HomeLife Carers (Torrington) Limited

HomeLife Carers (Barnstaple)

Inspection report

Unit 2 Lauder Lane
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Tel: 01805625999

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12 October 2016
17 October 2016
20 October 2016

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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 announced inspection took place on 12, 17 and 20 October 2016. 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. At our last inspection in January 2014 we found the service was meeting the regulations of the Health and Social Care Act (2008) we inspected.

Homelife Carers (Barnstaple) provides personal care and support to people living in their own homes. The areas the service covers include Barnstaple, Bideford, Ilfracombe, Braunton, Chumleigh and Torrington. At the time of our inspection there were approximately 620 people receiving a personal care service.

When we visited there was a registered manager in post. 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 felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. 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. They were supported to maintain a balanced diet. Health and social care professionals were involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

There were effective recruitment and selection processes in place. Staffing arrangements were flexible in order to meet people's individual needs. Staff received training and regular support to keep their skills up to date in order to support people appropriately.

There was good management and leadership at the service. There was a clear organisational structure, where all staff knew their roles and responsibilities. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture.

A number of effective methods were used to assess the quality and safety of the service people received.

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 said they felt safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the service followed the appropriate guidance in terms of the Mental Capacity Act (2005).

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

People were able to express their views and be actively involved

in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive.

Care files were personalised to reflect people's personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

HomeLife Carers (Barnstaple)

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 announced inspection took place on 12, 17 and 20 October 2016. 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.

The inspection team consisted of an 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 service.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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 with 40 people receiving a service and their relatives and 15 staff, which included the registered manager. We also visited four people in their homes to ask their views of the service they received.

We reviewed 15 people's care files, six staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. Following our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from three professionals.

Good

Is the service safe?

Our findings

People felt safe and supported by staff in their homes. Comments included: "Yes I do, the staff in the office are quite approachable, I know I could go to them if I have any problems"; "Yes I do (feel safe), I am quite happy in that particular respect"; "I do feel very safe with my carers" and "I feel very safe with the carers and if I was worried about anything I would speak to the them."

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. 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. In addition, the service had a dedicated 'contracts team'. This team were responsible for managing any specific concerns raised by staff during their daily practice. For example, if a person needed an appointment with a GP, additional equipment or an occupational therapy assessment.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for moving and handling, skin care and medicines. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. These included ensuring necessary equipment was available from other services to increase a person's independence and ability to take informed risks. In addition, the service were working closely with the local fire service and making people aware they could have a fire safety assessment. Where fire prevention equipment was required these were provided by the fire service, for example smoke detectors. The service also had a 'risk analysis' plan. This was in relation to people's vulnerability. For example, if a person lived on their own. People were categorised from 'red' to 'green'. People categorised as red received a weekly visit from a community team leader to check they were OK, check records and assess the environment, including checking the fridge to ensure foods remained in date. Amber received a similar visit, but on a six weekly basis and green when they had their six monthly review.

There were sufficient staff to meet people's needs. People confirmed that staffing arrangements met their needs. They were generally happy with staff timekeeping and confirmed they always stayed the allotted time. People commented: "Yes, always"; "Normally it's OK"; "A bit late sometimes if somebody phones in sick. Nine times out of ten they let you know. They stop the allotted time"; "Stay the full length but not always arrive on time. They always ring if arriving outside of their time"; "Yes regularly on time, always keep me informed what is going on. They (carers) would rather stay and make sure I am sorted and comfortable"; "I have a medical condition and I am in need of help twice a day to put pressure garments on and off. They all know it is important that it is done on time, twelve hours on and twelve hours off. They always come on time i.e. within a quarter of an hour either way. It takes a full hour and they always stay the full time" and

"Yes, more or less. Mostly the office will phone."

Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The registered manager explained staffing always matched the support commissioned and staff skills were integral to this to suit people's needs. They added that they tried to keep consistent staff to each person. 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 and was agreed with health and social care professionals. 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.

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.

People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. People commented: "They give me my medication and they make sure it's all done properly"; "There are no issues about me getting my medicines and their timings" and "No problems with that. They provide my medicines alright." 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. Community team leaders and members of the management team checked medicine records whilst out in the community to ensure staff were administering them correctly. We checked medicine records and found them to be completed appropriately by staff.

Good

Is the service effective?

Our findings

People said they thought the staff were well trained and competent in their jobs. People commented: "My carers are well trained and know exactly how to help me"; "My carers are well trained and certainly know what they are doing"; "I have a ceiling hoist, they are very good and competent using it"; "Yes they are, new people come with a CTL (Community Team Leader), they will introduce us. I get the impression the CTL keeps an eye on new carers" and "Carers are very good at checking (spouse') skin."

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 three month probationary period, so the organisation could assess staff competency and suitability to work for the service and whether they 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 subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling and a range of topics specific to people's individual needs. For example, dementia awareness, end of life care and diabetes awareness. 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: "The training is very good. I have attended external courses, such as end of life care" and "The training is made interesting. The trainer asks us what we think."

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 management team. Staff commented: "The support is great. Couldn't ask for better, I love my job" and "Amazing support." Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

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 wellbeing. For example, how people preferred to be supported with personal care. 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 detailed and are set out in a way that we know everything which needs to be done."

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. One person commented; "The staff are very good at contacting other professionals

if I need them." 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, district nurse and occupational therapist. 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.

