

Homestead Care Service Limited

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## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 13 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. At our last inspection in May 2013 we found the provider was meeting the regulations we inspected. The inspection was carried out by one inspector.

Homestead Care Service Limited is an agency that provides care and support to people living in their own home. At the time of this inspection there were around 270 people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe because of the service provided by the agency. Staff knew what actions to take if they thought a person might be at risk. They also had received training in how to recognise and report abuse and were confident any allegations would be taken seriously. Appropriate risk assessments had taken place to ensure people were cared for in a safe environment.

There were sufficient staff employed to ensure people's visit plans were followed in the way they wanted. Effective systems for the safe recruitment of staff were in place. Staff were positive about the training they received which they said enabled them to support people in the way they wanted.

People received support from staff who knew them well, and had the knowledge and skills to meet their needs. Staff were aware of what actions to take if people needed medical or emergency support. Where the service supported people with taking their medicines, staff were trained in how to do this.

Staff were aware of the importance of ensuring people's privacy and their confidentiality was protected. People were supported to make informed choices and staff had awareness of the Mental Capacity (MCA) Act 2005.

People and families were involved in decisions relating to people's care and support. Care plans we saw

contained information relevant to the person's needs. The care plans were reviewed on a regular basis.

The registered manager and office staff monitored the quality of the service by regularly undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received. Complaints and concerns were logged and monitored to ensure they were dealt with in a timely manner.

People, relatives and staff told us the management team were approachable. There was a management structure in the service which provided clear lines of responsibility and accountability. The management team worked well and supported staff accordingly.

## 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. People told us they felt safe using the service as they were protected against potential risk and safeguarded from harm. Staff knew how to recognise and report signs of abuse.

Risk assessments were completed for each person who used the service.

Recruitment practices were robust and staff were employed in sufficient numbers to keep people safe.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

### Is the service effective?

Good ●

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

The service worked within the requirements of the Mental Capacity Act (2005) (MCA), ensuring they worked in people's best interests.

People who needed support were given the assistance they needed to eat and drink.

### Is the service caring?

Good ●

The service was caring. People and their relatives were positive about the service and the way staff treated the people they supported.

Staff understood the importance of ensuring confidentiality and supporting people as individuals.

Peoples' independence, privacy and dignity were respected.

People who used the service told us staff were caring and friendly.

### Is the service responsive?

Good ●

The service was responsive. Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People and their relatives were aware of the complaints procedure. The service took these issues seriously and acted on them in a timely and appropriate manner.

### Is the service well-led?

Good ●

The service was well-led. People who used the service and staff told us the management were approachable and supportive.

The management team worked well and supported staff accordingly. People were encouraged to express their views and comment on how the service was run.

The registered manager monitored regularly the service to make sure a quality service was provided.

The service had links with the wider community in order to help ensure a joined up approach to people's support.

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## **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 checked 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.

Before our inspection we reviewed the information we held about the agency. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also sent questionnaires prior to our visit to people and staff to gain their views on the service.

During the inspection we visited the provider's office and spoke with the registered manager. We looked at ten records relating to the care of individuals, six staff recruitment files, staff training records and records relating to the running of the agency.

After the inspection we spoke with six people who used the service, one relative and five members of staff to obtain their views of the service.



## Our findings

People told us they felt safe using the service. Comments included "I feel safe with the carers that come to see me" and "Oh yes I feel safe with them [staff]."

The service had policies in place for the protection of people and reporting of abuse. We saw staff had received training and had a good understanding of what they would do if they suspected abuse or if they had concerns about the care people received. There was information displayed in the reception area of the service so that staff would know who to contact to raise any concerns. The same information was also included in the service user's guide which people had a copy of in their homes.

Relatives told us they were aware of whom to speak to if they were worried about people's safety. Staff confirmed they had been trained in safeguarding adults who may be at risk of abuse. We discussed different scenarios with staff about identifying people who may be at risk. They were aware of what actions to take and who to report them to. The registered manager was aware of their responsibilities to report concerns that a person may be at risk of abuse to the local authority. It was evident from discussion with them that they understood what constituted abuse and knew how they could escalate any concerns that they might have.

