

Homestead Care Service Limited

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Inspection report

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Date of inspection visit:
17 October 2018

Date of publication:
15 November 2018

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

This inspection took place on 17 October 2018 and was announced. At our last inspection in January 2016, we found the provider was meeting the regulations we inspected and the service was rated Good. At this inspection, we found that the service continued to be rated Good.

Homestead Care Service Limited provides care and support to people living in their own home. Not everyone using Homestead Care Service Limited receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection there were 230 people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had policies and procedures in relation to safeguarding adults. The registered manager and staff were aware of procedures to follow to safeguard people. Potential risks to people were assessed to ensure they remained safe.

System was in place to manage accidents and incidents and learn from them so they were less likely to happen again.

There were sufficient numbers of skilled and experienced staff to meet people's needs. Checks had been carried out on staff before they started to work to make sure they were suitable to work with people who used the service.

There were systems in place to ensure people received their medicines safely. People were supported to have a healthy and nutritious diet.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. The management team worked with other professionals and this helped to ensure people received the support they needed to maintain their health.

Staff were knowledgeable about people they supported. People commented that staff had good relationships with them. They were encouraged to make informed decisions about their care and support. Before people received any care or support they were routinely asked for their consent. The provider had systems in place to support people who lacked capacity to make decisions for themselves.

People were supported by staff that promoted independence, respected their dignity and maintained their

privacy. They were encouraged to participate in activities that were meaningful to them.

Staff were supported to maintain and develop their skills through training and development opportunities.

People and their relatives felt the service was well run and they could discuss any issues with the registered manager. Confidentiality of people's personal information was maintained.

There were systems in place to gain the views of people and their relatives about the service. People and relatives told us they were satisfied with the care and support provided by staff. They knew who to speak to if they were unhappy or had any concerns. The provider always welcomed suggestions on how they could develop the service and make 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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Homestead Care Service Limited

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.

This inspection took place on 17 October 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that members of the management team were available to assist us with the inspection. It was carried out by one inspector.

Before the inspection we reviewed information we held about the registered provider, including previous notifications and any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law.

We received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During our inspection, we spoke with the registered manager and the care coordinator. We looked at ten records relating to the care of individuals, ten staff recruitment files, training records, accident and incident reports and records relating to the running of the service. We also looked at the latest report from the local authority commissioning team. They visited the service on 08/05/2018. We sampled the latest satisfaction surveys carried out this year and comments made by people when members of the management team visited them.

After the inspection we spoke with six people who used the service, four relatives and five members of staff to obtain their views of the service.

Is the service safe?

Our findings

People told us they felt safe when staff came to their houses and if they did not feel safe, they would inform the office staff. One person said, "I am very happy with the carers, they are very good." Another person told us, "Everyone [staff] is lovely and yes I do feel safe with them."

The provider had policies and procedures in relation to safeguarding the people who used the service. Staff knew what their responsibilities were in ensuring people were protected from the risk of harm. We saw staff had regular training in safeguarding and the subject was discussed during team meetings.

The provider also had a whistle blowing policy in place. Staff knew they could raise any concerns and were confident in whistleblowing. Whistleblowing is the term used when a member of staff passes on information concerning wrongdoing.

Risk assessments for each person who used the service were in place. These gave staff detailed information on how to manage and minimise the risks, for example, how best to support people in different situations and how people might behave when they were in pain or upset. The management team regularly reviewed the risks to people to ensure they remained up to date and accurate.

There was a system in place to record accidents and incidents. The registered manager investigated any accident or incident and took action to reduce the risk of further occurrence and keep people safe. There was evidence that learning from investigations took place and appropriate changes were implemented.

People felt there were enough staff to care and support them with their needs. One person said, "I always have the same carer who comes to see me." However, one relative felt the time keeping of staff could be improved. This was discussed with the registered manager. Staff rotas showed that people were supported by the same staff members most of the time unless the staff were on leave or not well.

We saw checks had been undertaken before new staff started working for the service. Checks included staff's previous employment history, proof of identity, written references and criminal records checks. This helped to ensure people were not exposed to staff who had been barred from working with people in need of support.

People told us they received their medicines when they should and felt staff handled their medicines safely. One person said, "They [staff] help me with my medicines when I need to take them." Details about what medicines people were prescribed were within the care folders. Staff who helped people take their medicines had been trained to do so.

Staff were provided with personal protective equipment such as aprons, gloves and shoe covers. They were aware of their roles and responsibilities for the management of infection and had received training in this subject.

Is the service effective?

Our findings

People and their representatives said they were happy with the care and support that was provided by the staff. They felt the staff knew what they were doing and had the appropriate skills. One person said, "Yes, they [staff] know what they are doing."

The provider had a training programme for all staff to complete to ensure they had the skills to meet people's needs. Staff attended a number of training courses relevant to their role and these were updated regularly. They told us the training they received was good and helped them to meet people's needs.

When staff started working for the service they were provided with an induction programme, which included training and shadowing experienced staff before working alone. Staff commented that the induction process was comprehensive.

Staff felt well supported by the management team. We saw staff had regular one to one meetings with their line managers to discuss any issues or concerns they might have relating to people's care and support. During these meetings, staff also discussed any training needs or any personal matters that might be affecting their work or performance.