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. One person commented: "They always ask my consent before they do my personal care."

Staff received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The 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. Staff demonstrated an understanding of the MCA and how it applied to their practice.

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, best interest meetings had taken place to discuss the ability of a person's spouse to care for them; administration of medicines and appropriateness of a person's care package.

People were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks. People commented: "They help me by preparing meals"; "They clear up the dishes" and "The carers always ensure I have a drink with me when they leave." 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

People and relatives said staff were caring. Comments included: "I love them to bits and they cheer me up in the mornings, they are more like friends"; "You need to know the people when you have personal care, it is really lovely, they are very, very good"; "They always fuss around the cats, we have a laugh and conversations"; "She (relative) sings with the carers"; "They always say is there anything else we can do to make you comfortable"; "They are consistently looking at my skin, as soon as there is a problem they are straight onto it"; "I would recommend the agency because of the girls"; "Always nice and chatty…kind"; "She (relative) is very happy with her care"; "They are excellent. I like a bit of banter. They're all very good. They always ask if there is anything else they can do for you"; "They are my angels"; "They're always nice and chatty, kind and do what I want them to do"; "They do more than expected"; "They (carers) are absolutely fantastic. They are brilliant. They are very caring and all have the empathy"; "They (carers) really look after you" and "The carers are lovely."

Staff treated people with dignity and respect when helping them with daily living tasks. Comments included: "Yes, they are always respectful and say 'Hi' to my family" and "They always check I am decent and knock on the door before they come in." 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. People commented: "They (carers) help promote my independence"; "Let you do what you can do and help you do what you can't do, I can't fault them"; "They got me a new bath seat, I can get in myself, it makes a lot of difference" and "If my mum wants to wash her arms or face they encourage her to." Staff demonstrated empathy in their discussions with us about people.

Staff relationships with people were caring and supportive. People commented: "The relationship we have built up has been great" and "They sit and chat." A relative said, "I also feel supported. The carers take the time to support me as well." 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. For example, a member of staff explained how they supported a person when they were sad. They said they had talked to the person in a caring and calm manner. They described how they had engaged the person in things which interested them and helped to lift their mood. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general well being.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that 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. One person said if they needed help in the future with their medicines, this would be included in the care plan for staff to follow. Other comments included: "They asked me questions and then every few weeks the team leader asks how things are, looks to see what the carers are doing and checks they are filling out the forms" and "I have been involved with my care plan. They have just updated my care plan; they went through it with me."

The service had received several written compliments. These included: 'To all the team behind the scenes at Homelife Carers. A really big thank you for your support and superb care and kindness. Most of all the lovely ladies who looked after (relative). We could not have done it without you' and 'We would just like to thank the team that looked after (relative). With their brilliant help and support we were able to keep her in her own home surrounded by people she knows and liked until the very end, for this we are eternally grateful. All the carers showed great kindness and compassion and nothing was too much trouble for them.'

Good

Is the service responsive?

Our findings

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 the agency at the start in order for the agency to understand their needs. Comments included: "They always listen, they don't miss a trick. They take it on board and try and sort whatever it is"; "They ask what do you want to do first" and "They always say it's entirely up to me what I do."

Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific goals to aid their wellbeing and sense of value. This included encouraging people to be as independent as possible. 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. Care files included information about people's history, which provided a timeline of significant events which had impacted on them. 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. For example, one person's breakfast preference stated 'branflakes or cornflakes with four prunes chopped up on top with some milk.' 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. One staff member commented: "The care files are very organised and up to date. They are detailed, such as ensuring clothes are tucked in and smoothed down to ensure people are comfortable."

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care and eating and drinking. Care plans were very detailed and included the little things which matter to people, such as how they liked their cup of tea and what flannels they preferred to use. 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. One staff member commented: "The care plans contain the little things which matter to people, such as wearing perfume."

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. Where complaints had been made, there was evidence of them being dealt with in line with the complaints procedure.

Good

Is the service well-led?

Our findings

There was good management and leadership at the service. There was a clear organisational structure, where all staff knew their roles and responsibilities. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. Staff commented: "I feel really supported and we work as a team" and "We are all very well organised, we need to be due to the size of the service." In addition, the service had implemented 'star of the week.' These were certificates given to staff who had gone over and above their role and thanked them for their hard work. This was a little touch to demonstrate how staff were valued.

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 management team recognised the importance of this policy to ensure a service people could be confident in.

Staff confirmed they had regular discussions with the management team. They were kept up to date with things affecting the service via team meetings and conversations on an on-going basis. In addition, staff all received weekly newsletters, which detailed things which staff needed to be aware of in each of the areas the agency covered. Such things included new clients and staff, importance of record keeping and on-call arrangements.

People's views and suggestions were taken into account to improve the service. For example, surveys had been completed. The surveys asked specific questions about the standard of the service and the support it gave people. Where comments had been made these had been followed up, such as improvements to a staff member's time keeping and changes to visit times. 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 and people having a sense of worth and value. Our inspection showed that the organisation's philosophy was embedded in Homelife Carers (Barnstaple).

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. The service also attended core meetings with health and social care professionals. This enabled people's care to be discussed and if needed, follow ups arranged. Professionals confirmed that the service worked well with them and communication was very good.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments updated and additional spot checks of carers work. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, where needed involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis by community team leaders and members of the management team. For example, the checks reviewed people's care plans and risk assessments, medicines 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 basis. These enabled the management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.