

Home Life Carers Limited

HomeLife Carers Ltd

Inspection report

Unit 5, Oaklands Court
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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: Homelife Carers (Tiverton) is a domiciliary care agency. It provides personal care to people living in their own houses in Tiverton, Cullompton and surrounding areas. Not everyone using the service receives regulated activity; 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 our inspection 185 people were receiving 'personal care'.

People's experience of using this service:

There had been changes to the provider since our last visit with a new company taking the lead. They were working with the registered manager to implement new systems at the service which was causing some anxiety amongst staff. The registered manager was working with staff to minimise the uncertainty during the transition.

People were happy with the service they received. People told us they felt safe and mostly had a consistent reliable staff group who always turned up on time or informed them if they were running late.

Risks associated with people's care had been assessed and managed to keep people safe. Staff understood safeguarding procedures should they be concerned a person may not be safe.

People's needs were assessed before they started to receive care visits to make sure their needs could be met. Care plans confirmed how people should receive support and people's experience of their care visits were regularly reviewed to ensure these were completed in accordance with what had been agreed.

People were treated with dignity, respect and kindness. Staff knew people well and provided personalised care. 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.

People received their medicines safely. We discussed medicine administration records were not consistently clear. The registered manager assured us a new computerised system being implemented would make medicine information clearer for staff.

Staff understood their responsibilities to maintain good infection control practices to prevent the spread of infection and people confirmed staff followed good practice when supporting them.

There were enough suitably trained staff available to meet people's contractual agreements. People confirmed they received the support as agreed and spoke positively of the caring approach of staff. Competency checks of staff were regularly undertaken to make sure they continued to support people safely and appropriately.

Staff worked with other professionals to ensure people received support when needed. Staff supported people to make contact with health care professionals if required.

People knew how to raise any concerns if needed. The registered manager had responded to complaints and taken actions to resolve them.

There was a quality monitoring system to enable the registered manager and provider to have oversight of the service, and make sure any improvements needed, were identified and acted upon.

Rating at last inspection: Good (report published in January 2017).

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

HomeLife Carers Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care 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 agency provides care to adults, including people with dementia, physical disabilities, sensory impairments, a learning disability or mental health issues.

The service had a manager registered with the Care Quality Commission (CQC). 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. The registered manager had worked at the service in different roles for nearly eight years and was registered with CQC on 9 August 2019 during the inspection

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because this is a small service and we needed to be sure arrangements could be made to meet with key staff and people who use the service.

Inspection site visit activity was carried out on 7 and 16 August 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. We contacted people using the service on 28 August 2019.

What we did:

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and action plan and looked at the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We contacted health and social care professionals who work with the service to ask their views.

During the inspection we visited two people who use the service in their homes and spoke with them and a relative. We spoke with the registered manager and members of the management team and staff working in the office.

We looked at a selection of records which included;

- Two care and support plans

- Two staff files

- The providers policies

- Quality assurance audits and the provider's quality improvement plan

- Complaints

- Staff training and supervisions

- Results of completed satisfaction surveys.

After the inspection site visit we contacted ten people and relatives by phone and emailed care staff to ask for their views about 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 good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe with the staff who supported them. One person said, "They are very good, no worries at all."
- The provider had systems which helped to keep people safe. These included a robust recruitment process which made sure all new staff were thoroughly checked and had the skills and character required to work with vulnerable people.
- Staff completed safeguarding training as part of the provider's induction, so they understood how to recognise signs of abuse and their responsibility to report any concerns to the registered manager for investigation. Staff said they had confidence the registered manager would deal with any concerns effectively.
- The agency employed sufficient numbers of staff to make sure people's contractual requirements were met and they received the majority of their care from regular staff. A health professional told us, "Occasionally when I have heard Homelife are short staffed, senior carers will be deployed to cover more care visits. I have witnessed that carers and seniors are able to back each other on very challenging visits where double handed care may be indicated if a patient is very unwell, fallen or has a sudden deterioration in their mobility."
- People said staff usually arrived on time to support them and notified them if they were going to be late. One person told us, "They always let us know if there is a problem."

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

- People's needs were assessed when they started to use the service so that any risks associated with their care were identified with actions for staff to follow to minimise them.
- People's care plans identified risks such as personal risks, medication and risks associated with moving and handling.
- The provider has traffic light colour coded system to protect vulnerable people with complex needs. People were assessed depending on their level of need, vulnerability and complexities of care. If a person was rated as red they received a weekly visit from a community team leader to have a chat review their care and any issues.
- Environmental risk assessments were carried out to identify risk such as trip hazards that could impact on staff safety when they visited people.
- The provider worked in partnership with the local fire service arranging free home fire safety checks.
- Any accidents or incident which occurred were recorded and analysed by the registered manager. This enabled them to learn from events and share the learning with the staff group. Any concerns were reported

to the provider as part of the registered manager's weekly reporting.

