Home Sweet Home Care Limited

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Inspection report

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Tel: 02085938333

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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

This inspection took place on the 12 October 2017 and was announced. At the previous inspection of this service in July 2016 we found two breaches of regulations. This was because the service did not have effective staff recruitment processes in place and they had failed to notify the Care Quality Commission [CQC] of allegations of abuse. During this inspection we found these issues had been addressed.

The service is registered with CQC to provide support with personal care to people living in their own homes. At the time of our inspection 19 people were using the service. The service had 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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Medicines were managed in a safe way.

Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they were able to make choices about what they ate. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service.

We have made two recommendations in this report because records were not always maintained of staff supervisions and team meetings and some people had concerns about staff punctuality.

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 was safe. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Is the service effective?

Good

The service was effective. Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

People were able to make choices about their care and the service operated within the principles of the Mental Capacity Act 2005.

People were able to choose what they ate.

People were supported to access relevant health care professionals as required.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. People and staff told us they found senior staff to be supportive and helpful. There was a registered manager in place.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

We have made recommendations about record keeping and staff punctuality.

Home Sweet Home Care 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 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 the 12 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by an 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.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications the provider had sent us. Prior to 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. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

We spoke with seven people who used the service and five relatives. We spoke with six staff. This included the registered manager, care coordinator, receptionist and three care assistants. We reviewed six sets of records relating to people including care plans and risk assessments. We reviewed the recruitment and training records of six staff. We looked at six sets of medicine records and quality assurance and monitoring systems. We sampled some policies and procedures including the complaints, whistleblowing and safeguarding procedures.

Good

Is the service safe?

Our findings

At the previous inspection of this service in July 2016 we found they were in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they did not have effective staff recruitment procedures in place. Specifically, they did not always obtain employment references for staff employed. During this inspection we found this issued been addressed.

Staff told us and records confirmed that checks had been carried out on staff before they were able to commence working at the service. One member of staff said, "I had a DBS check and they checked my references and stuff like that." Another staff member said, "They did some checks, references and DBS." DBS stands for Disclosure and Baring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed the service had carried out appropriate pre-employment checks on staff including criminal records checks, references and proof of identification. This meant the service had taken steps to help ensure suitable staff were employed.

People told us they felt safe using the service. One person said, "They are professional with a caring touch and that makes you feel that you're in safe hands." Another person said, "I always have two carers each time and they both know what they're doing and how to help me. I have a small team and it doesn't matter what pairs they are in they work well together and I feel totally safe with them." A relative told us, "The agency and staff work with me to keep my parents safe. I have total confidence in them and they are doing all they can to help me to keep them in their own home."

The service had a safeguarding adult's procedure in place. This made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. The service also had a whistleblowing procedure in place that made clear staff had the right to whistle blow to outside agencies. Staff had undertaken training about safeguarding and understood their responsibility for reporting allegations of abuse. One staff member said, "I wold report it to the on-call right away. Someone in the office would report it to social services." Another staff member said, "I would report it to the boss."

The service had systems in place to reduce the risk of financial abuse. One person said, "When the carers help with my shopping, I give them the money and they bring the change back with the receipts. I absolutely trust them." Where the service spent money on behalf of people records were kept. At the time of inspection the service only spent money on behalf of one person, providing a shopping service for them. The person had the capacity to check the records and receipts provided. The service had a policy which made clear what staff were prohibited from doing to help protect people. For example, staff were not permitted to accept gifts from people or be involved in helping people to draw up their will.

Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. Assessments included risks associated with medicines, moving and handling, infection control and the physical environment. For example, if there were any risks associated with trip hazards, ventilation or lighting within the person's home. Regular equipment audits were carried out on equipment

used to support people such as hoists. This included checking they were in good working order and within the date they required servicing by.

Risk assessments included personalised information about how to support individuals in a safe manner. For example, the risk assessment about moving and handling for one person stated, "Please place sling underneath me and hoist me into my shower chair keeping my dignity in place with a towel over my lap at all times. Please ensure the sling remains underneath me during the shower. Please ensure I am comfortable and my legs and feet are securely in place to prevent risk of falls. Please drop my right leg down to the side if my legs start to spasm." The risk assessment for another person stated, "A side effect of my medication can sometimes make me drowsy and unsteady on my feet so please assess mobility on every visit and take time with all transfers and movements, ensuring that all instructions are clear and understood."

