

Homebased Care (UK) Limited

Homebased Care (UK) Ltd - Coventry

Inspection report

Koko Community Centre
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Date of inspection visit: 14 July 2015
Date of publication: 18/08/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Homebased Care (UK) Ltd Coventry is a domiciliary care agency which provides personal support to people in their own homes. At the time of our visit the agency supported 39 people.

We visited the offices of Homebased Care Coventry on 14 July 2015. We told the provider we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. 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.

People and their relatives told us they felt safe with their care workers. Care workers were trained in safeguarding

Summary of findings

adults and understood how to protect people from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service.

People told us care workers were kind and respectful and had the right skills to provide the care and support they required. The registered manager understood the principles of the Mental Capacity Act 2005 (MCA), and care workers gained people's consent before providing care. There were enough suitably trained staff to deliver care and support to people. People had different experiences about consistency of care workers. Some people had regular care workers who arrived on time, other people did not know who would be coming and often had to wait over the agreed time for the care worker to arrive.

Care plans and risk assessments contained relevant information to help care workers provide the personalised care people required. People were involved in their care and were asked for their views and opinions about the service they received. Most people knew how to make a complaint if they needed to. People and staff said they could raise concerns with the registered manager, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, unannounced checks on care staff working in people's homes, returned surveys and a programme of checks and audits.

Summary of findings

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.

Staff understood their responsibility to keep people safe and there were procedures to protect people from risk of harm. Staff understood the risks relating to people's care and supported people safely. There were sufficient care staff to meet people's care needs. Staff recruitment procedures were thorough and people received their medicines as prescribed.

Good



Is the service effective?

The service was not consistently effective.

Several people said the time care workers arrived was very inconsistent. Not all staff understood the principles of the Mental Capacity Act 2005 but people's consent was requested before care was provided. Staff had the knowledge and skills to deliver effective care to people. People who required support had enough to eat and drink during the day.

Requires improvement



Is the service caring?

The service was caring.

People were supported by staff who they considered kind and caring; but some people did not know what care worker would arrive to provide their care. Staff respected people's privacy and dignity and where possible promoted their independence. People received support from care workers that understood their individual needs.

Good



Is the service responsive?

The service was responsive.

People were involved in decisions about their care and how they wanted to be supported. People said they preferred to have regular care workers who they could get to know. Care plans were regularly reviewed and staff were given updates about changes in people's care. People were able to share their views about the service and knew how to make a complaint if they needed to.

Good



Is the service well-led?

The service was well-led.

Most people told us they were satisfied with the service they received. People told us the service had improved recently, particularly the times care workers arrived. Staff felt supported to do their work and would have no hesitation raising concerns with the registered manager. The quality of service people received was regularly monitored through feedback from people and a series of audits and checks.

Good



Homebased Care (UK) Ltd - Coventry

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.

The inspection took place on 14 July 2015 and was announced. We told the provider two working days before the visit we would be coming, so they could ensure they would be in the office to speak with us and arrange for us to speak with care staff. The inspection was conducted 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.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. They also sent a list of people who used the service so we could contact people to ask them their views of the service.

We spoke by phone to 12 people who used the service, or their relative. During our visit we spoke with two care workers, a care co-ordinator, the registered manager and an audit and compliance manager for the organisation. We also contacted the local authority contracts team and asked for their views; they shared some recent information about the service.

We reviewed three people's care plans and daily records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People and relatives we spoke with said they felt safe with their care workers and knew who to speak to if they did not feel safe. They told us, “I do feel safe, they are nice people. I would speak to the girls in the office if there was a problem.” “Yes, he feels safe, he is very forthright. He would say if there was a problem.” “Yes, quite safe. I would speak to my son straight away if not.” “Safe, yes I do. I would ring the manager if not.”

We asked staff how they made sure people remained safe and were protected from abuse. Care workers had completed training in safeguarding adults and had a good understanding of what constituted abusive behaviour. They understood their responsibilities to report concerns to the registered manager or staff in the office. One care worker told us, “If I have any concerns I would record it and report it to the office. I would expect them to look into it and refer it to the local authority for investigation.” Staff we spoke with told us they had access to the number for the local safeguarding team as it was in each person’s home file. The registered manager knew how to make referrals to the local authority and how to inform us.

There was a procedure to identify and manage risks associated with people’s care, such as risks in the home or risks to the person. Staff knew about the risks associated with people’s care and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, care workers used equipment to move people safely and undertook checks of people’s skin where they had been assessed as at risk of developing skin damage.