- The registered manager was continuously learning, and lessons had been learned and improvements made when things went wrong. For example, where a staff member had not undertaken a visit. This had been reviewed and improvements had been made to the way staff were informed about their allocations

Using medicines safely;

- People were supported with their medicines as agreed. Medicine records were hand written and not always clearly completed to guide staff. The registered manager told us there was a new computerised system being put in place which would resolve this concern.
- Medicine audits were carried out each month to monitor safe administration.

Preventing and controlling infection

- People were protected from the risk of infection because staff had received training and followed good infection control practices.
- Staff had access to personal protective equipment including gloves and aprons. People and relatives confirmed staff used gloves and aprons when delivering personal care.

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 good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they began to use the service. From initial assessments, care plans were developed to make sure staff had the information they required to effectively support people.
- People received care in accordance with their needs and choices because assessments were regularly updated to show changes in a person's needs or wishes.
- People told us they had been involved in making choices about their care. One person told us, "They are brilliant they always make sure I am happy."

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

- Staff monitored people's well-being and supported them to attend appointments when necessary. One person told us "They are very good at adapting the times of my visits, so I can go to my hospital appointments."
- Staff worked with other healthcare professionals to make sure people had the support and equipment they required to meet their needs. This included referrals to other professionals following assessments such as manual handling risk assessments.
- Health care professionals said they were contacted promptly. Comments included, "I have no concerns that Homelife will not raise concerns; they take a proactive and direct approach to address issues. The escalation process seems clear within the Homelife team from carers to seniors. I find carers are able to voice their concerns and will be heard by seniors/managers."

Staff support: induction, training, skills and experience

- Staff were supported with regular training and supervision. Staff received a comprehensive four-day induction where they worked through a range of face to face training linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. They then shadowed an experienced staff member for two weeks until they felt comfortable to work alone. The registered manager told us staff had a three month probation period at the end they had a supervision with the community team leader and with them to discuss the supervision and how things were going and then awarded the care certificate.
- Staff had access to training linked to people's needs such as management of PEG tubes (commonly used to provide a means of feeding when oral intake is not adequate), to help them provide more effective care to

people.

- Staff were overall happy with the training provided to them and the support they received. One member of staff said, "The training is really good as they offer a variety of training courses and we do our refresher courses every year that enables us to keep up to date on what is happening they also get the district nurses in to train us on Peg feeding for our clients that are PEG fed."
- People and relatives felt staff were sufficiently trained and had the necessary skills to support people safely. One relative told us, "They are all very good." A health care professional told us, "New members of care staff seem well inducted and shadow more experienced carers prior completing visits independently. If any carers are not clear on a change or concern regarding manual handling or equipment they will feedback directly via telephone to the therapist and request more instruction."
- Staff said they did not always feel supported by the management team. They confirmed they had regular supervision with their line managers but because of a recent change of company there was uncertainty at the service. One said, "As a company that has been taken over by a much larger group than we were, in the last year, we have also changed our manager. I feel reasonably happy and secure but there has been quite a few changes that at times has been unnerving but this is only because I'm not sure what will be changing or staying the same." The registered manager was aware of staff concerns regarding uncertainty and was working with staff during the transition.
- The provider had a robust on call system. Staff and people could call the office number at any time, which was transferred out of office to a designated staff member who would deal with any issues.

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

- People were supported to eat and drink enough if this was part of their agreed care. Food and drinks which was served was recorded.

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.

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

- The service complied with the principles of the MCA.
- People had their legal rights protected because staff had received training and understood the MCA and the need to gain consent from people
- Care plans contained information to show that people's capacity to make specific decisions was assessed. Where people lacked capacity then a best interest decision was made.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were fully involved in planning their care and how their needs should be met. One person told us, "They came, and I told them what I wanted and that is what I get."
- Each person had a care plan which had been written with them. Care plans were signed by people to state they understood and agreed with the plan of care.
- The community team leaders regularly met with people to seek their views and ensure they remained happy with the service provided to them.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring in their approach and treated them well. Comments included, "They are brilliant, so kind" and "I have lovely carers...we have a good laugh...they know me and my sense of humour."
- People had built trusting relationships with the staff who supported them. When we visited a person in their home we saw kind and caring interactions between them and the staff member. The person was very relaxed with the staff and management.
- When people started using the service they were asked if they had a preference regarding male or female staff supporting them and their wishes were respected.
- Staff completed training in equality and diversity as part of their induction and understood the importance of ensuring people were treated as individuals so that their needs were met effectively.
- Staff in the office were heard to be caring and supportive in their approach when answering and making calls to people and relatives.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and maintained their privacy and dignity. Comments included "Of course they keep me covered up, but they do have a job to do, we have a good laugh together."
- People's care plans clearly showed procedures staff should follow to protect people's privacy, dignity, and independence.