Staff told us they had enough time to carry out their duties on each visit. They said they had never been expected to support a person on their own when the person was assessed as requiring the support of two staff. One member of staff said, "We are told by the manager we can never do a double up on our own. If the other carer did not turn up we are told to phone the on-call, but I've never been in that situation." Another staff member said, "On a double up you are never on your own."

People told us they were supported to take their medicines. One relative said, "They are good with her medicines, they know what they are doing and keep good records." Staff had to undertake training about medicines administration before they were able to provide support to people with taking medicines. One staff member said, "I don't presently give medicines, I have not had the training for that." Medicine administration record charts were maintained. These included details of the name, strength, dose and time of each medicine to be given. Staff signed the chart each time they supported a person to take medicine so a clear record was maintained. The charts were then checked by a senior member of staff. We checked medicines charts and found them to be accurate and up to date.

Good

Is the service effective?

Our findings

Staff received support through training and supervision to help them develop skills and knowledge relevant to their role. Staff undertook an induction programme on commencing working at the service. This included shadowing experienced members of staff to learn how to support individuals and completion of the Care Certificate. The Care Certificate is a training programme designed for staff who are new to working in the care sector. A recently recruited member of staff told us, "I did three days shadowing and I'm halfway through the Care Certificate." Records showed that staff were provided with on-going training and this was up to date. One member of staff told us, "I've had moving and handling [training], medication and dementia training, we had that." Records showed staff undertook training about the principles of care, record keeping, dementia care, infection control, health and safety and safeguarding adults.

Staff told us they had one to one meetings with their manager. One staff member said, "We have a chat to see how I am getting on, if I am struggling with anything." The registered manager confirmed they met with staff individually but said they did not keep records of these meetings. They said they talked about, "How they are getting on, feedback on service users, if there is any training they need."

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.

Care plans included information about supporting people to make choices. For example, the care plan for one person stated, "Please assist me to dry and dress into clothes of my choice." Staff told us they supported people to make choices. One staff member said, "We like to give them the opportunity to pick and choose what they wear, what they eat."

Authorisation and Consent forms were in place. These stated, "I have read and consented to the care in the support plan provided to be carried out." People had signed these forms which meant they were able to consent to the care provided to them.

People told us they were offered a choice of meals. One person said, "The girls [staff] never assume anything and always ask me what dinner I'd like." Another person said, "The staff in the morning ask what I'd like for dinner, they get it out to defrost and then the girls sort it in the evenings. They all work well together." A relative said, "Food can be difficult as (person) is very hard to please but they try so hard and never get flustered."

Care plans included information about people's food preferences. For example, the care plan for one person sated, "Please prepare my breakfast of porridge and a cup of tea with milk, no sugar. I like porridge runny using extra warm milk." The care plan for another person stated, "Please ensure all of my meals are cut up very small as I struggle to chew big lumps of food." Staff told us they offered people a choice about what

they ate. One staff member said, "I go to the freezer, tell them what they have got and they will choose."

People said the service supported them with health care needs. One person said, "They liaise with my OT [occupational therapist] to sort the equipment that will help me." Another person said, "Sometimes I need one of them to come to an appointment with me, blood test, that sort of thing and they are always happy to help."

Staff were knowledgeable about what action to take if a person was unwell. Staff told us they would contact a person's GP or call an ambulance if required. One member of staff said, "If we needed to, an ambulance would be called and we would wait until the ambulance turned up." They said they would also make sure family members were informed if a person was not well. Care plans included contact details of people's GP and next of kin. Records showed that the service was proactive in involving other care agencies as required. For example, staff noted that there was deterioration in a person's skin condition and the service made a referral to the district nursing services who provided support.

Good

Is the service caring?

Our findings

People told us staff were caring and treated them with respect. One person said, "Everyone is lovely and I look forward to them coming." Another person said, "They are always jolly, we have a laugh and a giggle and that's so important when you are in pain." A relative said, "I have found them excellent, you hear horror stories and I have been so impressed with how relaxed and caring they all are."