There were sufficient care workers to allocate all the visits people required. Care workers said if staff were absent, they were asked to cover additional calls at short notice, but were never pressurised to do this. At the time of our

visit 39 people used the service and the agency employed 27 care staff. Care workers told us there was always a senior member of staff available if they needed to report concerns or ask advice. One care worker told us, “I can phone up at any time to get advice or support, if you have to leave a message they get back to you.”

Recruitment procedures minimised the risk of employing unsuitable staff to work with people who used the service. Records confirmed staff had an enhanced DBS (Disclosure and Barring Service) check, references and health declarations completed before they started work. The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait until their DBS and reference checks had been completed before they started working with people. There was regular recruitment of new care staff to allow the service to develop.

The service had a ‘Branch Continuity Plan’ for emergencies, for example in case of fire which included plans if the office could not be used following the emergency.

Most people we spoke with administered their own medicines. One person said care workers helped them remember to take their tablets. “They do my medication, it’s on time.” Where people needed support there was a procedure to assist them to take their medicines safely. Care workers told us they were confident giving medicines because they had received training and were also observed to make sure they were competent to administer medicines safely.

There was a procedure to check medicine records to make sure there were no mistakes. Care workers told us they checked the medication administration records (MAR) on each visit to make sure there were no gaps or errors. If they identified any errors they reported this to the office. Additional checks were made on MARs during spot checks by senior staff to ensure care workers had administered medicines correctly. Completed MARs were returned to the office for auditing and filing.

Is the service effective?

Our findings

People and relatives told us care workers had the skills and knowledge to meet their needs. Comments included, “They seem well trained to me.” “Yes, they are alright. They know what they have to do and do it, I leave them to it.”

Staff received training considered essential to meet people’s health and safety needs. This included training to support people to move, medication administration and management of infection control. Care workers told us their induction training prepared them for their role before they worked unsupervised. They told us the training enabled them to meet people’s needs, choices and preferences. One care worker said, “The training is useful and it’s good to have training refreshed as you might not have used it for ages.” Care workers told us the registered manager supported them to gain a qualification in care and several staff had completed a National Vocational Qualification which supported them to provide effective care to people.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required. The registered manager told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions. People told us either they or their relative could make their own decisions. A relative told us, “She is perfectly able to make decisions. She tells the carers what she wants”. The registered manager was aware that DoLS legislation had been amended to include people living in their own home, for example Extra Care Housing.

Care workers had been trained in the MCA, but not all the care workers we spoke with could tell us how the MCA impacted on their work. The registered manager said they would follow this up with the care workers concerned. Care workers knew they could only provide care and support to people who had given their consent. People confirmed

care workers asked them if it was alright with them before they provided care. Comments included, “They always ask what I want.” and “Yes they are very good. They shower me. They ask me if I want them to do this.”

Although people were generally happy with the service, people had different experiences of using the service and several people had received calls later than the times arranged. Comments from people included, “They always come eventually. They are supposed to come between 8-9am. It could be lunchtime before they arrive. It has improved it’s been 9.30am this week.” “Sometimes they are two hours late. It’s supposed to be 9.45am.” “They do arrive on time but weekends are dicey. They should arrive at 8.00pm but they came at 10.20pm.” People told us the timings of calls had improved recently. “There was a time when I didn’t know when they were coming. In the last six weeks it’s improved.” Another said “Yes, they are very good, very punctual.”

The information received from the local authority included concerns regarding missed calls. This included one incident in February 2015 where the person was admitted to hospital as a result of them not getting the care they needed, the provider took the correct action to deal with this.

Most people we spoke with had help from their care worker with meals. People said they chose what they wanted to eat and the care worker cooked the main meals in the microwave. People told us, “They get my breakfast and a drink; they ask me what I want.” “Yes, they ask me to choose what I want for breakfast.” A relative told us, “They put the food in the microwave. They are late sometimes. Two weeks ago they didn’t come at all; luckily I happened to be there, I had to do her meal.” All the people we spoke with said they were able to get a drink themselves or a family member was available to do this.

All the people we spoke with managed their own healthcare or relatives supported them with this. Care workers said they would usually inform people’s family if they were unwell, but they would phone the GP or district nurse if they had immediate concerns about someone’s health.

Is the service caring?

