their care.
- The registered manager had implemented surveys for people and their relatives. They had analysed the responses and produced a graph containing the data. Although we found surveys were analysed and were generally positive, the service would have benefited with recording what improvements had been made as a result of people's views. The registered manager acknowledged this was an area they would develop.
- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas.

Continuous learning and improving care; Working in partnership with others:

- The provider had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with local community products such as the Greater Manchester Nutrition and Hydration.
- Shortly after the inspection we spoke with a local authority contracts officer who provided positive feedback, they told us, "[Registered managers name] is very enthusiastic and is always willing to take on new initiatives we have going on."