Care plans included information about people's past life history, for example about their family and previous employment. They also contained information about people's interests. For example, the care plan for one person sated, "I enjoy watching and attending boxing matches." The care plan for another person stated, "I enjoy watching my favourite TV programmes such as gardening shows and the news. I love to sing." This kind of personal information enabled staff to get a good understanding of the person which helped them to build good relationships with them. Staff told us how they built good relations with people. One staff member said, "A lot of them like to have a chat. We prioritise what needs to be done first then we sit and have a chat for the last five minutes." A second member of staff told us about a person they worked with, saying, "[Person] likes boxing, we talk about that and about what he is watching on TV." A third staff member said, "I ask them about their family, what the used to do. Although you're a carer you have to be friendly with them and build up a good rapport."

Staff had a good understanding of how to promote people's dignity and privacy. One staff member said, "When we do their personal care the towel goes over their lap to cover their bits." Another member of staff said, "I put a towel around them. If they are going on the commode I go in to another room until they are finished. If you can't leave them because you are worried they will fall I busy myself with reading rather than looking at them." The same staff member added. "I close the curtains and the door [when providing support with personal care]."

People said they were supported to maintain their independence. A relative told us, "They do some bits and he does others while he can, that's great. It can mean being slower but they never act rushed." Care plans included information about supporting people to maintain and develop their independence. For example, the care plan for one person stated, "Please support me by handing me the flannel to enable me to provide my own personal care." The care plan for another person stated, "I am extremely independent and require minimal assistance from my carers, however, I need a lot of encouraging undertaking daily tasks such as washing and dressing." Staff told us they promoted people's independence. One staff member said, "With [person] we ask if he wants us to wash him and 99% of the time he likes to do it himself but sometimes he gets pain in his wrist [so staff had to wash him]." Another member of staff said, "You ask them to wash their own face and brush their teeth. You try to give them as much independence as you can."

Care plans recorded information about people's ethnicity, religion and language. The care coordinator told us all current people using the service where able to speak English which meant they were able to communicate their needs and wishes to staff. Care plans included information about people's communication needs. For example, the care plan for one person stated, "Please speak slowly and clearly so I can understand. Allow me time to understand and respond." Care plans did not include information about

people's sexual orientation but the registered manager told us the service would be able to meet people's needs around sexuality where appropriate and that people would not be discriminated against because of their sexual orientation. The registered manager told us that at the time of inspection no one using the service had any specific dietary needs related to culture or needs related to religion but said the service would be able to accommodate that if required.

Good

Is the service responsive?

Our findings

People told us their needs were assessed before care started. A relative said, "It was a very thorough assessment when we started. It's our third care company and finally I feel supported and think that they know what they are doing."

The registered manager told us after receiving an initial referral they met with the person to carry out an assessment of their needs. They said, "I speak to the service user and normally they have a relative and sometimes a social worker." The purpose of the assessment was to determine if the service was able to meet the person's needs. The registered manager told us on occasions they had declined a person because they could not meet their needs.

Care plans were written by the registered manager and based on the initial assessment and discussions with people. The registered manager said, "I ask them what they like and what they don't like so the carers know about them before they first go in." Care plans were reviewed after the first six weeks then every six months thereafter or more often if there was a significant change to a person's needs. This meant they were able to reflect people's needs as they changed over time. Care plans covered needs in relation to toileting, oral care, dressing/undressing, nutrition, medicines and hair care.

Care plans contained personal information about how to support individuals. For example, the care plan for one person stated, "Please cream my legs daily with Double Base cream and report any changes in colour or size to the office as I have previously had deep vein thrombosis." The care plan for another person about medicines stated, "I like to take morning medication with warm water from the kettle." The care plan for another person stated, "I struggle to grip and hold objects due to pain and stiffness in my hands. I often become very stiff and sometimes immobile due to pain caused by arthritis in my knees and legs. Due to arthritis I sometimes struggle to walk independently."