Our findings

People we spoke with told us care workers were friendly, caring and treated them with dignity and respect. Comments included, “Oh yes, they are lovely, you can’t complain about their attitude.” “The carers he’s got at the moment are lovely. They always ask is everything alright, before they leave.” “Yes, always polite and respectful.” One care worker told us, “We are allocated enough time for calls but I often stay longer as I like to make sure they are alright before I leave.”

People told us care staff respected their privacy, people said, “I think they keep me private, they always shut the door.” “They help me into the shower then I wash what I can get to. They wait outside till I call them.” Care workers told us they made sure people were covered during personal care routines to save any embarrassment.

People had different experiences with the consistency of care workers. Some people said they had regular care workers, others said they had lots of care workers. Comments included, “I have no problem with them (care workers). We have a laugh.” “Some weeks I get six different carers, you don’t know who is coming. You open the door and you hope you know them.” “When you have carers that haven’t been before, they haven’t got a clue what to do.” People told us the consistency of care workers had improved recently. One person told us, “It’s improved with the one’s he’s had in the last two weeks.” Another said, “They are quite punctual, I’m pleased with them.”

Most people told us care workers stayed the allocated time to carry out the care tasks required. One person told us, “I can’t grumble at all. I get an extra five to ten minutes sometimes.” Another said, “They stay long enough to do everything but are so busy they haven’t got time to talk to you.”

Care workers said they had regular people they visited and were able to get to know people’s preferences and communication needs. A relative told us, “They came here for a month before he went into hospital so they know his likes.” Another stated, “He is hard to understand sometimes, they do really well or they ask me.” A care worker told us, “They try to make sure people have the same carers for consistency which I think is a good thing.” Another said, “I like to know every one of my clients, I have time to sit with them and we often look at photos together which tells a story.” Care workers said they knew people well enough to identify any changes in their support needs or general health.

Care workers we spoke with had a good understanding of people’s care and support needs. We were told they had time to read care plans and to talk with people before they left. One care worker told us that caring was, “Something that comes from the heart, you can’t really put it into words, you can’t fake it, it’s just there.”

People told us they had been involved in planning and making decisions about their care. They said their views about their care had been taken into consideration and were included in their care plans. One person told us, “I was involved in discussing my care with the agency and my daughter in hospital. It went from there.”

People said the service helped them maintain their independence and where possible they were supported to undertake their own personal care and daily tasks.

Care workers understood the importance of maintaining people’s confidentiality. They told us they would not speak with people about other clients and ensured any information they held about people was kept safe and secure.

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started. We were told the service people received met their needs, and care workers understood how they liked to receive their care and support.

The Provider Information Return (PIR) completed by the registered manager stated, “All service users have personalised support plans and risk assessments that address their needs and preferences. Service users and family members are involved in care service reviews which are conducted on an annual basis; where there is a change to service user needs, the care package is reviewed as required. Staff complete daily communication records detailing the care and support provided. Information recorded is used to inform service reviews, care planning, and risk assessments.” We found this information to be accurate.

We looked at the care files of three people who used the service. Plans were individualised and provided care workers with information about the person’s individual preferences and how they wanted to receive their care and support. A care worker told us, “Care plans include everything we need to do on each call, it’s all in there.” Care plans were reviewed regularly or as needs changed.

Staff held review meetings with people to ensure the care provided continued to meet their needs. A relative told us, “She wasn’t standing very well, they reviewed that with her. Mum told me about it.” Another said “They do come out and do reviews and change his care plan.” People and their relatives were involved in reviews of their care to make sure their views were taken into consideration. One person told us, “Homebased Care came yesterday and did a review. No issues with being kept informed.”

We looked at a sample of call schedules. Calls had been allocated to regular care workers and scheduled in line

with people’s care plans. Staff told us if there was an unexplained delay, for example traffic hold ups, they may arrive later than expected. Staff said if they were likely to be delayed they either phoned the person or asked the office to let people know they were running late. We found this procedure was not always followed. One person told us, “I have rung the office when they haven’t turned up. They should tell me if they are late or who is coming.” The registered manager said they would remind staff to phone the office if they were likely to be late so the office could inform people.

The registered manager told us that for some staff English was not their first language. To make sure they were able to carry out their role and respond to people’s needs and requests, their language skills were assessed during an initial telephone interview. This was followed by a three day induction to make sure staff could speak, read and write English to a satisfactory level so they could carry out their role. We were told that some people preferred to speak in their first language such as Punjabi. The service employed staff who could converse with people in their preferred language but made sure they had a good command of English so they could complete written records and pass on concerns.

