HomeLife Carers (Torrington) Limited

HomeLife Carers (Barnstaple)

Inspection report

Unit 2 Lauder Lane
Roundsway Business Park
Barnstaple
Devon
EX31 3TA

Tel: 01805625999

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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 (Barnstaple) is a domiciliary care agency. It provides personal care to people living in their own houses in the North Devon area. 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 420 people were receiving 'personal care.'

People's experience of using this service:

The service provided safe care to people. One person commented: "When it comes to safety, I can't praise them highly enough. I'd recommend them to Buckingham Palace." Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. People commented: "We know the staff well now they act like we are friends, always very cheery" and "They (staff) don't just come here to do a job. They treat me as a real person with rights, needs and feelings."

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Staff spoke positively about communication and how the management team worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

Rating at last inspection: Good (report published in November 2016).

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 (Barnstaple)

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 conducted by one inspector, an assistant inspector and an Expert by Experience with experience of care of older people. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Homelife Carers (Barnstaple) is a domiciliary care agency. It provides personal care to people living in their own houses in the North Devon area. Not everyone using the service receives a 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:
This announced comprehensive inspection took place on 7 and 10 May 2019. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We visited the office location on 7 May 2019 to see the registered manager and office staff; and to review

care records and policies and procedures.

What we did:
Prior to the inspection we reviewed the Provider Information Record (PIR). 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 the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke to 15 people and five relatives to ask their views of the service they received. We also spoke with 12 members of staff, which included the registered manager. We visited two people in their own homes.

We reviewed six people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. Unfortunately, we did not receive any feedback.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and supported by staff in their homes. Comments included: "When it comes to safety, I can't praise them highly enough. I'd recommend them to Buckingham Palace" and "I feel very safe with my carers."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.
- Information was available for people on adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for safe moving and handling, falls management and skin care.
- Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available from other services to increase a person's independence and ability to take informed risks.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time. There had been a couple of missed visits as a result of human error. These had been rectified and apologies made.
- Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The registered manager explained staffing arrangements always matched the support commissioned and staff skills were integral to this to suit people's needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.
- Where a person's needs increased or decreased, staffing was adjusted accordingly. The registered manager commented: "If people's needs change, we need to change with them." We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call

arrangements for staff to contact if concerns were evident during their shift. Contingency plans were in place to deal with adverse weather conditions.

● There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

● People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. One person commented: "The carers help me with my medicines."

● Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager and other members of the management team checked medicine practice whilst working with staff in the community and via records. This was to ensure staff were administering medicines correctly.

Preventing and controlling infection

● Staff followed infection control procedures. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

Learning lessons when things go wrong

● There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments updated to reflect people's changing needs. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People said they thought the staff were well trained and competent in their jobs. One person commented: "When a new carer is starting, they are always introduced by a team leader or a carer I already know and they do a shadow-shift to make sure the new person knows what they are doing."
- Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a probationary period, so the organisation could assess staff competency and suitability to work for the service. Also, to check whether new staff were suitable to work with people.
- Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling, equality and diversity and a range of topics specific to people's individual needs. For example, Laryngectomy (a surgical incision into the larynx, typically to provide an air passage when breathing is obstructed). Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Staff commented: "I received training when I started" and "We have regular training. I am due a refresher."
- Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager. A staff member commented: "The support is fantastic." This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

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

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care.
- People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis. For example, GP and district nurse. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

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

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.

● Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. People commented: "They (staff) always ask permission to do things" and "Yes, of course. They (staff) will always ask."
● People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005).
● People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care. For example, a best interest meeting had taken place to discuss a person's care package.

Supporting people to eat and drink enough to maintain a balanced diet
● Those people who needed assistance with meal preparation were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks. People commented: "They (staff) help me by preparing my meals" and "They (staff) always leave me with a fresh drink before they go."
● Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff were kind and caring. People commented: "We know the staff well now they act like we are friends, always very cheery"; "They (staff) don't just come here to do a job. They treat me as a real person with rights, needs and feelings" and "Absolutely brilliant." A relative commented: "(Relative) can't speak but understands everything and can gesture a response. The carers are really friendly and excellent at talking to them like a normal conversation and keeping them interested in the conversation even though it's entirely one-sided chat."
- Staff relationships with people were caring and supportive. People commented: "When I'm feeling in the dumps the carers pull up a chair and have a chat and I can tell them what I'm worried about" and "Nothing is too much trouble." Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed and kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.
- The service had received several written compliments. These included: 'I would like to say thank you to all the carers for their kindness and compassion when visiting mum. Nothing was too much trouble and I know that she was very fond of you all and looked forward to seeing you every day.'