The registered manager told us they tried to keep the same regular care staff working with the same people to promote continuity of care. They said if a staff member was away from work for whatever reason, in the first instance the tried to find replacement carers who had worked with the person before. A staff member said, "I am with the same clients all the time. This is good because it gives consistency and they know who is coming."

People told us when they had raised issues with the management they had been addressed. The service had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. People were provided with their own copy of the complaints procedure so it was readily accessible to them. Records showed complaints had been dealt with in line with the procedure.

The service kept a record of compliments received. A relative wrote, "Home Sweet Home has consistently provided high standards of care. We felt comfortable in the knowledge that if there was a problem we could all work together." Another relative wrote, "I cannot recommend Home Sweet Home enough. The team

looked after my relatives as if they were their own. All the staff are caring, loving and compassionate." A person who used the service wrote, "We always look forward to their visits. It helps us through the day. It is surprising what a cheery word and a smile does."

Good

Is the service well-led?

Our findings

At the previous inspection of this service in July 2016 we found they were in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because they had failed to notify the Care Quality Commission [CQC] of allegations of abuse. During this inspection we found this issue had been addressed. The service had notified CQC of allegations of abuse and of other incidents where they were legally obliged to do so.

A number of people told us staff were not always punctual. One person said, "Punctuality isn't always great and they don't always let me know." Another person said, "Not coming on time is an issue and the point that I have had to make is that I want a phone call. I am worrying whether they are late or not coming at all. Since then, they tend to phone if they are going to be late." We recommend that the service reviews its systems for monitoring staff punctuality so issues of staff lateness can be addressed.

Staff spoke positively about the registered manager and about the working atmosphere at the service. One staff member said, "[Registered manager] is very good because she is laid back but there is structure. She is very approachable, if you go to her with an issue she gets it sorted immediately." Another staff member said, "[Registered manager] is lovely, she is really good. I can always ring her if I need to." A third staff member said, "[Registered manager] is very approachable, she is very good and you can phone her night or day." The registered manager told us they worked most Sundays in the role of a care assistant, directly supporting people. They said this gave people the chance to talk with them. It also provided the registered manager with the opportunity to work alongside care staff so they were able to monitor their performance.

One member of staff said, "The staff I work with are fantastic. We all work well together." Another staff member said the teamwork was "good" and added, "We all help each other out." The same staff member said, "It's the best job I've ever done, it's a good company to work for." A third member of staff said, "I love them [staff] all, there is not one that I don't want to work with."

The service had an out of hours on-call system which meant staff were able to contact senior staff for advice when required. One staff member said, "If there is any problems I've got [registered manager and nominated individual] phone numbers and there is an on-call number. I've rung the on-call and it is always answered quickly." The registered manager told us that all of the policies and procedures were available electronically to staff on their phones. This meant staff were able to access them as required.

The registered manager told us the service held regular staff meetings. Records were kept of the dates of these meetings and of the staff who attended. However, no minutes were taken at these meetings. We also found that records were not kept of one to one supervision meetings with staff. We recommend that comprehensive records are maintained of staff one to one meetings with managers and of team meetings. This would mean there was an accurate record of what was discussed and agreed at those meeting for future reference.

Staff told us they attended team meetings. One member of staff said, "We sit around and [registered

manager] asks how we are getting on, if there is anything we want to talk about." The registered manager said in team meetings, "We talk about the clients, if staff have enough travel time. It's nice to get them all together and have a bit of tea bonding."

The registered manager told us they carried out a six monthly survey to seek the view of people and relatives. Surveys included questions about if staff respected people's choices, if they had a good understanding of individual needs, punctuality and politeness. We looked at completed surveys which contained positive feedback about the service. A monthly telephone call was made to each person to see how they were getting on and if they had any concerns. Records showed people gave mostly positive feedback about the service in these calls.

The care coordinator carried out spot checks to monitor and assess staff performance. They said, "All our spot checks are unannounced. I work of a chart and everyone gets a spot check every month. I get there before the call is due so I can note the time they arrive. I'm looking to see they are wearing the company uniform, I watch how they interact with the clients, make sure they do equipment checks and record keeping." Records showed that were a spot check highlighted an issue of concern a follow up spot check was done after two weeks to make sure the staff member had addressed the issue.