The service had a whistleblowing procedure in place. Staff understood how to whistle-blow and were confident that management would take action if they had any concerns. Whistle-blowing means that the organisation protects and supports staff to raise issues or concerns they have about the service. Staff we spoke with were also aware that they could report any concerns they had to outside agencies such as the police or local authority. One staff told us the "If I have any concerns about somebody I will talk to the office staff and make them aware of what is going on."

We found assessments were carried out to identify any risks to people and to staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. Risk assessments were part of the initial assessment processes for all people. Staff were encouraged to report any new risks they had identified to the office staff so that appropriate action could be taken to ensure the safety of people as well as staff. The risk assessment included the level of risk as well as action needed to minimise the risks where possible. For example one care plan detailed the risk for one person in relation to their mobility and what action staff needed to take in an emergency. This helped to ensure the person concerned remained safe. We found the risks assessments had been reviewed and had been agreed with the person using the service.

There was evidence that learning from incidents took place and appropriate changes were implemented. Staff were aware of the reporting procedures for any accidents or incidents that occurred. We saw accidents/incidents were monitored and analysed to look for and address any trends and patterns. For example following one incident, staff had refresher training in moving and handling. This showed the registered manager were proactive in promoting people's safety and welfare.

People felt there were enough staff to ensure they received continuity of care and to ensure that staff came at the time they were booked to come. One person said "We know the carers that come, they are always on time." The registered manager explained to us that staffing levels were determined by an assessment of need and the tasks and wishes of the person. They told us that most people had two staff members attending to their needs at one time and there were enough staff to make sure people were safe and to meet people needs. Staff told us they felt staffing levels were safe and that they could raise any concerns about staffing with management if needed. People received care, as much as possible from the same member or members of staff. The registered manager reported they had very occasional staffing issues, generally relating to unplanned sickness, however they had enough staff employed across the agency to cover people's visits.

People had telephone numbers for the service so they could ring during office hours, in the evening and weekends if needed. Staff were assisted to be safe by having a management person on call at all times. Staff knew what action to take if someone did not answer the door when they visited. The registered manager gave us an example where the next of kin was called as the staff could not get an answer from one person. Sometimes people forgot to inform the service that they would be away. In these situations the staff would contact the person's relatives to ensure the person was safe.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care and meet people's needs. Staff recruitment files contained checks that the registered manager had carried out on the suitability of potential staff before employing them. We looked at six staff files and they included the required professional references, application form, criminal record check, identification, terms and conditions of employment and induction check list. The registered manager checked all staff continued suitability to work with people by obtaining a certificate from the Disclosure and Barring Service every two years. This showed the provider only employed those staff who were deemed suitable to work with people who used the service.

We looked at how the service managed people's medicines and found the arrangements were safe. There was a clear medicines policy for staff to follow on what staff could and could not do in relation to administering medicines. One person told us "The carers always make sure that I take my tablets." The service supported only some people who required assistance from staff to take their medicines. Other people administered their medicines independently. People's individual support plans described in detail the medicines they had prescribed and the level of assistance required from staff. For example we saw clear instruction had been written on the medicine administration records where to apply a certain cream to a person's arm. This ensured people requiring skin creams received this consistently and safely.

Each person had a medicines administration record where they documented when a person had taken their medicines. Copies of these records were held on file in the office. We saw they were fully completed accurately when medicines were administered. Staff had been trained in supporting people to take medicines and had refresher training on a yearly basis.





## Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. People and their relatives spoke highly of the care and support provided by staff. Comments included, "The carers are very good" and "I am very pleased with the carers that come to see me." One relative said, "The staff are very helpful, I don't know what I would have done without them."

All staff completed training in a number of key areas to ensure they were competent to do their job. We saw certificates on the staff files to confirm that staff had attended a number of training sessions. There was a programme to make sure all staff received relevant training and training was renewed and kept up-to-date. Staff said they were well supported by the management of the service and they had good opportunities for on-going training. A staff member said, "I have attended a number of training and this help me with the work I do." Another staff said "The training is good."

The registered manager told us that staff were matched to the people they supported according to their own skills and interests and the needs of the person. For example staff who had experience with people who had a stroke or people suffering from dementia. The registered manager described a person who had a complex disability and said they only sent staff to this person if they knew about their needs and how to meet them.