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

- Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained it was important people were at the heart of planning their care and support needs. People confirmed they had a care plan, which was discussed with them and no care was given without their consent. People commented: "My care plan is very good and they (staff regularly update it with me" and "The team leader come to the house to ask me what level of care and support I thought I needed."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. People commented: "I think they (staff) are very good at treating me with dignity" and "One of the ways they respect my privacy and dignity is they respect that I only want women to look after me and that's what they do."
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. One person commented: "There are three very good people (staff) who come to me and they encourage me not to lose

my mobility I have by relying too much on my wheelchair."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

● People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs. People felt they were involved with organising their care plan, describing how they had met with a senior member of staff at the start in order for them to understand their needs.

● Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate.

● Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care, including cultural and religious preferences.

● Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. One staff member commented: "The care plans are amazing. They contain the little things which matter to people." This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

● Care plans were detailed and included personal preferences, such as how they liked to have their breakfast coffee in a specific mug. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed.

● Staff said they felt that people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. One commented: "The care plans are very good. I always make sure I read them before seeing the person so I am well prepared."

● We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained communication details explaining how people communicated and the need to speak clearly to ensure they could communicate their wishes. For example, due to hearing difficulties.

Improving care quality in response to complaints or concerns

● There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system when they started using the service. They said

they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.

● A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.

● The majority of complaints received over the past twelve months related to missed visits, late visits or changes to the rota. The service had identified that this had been an issue and was working to make improvements.

End of life care and support

● People were supported at the end of their life. The registered manager said, in the event of this type of support being needed, they worked closely with the community nursing team; GP's and family to ensure people's needs and wishes were met in a timely way.

● Specific end of life care paperwork was in place designed to document people's choices, wishes and advanced decisions regards to how they would want to be supported in the event of this type of care being needed. A compliment stated: 'I would like to say a big thank you to all the carers who took care of my mother. Their care and dedication enabled my mum to have her wish to be at home for her last days. I cannot thank you enough.'

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The registered manager recognised the importance of this policy to ensure a service people could be confident in. For example, dealing with complaints in a timely and appropriate way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Trends from feedback were identified and monthly quality assurance meetings held to analyse trends and plan improvements. For example, improving communication between staff when visits needed to be altered.
- Systems were in place to audit the quality of delivery of care. Audits were conducted by the registered manager and provider. For example, to review people's care plans, risk assessments and incidents and accidents. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. Spot checks were also conducted on a random but regular basis. These enabled the registered manager to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.
- Systems were used to monitor performance issues and track improvements. For example, audits had identified that some people had not been printing their name to indicate they had administered medicines. A system was introduced whereby a letter was sent to the person informing them of the oversight. After the third letter the person would be required to attend a performance management meeting.
- The service used a tool called the 'care managers checklist' to monitor service provision and quality, this comprehensive tool analysed all areas of quality assurance, for example missed visits, falls risk assessments and medication audits, and analysed the information to identify any themes or action needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sought feedback from staff and people who use the service to identify areas for improvement. People confirmed they had completed questionnaires about the service and felt this was a worthwhile exercise to address any niggles. For example, times of visits. Staff also confirmed they had regular discussions with the registered manager and the management team. They were kept up to date with things

affecting the service via meetings, memos and newsletters. Staff had completed questionnaires about working for the service. As a result of comments, training had been improved with real life scenarios and pay rates had been increased which had helped with the retention of staff. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

● The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity, equality and diversity and people having a sense of worth and value. Our inspection showed that the organisation's philosophy was embedded in Homelife Carers (Barnstaple).

Working in partnership with others

● The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and district nurses. Regular reviews took place to ensure people's current and changing needs were being met.