We asked how complaints were managed. People and their relatives knew they could telephone the agency’s office if they wanted to make a complaint or raise a concern. Comments from people included, “Yes, I have complained on a few occasions.” “I would ring the office about a complaint.” “I would ring the office. I haven’t complained yet.” People who had made a complaint said this had been managed to their satisfaction.

Staff told us they would refer any concerns people raised to the registered manager or senior staff in the office. They were confident concerns would be dealt with effectively. We looked at records of complaints; complaints had been recorded and investigated in a timely manner.

Is the service well-led?

Our findings

People were mainly satisfied with the service they received. Comments from people included, “On the whole I’d say yes, the service is good. They could improve the time keeping.” “I would recommend them at the moment, not before.” “I would recommend them because they are good.” “I think it’s well managed. It’s only being late which bugs us.” “It’s good, well managed.”

Some people told us there had been a problem with continuity of care workers and call times but this had improved lately. The registered manager had identified improvement was required. Visits to people were being allocated to consistent care workers and the provider was implementing electronic call monitoring to identify when care workers had not arrived at the allocated time so they could take action.

There was a registered manager in post. The registered manager was experienced in adult social care and had completed qualifications to fulfil the role. They understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

The PIR told us how information was shared with staff within the organisation. It stated, “Homebased Care has a senior management team that oversee the operational priorities of the business. Regular branch meetings and managers meetings take place to discuss service provision, revise policies and monitor targets and objectives. Monthly care staff meetings take place to review care service and provide feedback to staff. A staff forum and service user forum has been introduced that is chaired by the directors to evaluate branch support and service delivery.” Conversations with staff and records of meetings confirmed the information in the PIR was correct.

The registered manager told us they received regular support and supervision from the organisation. This included monthly supervisions and managers meetings where they could raise concerns. They also had an allocated mentor who met with the registered manager weekly to discuss compliance.

Care workers understood their roles and responsibilities and what was expected of them. This was because the provider issued each member of staff with an employee handbook and the registered manager made sure staff had regular support and supervision. They knew the management structure and their line manager, so they knew who to report concerns to.

Care workers told us they felt well supported by the registered manager and staff in the office. One senior staff member told us, “I am very well supported. [Registered manager] supervises me and we have a handover every day to pass on any information. We have staff meetings and team meetings with care staff. The manager is always available if you need to speak to him.” Staff said they were often observed by senior staff when they were working to make sure they worked in line with the provider’s policies and procedures. A staff member told us, “We give good care. [Registered manager] has high standards and if you are not working to these standards he will soon let you know.”

The registered manager told us about the main challenge of the service. They told us, “Getting the right staff. In this economic climate it pushes people who are not suitable for care to apply. If staff have the right attitude you can build on their skills and experience through appropriate training, support and supervision.”

Care workers we spoke with were aware of the providers whistle blowing procedure and confident about reporting any concerns or poor practice to the registered manager. They told us a copy of the policy was available in the employee handbook provided when they started working for the service. A staff member told us, “I would have no issues raising concerns and taking things further.” Care workers we spoke with were certain any concerns they raised would be listened to and acted on.

People told us they had reviews of their care where they discussed their care plans. They were asked if they were satisfied with the care they received and if any changes were needed. People told us, “Occasionally they do a review” and, “I have a review planned for the 15th”.

People told us they were asked for their views and opinions about the service during reviews and telephone calls. Some people remembered receiving an annual satisfaction questionnaire asking about their views of the service. One person said “I had a survey last week.” Another said, “I had

Is the service well-led?

a survey last year, we are able to comment on the staff.” People also told us senior staff checked the care provided by care workers, one person told us “A man did come to check what the carers were doing.”

All people knew who to contact at the agency if they needed to. They told us, “Yes we have the contact number in the office. They answer in the day, we haven’t rung at night.” Some people had left messages and said the office had not returned their calls. A staff member told us, “At this branch if we have good experienced administration support it works well, as they know how to pass things on.”

Quality checks monitored the service people received. Records were regularly audited to make sure people

received their medicines as prescribed and care was delivered as outlined in their care plans. There were regular checks carried out by the provider and visits from Warwickshire local authority contracts department to monitor the care and support provided. Records showed actions recommended from visits had been implemented by the registered manager, for example by implementing an electronic call monitoring system to make sure care workers arrived at the times expected. The registered manager told us they regularly attended provider meetings held by both Warwickshire and Coventry local authorities where they could get support and advice and share ideas.