We saw evidence within the staff files we looked at there was an induction programme in place which lasted for three days. This covered a number of areas including training and familiarising themselves with some policies and procedures. Before staff worked on their own they spent time shadowing experienced staff and getting to know the person they would be supporting. The registered manager was in the process of updating the induction programme to reflect the changes in current regulations and guidance.

Staff received regular supervision and appraisal from their line manager as well as from the registered manager. During the sessions they discussed their performance, any organisational issues, management and support and identify any further training they required. We saw that actions were agreed at the end of each session and signed by the staff member and their supervisor. There was also a yearly appraisal process for all staff. This meant that staff had the opportunity to raise any issues or concerns and carry out their roles effectively.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal

rights protected. 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.

People told us the staff always asked for their consent before providing support. One person said "The staff always ask me before they do anything". When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. Staff we spoke with recognised that people's capacity to make decisions fluctuated and they offered support accordingly. They had received training in the Mental Capacity Act to ensure they were fully aware of their responsibilities in these areas. Staff told us they always ask people for their permission before they provided any care or support and described the importance of involving people in their care. We saw that there were relevant consent forms which had been signed by the people who used the service.

Some people who used the service made their own healthcare appointments and their health needs were managed by themselves or relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals. Support plans detailed people's health needs and how they chose and needed to be supported. We looked at care files and saw the service took preventive action to ensure people were in good health. Referrals were made to external professionals when required.

People told us the staff provided them with support with eating and drinking. One person said, "The carers make sure that I eat my meal and check the fridge to see if I need anything." People were also encouraged to make healthy food and drink choices and their choices were always respected. Staff told us if they noticed a person was losing weight, they would report it to the office staff who would ensure that appropriate help was sought for example by contacting the person's GP. One staff member said, "I always make sure they have a drink or something to eat before I leave." Where it was agreed staff helped people with their food shopping. Staff told us they always made sure people had enough to eat and drink.



## Our findings

People and their relative spoke highly of the care and support received. One person told us, "I am very happy with the carers, they are always very friendly and very caring." Other comments included, "It is a good agency" and "I am happy with the agency and the carers that come to see me."

People said the staff treated them with dignity and ensured their privacy. One person said, "The staff treat me well and with respect." Another person described the staff as "good, respectful, and caring." Staff described how they protected people's dignity on a daily basis for example by ensuring the doors were always shut during personal care. This showed people's dignity was maintained in a caring way.

The registered manager said they knew continuity was important for people, as people liked to have a familiar face to deliver their care. They encouraged staff to form caring relationships with the person they cared for. This was to ensure staff knew the person well, which also helped them care for the person. They said they always discussed the person's preferred time for a visit and would try to suit their visit to their preference. If this was not possible, they would explain this to the person and reassure them they could have their preferred time as soon as there was a slot available for them. One person we spoke with said that they were in discussion with the registered manager to get the staff to visit them a bit earlier during weekdays.

People told us they were encouraged to be independent. One person said, "The girls always encourage me to do things that I can do for myself." We saw instructions on some care plans on how staff should encourage people to remain independent. Staff described how they promoted people's independence for example when giving personal care they would encourage the person to wash their face if they were able to do so.

Staff were very aware of the importance of confidentiality. Information was displayed in the office to remind staff of their responsibilities as far as confidentiality was concerned.

People told us they and/or their families were involved in decisions related to their care and support. We saw that people had signed their care plans to indicate they agreed with the contents. Care plans contained information relevant to the person and were individualised to reflect people's needs.

People said they had a meeting with the office staff before starting using the service so that they could discuss things. We saw an information pack was given to people prior to commencement with the service. This included the service user's guide, an outline of the services offered, the complaints procedure and

general information.

Information regarding advocacy services was available to people if they wanted to use the service. Advocacy is a service used to support people make informed choices). This showed people were able to get support from a third party to make sure their voice was heard.



## Our findings

People said the service responded to their needs. One person said "The staff help me with my care needs and they are very efficient." People felt the staff were very supportive in meeting their needs.

Before people started using the service, the registered manager or one of the office staff would visit them to assess their needs and to discuss how the service could meet their wishes and expectations. During the process they ensured they had as much information as possible about the person before they agreed to provide a service. This was so staff had the information they needed to care for the person. The registered manager told us they had decided not to provide a service to people in the past where they assessed they could not meet the person's needs.

