

The Homecare Partnership Limited

The Homecare Partnership

Inspection report

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Date of inspection visit: 1 and 2 July 2015

Date of publication: 03/11/2015

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 

Overall summary

We carried out an announced inspection on the 1 and 2 July 2015. The Homecare Partnership provides personal care services to people in their own homes. At the time of our inspection 230 people were receiving a personal care service.

At our last inspection on 10 October 2013 we found the service was meeting the regulations inspected.

The Homecare Partnership Limited is a homecare agency registered to provide personal care in people's homes

and in supported living schemes. People who used the service include those with dementia, and people with learning or physical disabilities, mental health conditions and sensory impairment.

The service has a registered manager who has been with the service since it opened. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We saw that the registered manager was accessible and approachable to staff during our visit to the office. People who used the service and relatives felt able to speak with the manager and provided feedback on the service. We noted that the service undertook spot checks which involved obtaining feedback from people on the quality of the service. .

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives.

Staff received regular training and were knowledgeable about their roles and responsibilities. People told us that they felt the staff had the skills and knowledge required to support them.

Staff knew the people they were supporting and provided a personalised service. Task plans were in place demonstrating the support to be provided to people. People and relatives were involved in their care. People told us they liked the staff and they were always treated with dignity and respect.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

There were systems in place to monitoring the quality of the service. People were asked their views about the service and most people and relatives told us that they were involved in decisions about people's care.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding procedures

Assessments were undertaken of risks to people who used the service and staff.

There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Good



Is the service effective?

The service was effective.

Staff received regular supervision and appraisal. They told us they felt supported by their manager.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

Relatives told us that their relative was well cared for and treated with dignity and respect.

People's relatives were involved in their care and attended reviews of their care.

People who used the service told us they liked the staff and looked forward to them coming to support them.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

People and relatives were able to make complaints. Relatives told us that they felt the service listened and acted on their concerns.

Agreed plans of care were in place to assist staff to provide the care required to meet people's needs.

People who used the service and their relatives felt the staff and managers were approachable and there were regular opportunities to feedback about the service.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People were protected from the risk of poor care and treatment because the provider had systems in place to monitor the quality of the service.

Staff were supported by their managers. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The managers regularly checked the quality of the service provided and made sure people were happy with the service they received.

The Homecare Partnership

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 over two days on 1 and 2 July 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available. The inspection was undertaken by one inspector. A bank inspector conducted interviews with staff and three experts by experience contacted people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people and dementia care.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information

Return (PIR) which the provider completed before the inspection. The PIR 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 also reviewed information we received since the last inspection including a notification of an incident that the provider had sent us and a contract monitoring report from the local authority.

At the last inspection on 10 October 2013 we found the service met the regulations we inspected.

During our inspection we visited the provider's head office and spoke with two managers, including the registered manager, reviewed the care records of 10 people who used the service, reviewed the records for five staff and records relating to the management of the service. After the inspection visit we undertook phone calls to care workers, people who used the service and relatives of people who used the service. We contacted 38 people who used the service and managed to speak with 24 and contacted 26 relatives and spoke with 17.

We also spoke with one healthcare professional. The registered manager sent us further documents on request after the inspection visit.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. Comments from people included, "I definitely feel safe and the carers are there to help me," "yes, I do feel safe at the moment," and "yes, because I know them. They've been coming a long time. They give me the feeling that I'm safe when they're here." Most relatives told us they felt their relative was safe and trusted the care workers. Some commented positively about the service, saying, "I think [relative] is very safe with the service," "yes, I do feel [relative] is safe and anything happens they inform me quickly." However, some relatives felt that their relative was not always safe. Healthcare professionals told us they felt people were safe.

People were protected from the possible risk of abuse. Staff demonstrated appropriate awareness of safeguarding processes. They were able to tell us the signs and types of abuse they would look for that would indicate that people may be subject to abuse and the actions they would take. Staff commented, "We have to look for signs of abuse. It could be physical or financial," and "It's to do with protecting people." This included reporting in the first instance to the registered manager or deputy manager and if not satisfied with actions taken by the provider they would contact the relevant authorities, including the local authority safeguarding team, police and CQC. The manager informed us that any concerns regarding the safety of a person were discussed with their social worker and additional support from the emergency services as required.

There were arrangements to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. Records were made of all financial transactions which were signed by the person using the service and the staff member. We spoke with the finance manager responsible for managing people's monies. We saw that there was a system for monitoring monies spent and monies coming into the service from the local authority.

People were protected from the risk of acquiring an infection. The service had an infection control policy which provided guidance for staff when working with people in their homes. People told us that care workers wore gloves

and aprons when providing personal care. One person commented that care workers wore an, "Apron and a pair of gloves to do everything." Another person told us, "They all wear aprons and gloves."