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. People told us staff always asked them for their permission before they provided them with care and support and they acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Where people had requested, staff helped them with their meals. Staff demonstrated a good understanding and awareness of people's dietary needs and their likes and dislikes. For example, one member of staff told us that one person loved eating porridge. This showed people were supported to maintain nutrition and hydration as appropriate.

People were supported to maintain good health. We saw the provider worked closely with health and social care professionals. Staff monitored people's health and welfare and reported any concerns to the management team who made referrals to health care professionals as required.

Is the service caring?

Our findings

We received positive feedback from people and their relatives about the service and the staff. People told us the quality of care provided was good. One person said, "The staff are very caring, I trust them with my life."

People were treated with dignity and respect and staff always ensured their privacy was respected. Staff understood the importance of respecting people's privacy and dignity. They gave us examples of how they promoted this such as closing the doors, when assisting people with personal care.

The provider had a confidentiality policy in place. Information about people was stored securely and kept confidential. Staff were aware of their responsibilities in this area and knew that people's private information should not be disclosed to a third party without their consent. This meant people's confidentiality was protected.

People told us that the staff had built up very good relationships with them. When asked, staff were able to tell us about people's needs, interests and preferences. For example, they told us what people liked to do during the day. People were complimentary about the staff.

People were given sufficient information by the service so they were able to decide and make choices about their care and support. Where people were not able to decide, their representatives were involved. People had access to advocacy services if needed.

Staff promoted people's independence and encouraged them to do as much as possible for themselves. For example, people were encouraged to wash part of their bodies by themselves during personal care if they could do so. This helped to ensure people maintained their abilities in some areas of their care needs. One person told us, "I get my own clothes ready."

The provider was committed to challenge any form of discrimination it encountered. People's diversity, values and human rights were respected. The service had an equal opportunities policy in place.

Is the service responsive?

Our findings

Comments from people and their relatives were positive, indicating that staff were caring and helpful in meeting their care needs. One relative said, "We are happy with the agency."

From the detailed assessments of needs carried out before people started to use the service, care plans were developed which recognised each person as an individual with their own specific support needs. People and their representatives were involved in developing their care plans.

We saw the care plans reflected people's individual care and support needs and contained detailed information about how staff should support them. People were at the centre of the service provided. Care plans were kept under review and this helped to ensure staff continued to meet people's needs. Staff felt the care plans had enough information to enable them to meet people's needs and they were informative. They had a good knowledge about people's preferred routines.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. Staff ensured people carried on doing things they liked if it was part of their care package, for example, going to the local park or shopping. People were able to pursue their hobbies and interests.

The provider had a complaints policy and procedures which included the timescales in which a person would receive a response. People and relatives told us they were happy with the service and they did not currently have any concerns. One person said, "I will speak to the manager if I have a problem." The management team were in regular contact with people and this helped to ensure that any issues were dealt with promptly to ensure people's needs were met accordingly.

We noted the service had received a number of compliments from people or their relatives. One comment was, "All the carers from Homestead were very good to my [family member], but [staff] and [staff] in particular were amazing. They were always there with a big welcoming smile, and constantly went above and beyond their duties, perhaps staying longer than they should have on occasions, and sometimes popping back just to make sure [family member] was ok. Nothing was ever too much trouble for them. They became [family member's] friends, as well as their carers, and I was able to relax more knowing that my [family member] was in such safe and considerate hands."

The management team and staff ensured that people's individual wishes at the end of their lives were known and respected.

Is the service well-led?

Our findings

People and relatives told us that the management team was approachable and they could contact them at any time. One person told us, "It is a good agency, I have been with them for three and half years now, no complaints."

Staff also commented positively about how the service was run and felt they could discuss any concern/issue with their senior colleagues and were confident it would be dealt with promptly. One member of staff told us, "All the office staff are very approachable and you can talk to them if you need any advice."

There were clear lines of responsibility and accountability within the management structure. The registered manager operated an open-door policy. The management team was always available on the telephone for people and staff to discuss any issues they might have. People were visited by members of the management team on a regular basis to ensure that they were well supported and received good care.

Staff meetings were held regularly and these gave staff an opportunity to share any ideas for the development of the service or discuss any issues they might have. One staff member said, "I can speak to the office staff during team meetings, they are always very helpful."

The office staff carried out regular spot check on staff to ensure people were receiving care and support as they had requested or agreed. We saw that when staff members had not performed as expected management team had taken appropriate action and called them to the office to discuss the issues that had been identified. Staff had access to policies and procedures which were kept up to date to ensure they were relevant to the latest guidance or regulations.

The registered manager was aware of when the Care Quality Commission should be made aware of events and the responsibilities of being a registered manager. All notifications were submitted to us in a timely manner. They kept us up to date with any changes that happened at the service.

There were audits carried out to monitor the quality of the service and to identify how the service could be improved. These included areas such as care records, daily records and medicines charts.

The provider had an effective quality assurance and quality monitoring systems in place. They welcomed suggestions on how they could develop the service and ensured improvements were made when identified. We looked at the satisfaction surveys which were completed recently by people and their representatives. The feedback received was positive.

We saw evidence that the provider worked in partnership with other organisations to support and care for people. They had also developed good links within the local community.