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 good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans and people's comments showed care and support had been personalised to their preferences. Care plans showed clearly what people needed help with and what their personal routines were. This made sure staff helped them in accordance with their wishes.
- Staff were kept updated when people's support needs changed through messages, contact with office staff and reading daily records kept at people's homes.
- People were kept informed about who would be supporting them. Each week people received a list by post of who would be supporting them. Office staff told us if there were any change they would ring people to make them aware.

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.

- We saw evidence that the identified information and communication needs were met for individuals. The registered manager told us about how they supported people with communication difficulties. They said for one person they had a small team of carers, who communicated by writing things down. Another person with a visual impairment was sent their bookings list and a staff member reads it to them and at each visit informs the person who is coming to the next visit and if there are any changes they will ring ahead to inform them. Another person had a special entry system where when the bell rang a light shone. Staff had a system where they texted this person ten minutes before their visit to inform them.
- Satisfaction surveys had been updated to include pictorial responses. For example, faces indicating emotions.

Improving care quality in response to complaints or concerns

- Everyone received a copy of the complaints procedure when they began to use the service.
- The registered manager dealt with grumbles and complaints in line with the providers policy. Where the registered manager had received complaints, they had taken action and kept the complainants informed.
- People said they would be comfortable to raise issues or concerns with staff or a member of the management team. One person told us, "I have nothing to complain about, I am very happy...I would tell them if I wasn't."

End of life care and support

- People had communicated their wishes for their family to be involved in their end of life care.
- A person who had recently passed away had a specific palliative care plan identifying their needs. The registered manager said they always tried to keep as small a team as possible and familiar carers when supporting people at the end of their life.
- A health care professional said they had no concerns regarding the end of life care provided by the service and went on to say, "They are one of the most responsive providers to urgent requests for support - end of life."

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 good. At this inspection this key question remained the same. 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; Continuous learning and improving care

- The registered manager was supported on a day to day basis by a stable office team and community team leaders. They took responsibility for monitoring the quality of care provided. This helped to make sure people received a good quality service which constantly looked at ways to develop and improve.
- The registered manager also received support from the providers higher management team who regularly visited the office and undertook quality checks. The registered manager told us in December 2018 there had been changes to the provider and some changes to senior management. They said they were working with new higher management to implement new electronic recording systems, policies and systems and to support staff during this transition.
- The community team leaders worked with people using the service which enabled them to continually seek feedback. They also carried out monitoring competence visits to assess quality and individual staff practice. This enabled them to address any issues with staff in a timely way.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People spoke highly of the service they received from the agency. One person told us, "Brilliant, I have nothing but praise for the care I have received." A relative told us how they had requested to use this service again because of the excellent care their relative had always received.
- The registered manager knew staff and people who used the service well. Because of their knowledge of people, they were able to promote a culture which respected people as individuals. When staff spoke to us about the people they supported they did so in a way that gave evidence that they treated each person as an individual with their own needs and aspirations.
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The provider had a system in place which meant the registered manager reported to them weekly which enabled them to have an overview of how the service was running and any changes which needed to be made.
- People told us the management of the service was very open and approachable and they could talk to them about any issues.
- Health professionals told us they had confidence in the management at the service. Comments included, "There is a new branch manager in post and she appears to be managing the service extremely well" and

"Management structure is evident and engaged...had a positive attitude and presented herself in a calm, friendly and supportive manner...I have found Homelife managers willing to extend themselves to support the wider implications of risk and find ways to negotiate and problem solve significant challenges which other care agencies may pull out of. It is my belief that if managers are able to exercise this sort of practice, this is encouraging a motivated and supported workforce."

- Staff mostly said they felt supported. Comments included, "At the moment I do feel I get all the support I need. I find it easy to ask for help and advice in the office, I find (registered manager) approachable" and "Yes I do I feel the manager is always willing to try and support us in any way we can and will go above and beyond in any way to help." However other comments included, "I do not always feel management support the carers working in the community and we certainly do not have regular staff meetings." The registered manager told us, staff have a weekly newsletter keeping them informed and said, "We don't tend to have many staff meetings...we have had carers meetings for all areas but not many carers were able to attend but this gives everyone a chance to air their views."

- The provider's 'yearly improvement plan' had identified an area for improvement was communication between office and carers. As part of their action they had put in place communication sheets and "felt the introduction of 'new systems would provide better efficiency...communication would be better improved."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was an annual satisfaction survey which enabled the provider to seek people's views and ensure changes and improvements were in accordance with people's wishes. Results of the most recent survey showed a high level of satisfaction.

- Staff had opportunities to share their views and make suggestions at regular one to one supervisions and appraisals.

- People were supported to access local facilities and remain part of their local community.

- Staff worked with other professionals to make sure people's care was monitored and they received the care and support they required.

- The provider published a weekly newsletter for staff. This included information such as reminders to staff, community team leaders working pattern, and details of the 'star of the week certificates. A scheme the provider had implemented which recognised the positive practice, going above and beyond and feedback relating to a staff member.