Assessments were undertaken by senior workers to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments were not individualised, each risk was indicated using a tick box process. Examples of risks included, home setting, falls in the last six months, medication, eating and ability to carry out personal care, such as bathing and using the toilet. Other risks indicated were people's ability to manage their own finances and incontinence. The third risk assessment detailed any intervention, including care to be provided. This did not detail how the individual risks identified should be managed.

Staff were aware of the reporting process for any accidents or incidents that occurred. The registered manager told us that incidents were recorded in the daily record logs. Staff told us that any incidents would be reported to the manager or office immediately and the emergency services contacted.

There were sufficient numbers of staff available to keep people safe. Staffing levels were allocated based on the care package agreed between the provider and the local authority. The registered manager told us that the level of support could be adjusted following a review by the funding authority.

People were prompted to ensure that they took their medicines as prescribed. The registered manager told us that staff were not responsible for administering people's medicines, however, we received feedback from the local authority that recording of medicines was not sufficient. This was noted in the updated 'corrective action plan,' which the provider was working towards completing. People told us that care workers were "good at giving medication," and "Yes, they [care workers] give me medicines and do personal care and I cannot ask for better. They are kind and considerate." People who managed their own medicines told us that care workers reminded them to take it.

Relatives gave mixed feedback about the way their relative's received support from care workers with their

Is the service safe?

medicines. Whilst some felt their relative was well supported by care workers, others felt staff could do more to prompt their relative to ensure medicines were taken and not left out. One relative told us, “They [staff] left [relative] medication on the table. There’s no medicine administration chart in the folder, and they [staff] said they don’t do them as it’s [the accommodation] is residential.” The registered manager told us that the ‘Medication Policy,’ used by the service was produced by the local authority to provide guidance for domiciliary care services commissioned to provide support with medicines management. The provider is currently working with the

local authority to improve recording for prompting of medicines. We saw that this was highlighted in the service corrective action plan to be achieved by 25 September 2015.

There were suitable recruitment procedures and required checks were undertaken before staff began to work for the agency. We looked at the personnel files of five staff. We saw that these contained information to show that the necessary checks had been undertaken before staff joined the service. This included, proof of identity and address, verifying references from previous employers and Disclosure and Barring Services (DBS) checks to ensure that staff were safe to work with people using the service.

Is the service effective?

Our findings

People spoke positively about staff and most said staff had the skills to provide the care they needed. Comments included, “We are well matched and we have quite a lot of laughs,” “[staff] are trained and they are very good to me”. Healthcare professionals felt staff were well trained.

Although most relatives gave positive feedback, comments ranged from “I find the carers are well trained to look after [relative],” and “carers are well trained and good at their work.” Relatives also commented, “some carers are more skilled others less so,” and “no not always.....some appear a little dismissive and not willing to enter to anything more than the task they are doing”.

People were supported by staff who had the knowledge and skills required to meet their needs.

Staff received mandatory training in areas such as, first aid, infection control and manual handling. Other training included, care of people with challenging behaviour. This ensured that staff had up to date knowledge and skills related to their roles and responsibilities. Most staff had completed health and social care qualification at level two. Staff confirmed they had received training and that the training had been good. We saw from records that staff had completed training and said that this had helped them to better understand their role, such as use of hoists and understanding people’s behaviours. Records showed that 20 percent of staff had completed the Care Certificate standards. These are standards used by health and social care workers in their daily working life. This covered areas such as, understanding your role, privacy and dignity and mental health. The registered manager told us that their objective is for all staff to be trained in the Care Certificate by April 2016. All staff had completed the common induction standard (a set of standards used to prepare social care workers for the work they will be doing, replaced by the Care Certificate in April 2015) when joining the service. However, records showed that several staff had last completed training in some areas, such as dementia awareness between 2003 and 2013. Therefore staff may not be up to date with the latest information on how to care for people with dementia. The registered manager told us that the service had developed relationships with Barnet College to provide more comprehensive qualifications in Dementia which would be available to staff.

The service had a staff supervision, appraisal and support policy in place and staff received regular supervision and appraisals in accordance with this. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Most staff told us they felt management was friendly and approachable. They told us that they had received regular supervision and said they felt supported by their manager. Prior to starting work staff had completed an induction. We saw evidence of this in staff records. Staff told us they were not provided with a copy of their supervision and appraisal, but they could request one if they wanted a copy. This was confirmed by the registered manager who confirmed that copies of supervision were not given to staff. This would not afford staff the opportunity to reflect on what was discussed to enable them to improve in their work.