We looked at people's care records and saw they contained detailed information about people's personal, health and social care needs. People's preferences and choices were documented and taken into account when their care plan was devised. They were involved as much as possible in planning their care so care and support. Information about people's daily routines had also been documented in detail and described for example how people liked to be supported in the morning and with particular personal care tasks such as having a wash. One person told us "I have been involved in the discussion about how the staff need to help me".

The service responded to people's needs as they wished and depending on their needs. For example some people received support once a day whilst others had up to four visits in a day. People had set visit times during the day or night depending on their assessed need. People told us the staff came when they expected them and the agency would contact them if the staff might be late. However they said this happened very rarely.

We saw that care plans were regularly reviewed and updated. People we spoke with confirmed they were offered regular reviews of their care plans which they were involved in. The office staff or registered manager would visit people to ensure staff were responding to their needs. Staff told us they would inform the office if they noticed any changes in people's needs. Staff knew the people they cared for well so they were able to notice if there was any change in their care needs. We saw the registered manager also involved other professionals in reviews where relevant. For example in one person's record we saw an occupational therapist was involved on advising how to use a new lifting aid.

People told us they could pursue their interests and hobbies, for example staff took them on days out or

shopping trips. One person told us, "The staff encourage me to do things that I like doing. Staff encouraged people to access activities and become involved within the wider community. There were regular activities, where people who used the service could meet up with each other, for example to have lunch together. If relevant, staff supported people to attend appointments.

People we spoke with were aware of how to raise issues of concern to the service. None of them reported they had found it necessary to make a complaint about the service. We saw the complaints procedure was outlined in the service user's guide which was given to people at the start of the service. People told us they would telephone the office or speak to the registered manager if they had a complaint. We looked at the complaints records and saw the processes in place for monitoring complaints. Complaints were logged and tracked to ensure there was an audit trail and to ensure they were resolved to the person's satisfaction. We saw even very minor issues were recorded as the registered manager wanted to make sure people were happy with the service they received. Staff were also aware of how to support people if they were unhappy about something.



## Our findings

People and their relatives told us the management team were approachable and included them in discussions about their care. People were happy with the service provided. They told us the registered manager as well as the office staff were very helpful and dealt with issues promptly if they had to call them for any reason. One person said "It is a good agency."

Staff we spoke with felt the registered manager was understanding and listened to their views or concerns. One staff member said, "The manager is very understanding and supportive, you can discuss things with her. You know she will listen to you and what you have to say." Staff were encouraged and felt comfortable to voice their views. The registered manager told us all staff visited the office on a weekly basis and this gave them an opportunity to discuss any issues they might have.

There were systems in place for people and their relatives to give feedback on the quality of the service being provided. The office staff contacted people by telephone and also completed face to face visits on a regular basis to see if people were happy with the care and support they were receiving. Regular spot checks were also undertaken by the service in the people homes to monitor safe practice. During those visits staff were observed by the senior management on how they gave care and support to people and if people were treated with respect. If any improvement was needed the registered manager would discuss it with the staff concerned.

We saw that yearly satisfaction questionnaires were sent out to people or their representatives. We looked at the most recent returned questionnaires which contained positive comments about the service. The questionnaires were analysed and the comments were discussed at management level and appropriate actions taken to resolve any issues. For example one person was not happy with one of the staff who cared for them. The service contacted the person to discuss and made alternative arrangements that the person agreed with. There were a number of ways in which people could offer feedback about their experiences. They could speak to the staff informally, or telephone the office to speak to the registered manager.

There was an audit completed of any complaints and compliments made about the service and feedback from this information was analysed and used to further improve the quality of the service provided.

We saw that the local authority quality assurance team had recently carried out a monitoring visit and where improvement was required, this had been actioned by the registered manager for example reviewing some policies and procedures to comply with current regulations.

The service had good links with the wider community and worked in partnership with other agencies to help ensure a joined up approach to people's support.

There were systems in place to monitor care visits and processes to help make sure visits were met. This was monitored by a dedicated staff in the office and this helped to ensure that staff were arriving and leaving people home at the agreed times.