The registered manager was aware of the requirements relating to Court of Protection and the Mental Capacity Act (MCA) 2005 and the impact on these on the people they cared for. Staff training records showed that staff had received training in the MCA. However, 13 of the 16 staff we spoke with either did not have training and was unsure whether they had received training. Although a few staff understood the MCA in relation to their work, most did not have an understanding of how this might impact on the people they cared for. The registered manager told us, any concerns regarding a person’s ability to make decisions about their care, would be discussed with family members and health and social care professionals involved in people’s care to ensure capacity assessments were completed and was in their ‘best interest.’

People told us that care workers listened and asked their permission before supporting them. Comments included, “They [staff] ask can I do this for you,” “They [staff] always ask permission and they know what they are doing,” and “They [staff] do talk and they listen to me...” A relative told us, “They [staff] always ask if there’s anything they need, they [staff] ask permission.”

Most people said they were given enough food and drinks to ensure their nutritional needs were met. People told us that care workers supported them with preparing their meals and they were given the food of their choice. One person told us, “I usually select the food and tell them what I want.” Another person said care workers cooked for them and “the food is good.” A relative told us, “They [staff]

Is the service effective?

prepare the meals and they offer [relative] a choice of meals from the freezer or a sandwich.” Another relative told us, “I buy the meals and they warm them up and they tell [relative] what is on the plate.”

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their

care if their health or support needs changed. One person told us, “They do know that they cannot touch my legs and the district nurse does them.” A relative told us, “The carer does take initiative and rings the GP and does advise me that she has done this.” We asked people whether they felt their carer was well matched to meet their needs, most felt that care workers were. Comments included, “The carers are well matched to [relative] and [relative] has the same carers.”

Is the service caring?

Our findings

Most people who used the service told us that staff were caring and kind. Comments from people included, “They care so far...” and “They are caring in everything they do and I have no complaints.” However, some people felt that carers did not have time to do what they asked or listened to them. One person commented, “...she’s [care worker] always in a hurry.”

Most relatives told us their relative was well cared for. Comments included, “They do come across as caring and they are polite and do try and have a conversation with [relative],” and “I find them caring and they say what they are going to do...” Whilst some relatives said, “Some of the carers are not so caring but some do try their best...”

People told us that staff treated them with dignity and respect. Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, such as ensuring doors were kept closed and allowing time for them to have their privacy.

People’s needs were assessed before they started to receive a service from the agency. The registered manager told us that a package of care was agreed between the agency and the local authority commissioners. We reviewed task plans for 10 people and saw that all had been reviewed. We saw that these contained background information about people’s past and present health history and listed the care to be provided. However, we noted that

some information about people was out of date and had not been updated. The provider is aware of these improvements and has started to update the background information in people’s plan of care. A local authority representative told us that the service had not always been consistent with recording information. For example, one person with severe speech impairment did not have this written in their care plan. We saw from people’s plans that tasks varied from thirty minutes to an hour and involved staff carrying out tasks, such as preparing meals, assisting with shopping, general cleaning and assisting with personal care. The registered manager told us that care plans were converted into, “something that you can deliver on.”

Staff we spoke with understood people’s individual needs and preferences. Staff gave us examples of how they would ensure they treated people with kindness and compassion. Comments from staff included, “I always talk to the clients and ask them what they would like,” “I treat people like I would want to be treated,” And, “I take out different clothes so they can choose what to wear each day.”

People and relatives told us they were involved in their care and developing their ‘task plan’ and identifying what support they required from the service and how this was to be carried out. A person using the service told us, “They [staff] always let me know. [Staff] always involves me...” Most relatives told us that they were involved in their relatives’ care. Therefore relationships with family and friends were encouraged by the service.

Is the service responsive?

Our findings

People told us that the service provides care that is specific to them and is based on their needs.

We saw that the service was responsive to people's individual needs. For example, we noted that the service had acted promptly in response to someone who required specialist equipment to enable them to maintain their independence. This also involved the service making a referral to other healthcare professionals to enable staff to work more effectively with the person.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and personal care needs, which enabled them to provide a personalised service. For example, two relatives told us that the carers were able to interpret their relatives' needs through non-verbal communication.

A healthcare professional told us that they felt the service had been responsive and flexible and always tried to help. A local authority commissioner told us that although they had no concerns about the care provided by the service, in one of the extra care schemes there was not enough flexibility if calls fell outside the allocated time needed, such as using the toilet. The provider's response to the healthcare professional was that they would try to accommodate people where possible. The registered manager told us that requests for additional support within the community such as assistance with continence have not been accepted by the funding authority and the service has been asked to do our best with no additional funding. The registered manager said that domestic services are not funded and but they endeavour to work with family and friends to help to find solutions where this is identified.

Most people we spoke with told us that care workers arrived more or less on time and stated that they were contacted and informed if staff were running late. One person told us that care workers would arrange to come earlier to support them if they felt able to go to church. Another person told us, "Care staff had to fit them in around other people so might not come at the time they wanted." Some people told us that weekends were often an issue with staff turning up late or not at all. Relatives told us that they felt weekends were a problem. Comments included, "There were a few occasions when the gap (in times) was too big for my liking," and "the weekend timings are not good, they are due at 8.00am and sometimes might not turn up until 11-11.30am..." The registered manager told us that staff unable to attend an appointment would contact the office and arrangements made for another carer to attend so that people received the support they required.

People gave their feedback about the service and this had been acted on by the service. For example after reporting their concerns to the service three people had made a request for their carer to be changed and this had been accommodated. People told us that the service asked for their feedback, usually by someone who visits either annually or every six months.

Most relatives told us that they knew who to complain to and said that the manager listened and acted on their concerns. One relative told us, "When I have complained it has been resolved and I am always on their case, but [the manager] is professional. ...and always gets back to me." Other comments from relatives included, "They are caring in everything they do and I have no complaints," and "Made a complaint to the supervisor once, and it was dealt with." However, some relatives felt that the service could improve in areas such as, spending more time with people and carrying out domestic tasks

Is the service well-led?

Our findings

Staff spoke highly of the manager and senior staff. Comments from staff about their managers included, “Gives me all the support I need,” “Like a little family, and “It’s team work.” We saw that the working environment amongst staff in the office was friendly and professional. Most staff told us that the registered manager and other senior staff were friendly and approachable. Although a few staff told us that they did not always feel supported. All staff said they would feel comfortable raising a concern with the manager. The registered manager has been in post since the service opened and most staff had been employed with the service for some time, in some case more than 10 years. This level of staff retention meant that the continuity of the service was consistent and most people were able to confirm that they were cared for by staff they knew. A relative commented, “It tended to be the same carers, it was fairly stable, there were a few changes”.

Staff knew of the service whistleblowing policy and said they would report any concerns in the first instance to their line manager. They knew who to approach outside of the organisation. All staff felt confident about whistleblowing if they felt the organisation did not act on their concerns. Staff told us that they saw their line manager at least once a week at the office.

We saw that the provider had a monthly newsletter for staff titled, ‘Partners.’ Staff confirmed that they received a copy each month with their payslip. This kept staff up to date with events happening in the service, training updates and guidance and information relating to their work. For example, following an incident involving management of people’s monies, we saw that the provider had reminded staff in their February 2015 issue that they needed to complete a ‘financial transaction form’ documenting monies spent and signed by the person receiving care.

We noted that the provider had a joint business continuity plan for extra care sheltered housing schemes with the landlords and the local authority. This outlined the areas of responsibilities and ensured that people continued to receive the service they needed. We saw that as part of continuous improvement the registered manager worked with organisations providing guidance and promoting good practice in health and social care settings, such as, the National Institute for Health and Care Excellence and Social Care Institute for Excellence to implement good

practice in the delivery of care. The registered manager told us that staff worked with local voluntary sector organisations and families and friends to help to address unmet need and to reduce social isolation of people living alone.

Systems were in place to monitor the quality of the service. We were shown a system used to monitor planned and actual times of arrival and departure for care workers. Where this had not been met, this would be indicated on the system and an alert email received at the office, which would be picked up by managers. The registered manager told us that this allowed the service to make alternative arrangements to ensure that people received the care they needed. However, this was not always effective as some feedback from people and relatives showed that they waited for some time for an alternative care worker to arrive.

A monitoring visit carried out by the local authority in February 2015 noted evidence of some positive observations at one of the extra care schemes, such as, risk assessment reviews and care/task plans revised. Some recording issues were noted and care plans were not signed. We saw that the local authority had developed a ‘corrective action plan’ to address some of the concerns identified at the monitoring visit with a date for these to be reviewed. We saw that the provider had addressed some of the issues identified in the action plan on the day of our inspection. Such as noting on task plans where people were unable to sign and documenting whether they have or have not agreed to their plan of care. Therefore people were protected from the risk of unsafe care because systems to monitor the service were in place.

Systems were in place to ensure that people received quality care. We saw that people were asked their views about the service, including how they felt treated by staff and asked to comment on how satisfied they were with the service using a scale of one to 10, using a ‘comments, compliments and complaints form.’ We noted that people had scored their overall satisfaction between eight and 10 and most had indicated that they would recommend the service. Where people were not satisfied with the service, the provider had acted appropriately to address this with staff following a spot check by senior staff. This ensured that good quality care was provided to people using the service.