Care Quality Commission

Mrs Barbara Miller

Home Support

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 announced inspection was carried out on 10 January 2017.

Home Support is a domiciliary care agency providing a personal care service to people in their own home.

The provider had been running the service for several years and now planned to retire and move abroad. The provider had been gradually reducing the size of the agency and had not taken on any new people or staff for some time. The provider was currently supporting two people and planned to handover their care to another agency by the end of March this year.

As this provider was an individual and was also the registered manager of the service. The provider was in day to day charge of the agency. A registered provider is a person who has registered with the Care Quality Commission to manage the service. 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.

This was a small agency with a small staff team. The staff met regularly and supported each other. The staff shared the provider's ethos of providing person centred care to people and supporting people to stay in their own homes if this was their wish.

People were very complimentary about the service and said they were sad it was closing soon. People told us they felt safe when staff were in their homes and said staff knew what they were doing. They said staff were always respectful of their privacy and dignity and they had good relationships with staff who were very reliable.

The staff team were experienced. They were trained and supported by the provider. There were enough staff to meet people's needs and all staff had been checked before working with people. One person told us that their relative's 'face lit up when staff arrived.'

Each person had a care plan that they had been involved in writing and any potential risks had been assessed and were being managed. Staff supported people to remain healthy and well and helped with food and drink preparation if needed.

Staff were trained in how to manage medicines safely but were not currently supporting anyone with their medicines. Staff understood about capacity and consent and always gave people choices in ways they could understand.

People were asked for their views about the service and the provider acted on any suggestions to improve. The provider checked that staff were providing good care and gave them feedback to improve if and when needed. There had been no complaints and people knew who to complain to.

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.

Staff were aware of how to respond to and report possible abuse.

Risks to people were identified and reduced as much as possible.

There were enough staff to meet people's needs and they were recruited safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to carry out their roles.

Staff followed the principles of the Mental Capacity Act.

People had the support they need to remain healthy and well and to prepare food and drinks.

Is the service caring?

Good

The service was caring.

Staff respected people's dignity and privacy.

People were supported to maintain their independence.

Staff were kind and gave people the time and attention they needed.

Is the service responsive?

Good

The service was responsive.

People were involved in writing and reviewing their care plans.

People had support with activities and appointments if they

needed it.

There was a complaints procedure and people knew who to complain to.

Is the service well-led?

Good

The service was well led.

The provider has several years' experience is running a domiciliary care service.

The provider regularly checked the quality of the service.

People's views were sought and acted on.

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Home Support

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 on 10 January 2016. The provider was given a few days' notice because the location is a domiciliary care agency and we needed to be sure that staff would be at the office. The inspection was carried out by two inspectors.

We gathered and reviewed information about the service before the inspection. We received a Provider Information Return (PIR) for this inspection. This 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 reviewed all the information we held about the service. We looked at previous inspection reports and checked for any notifications we had received from the provider. This is information about important events that the provider is required to send us by law.

We visited one person in their home and spoke with another person by phone. We spoke to the provider, one member of staff and reviewed a range of documents about people's care and how the service was managed. We looked at two care plans, risk assessments, complaints records, quality assurance surveys and internal audits that had been completed.

The service was last inspected in February 2014 when there were no concerns identified.

Good

Is the service safe?

Our findings

Staff and the provider were aware of their responsibilities to safeguard people from harm and abuse. They knew about different types of abuse and, in the past, had reported any concerns appropriately. Staff knew where to find guidance and advice should they need it. People told us that they trusted the staff when they were in their homes and that they felt safe and comfortable with staff. One relative told us "I know I can go out when (the staff) are here and I leave (my loved one) in safe hands."

The provider assessed any potential risks to people and took steps to reduce and eliminate those risks. Risk assessments were clear and detailed and up to date and gave the staff the guidance they needed. Some people needed support to move; there were step by step guidelines for staff to follow that showed how to do this as safely as possible. Staff told us how they supported people to manage particular risks for example, the risks associated with having a catheter, which is a tube inserted into the bladder to help eliminate urine. Staff were very clear about what to look for in case the catheter was not draining properly and said they always sought advice if they were concerned. One person confirmed this and told us that staff were 'on the ball' and knew their loved one well. They said that staff had called for emergency support, in their absence, as they were concerned about potential risks to their loved one related to a health condition.

There were enough staff to cover all the calls to people and to meet their needs. People told us they always had the same staff coming to their homes to support them, they said they really appreciated this continuity. The staff team was small and they all worked together if there was sickness or holidays to cover. Staff told us the provider was always available to give advice and support and often worked with people too so they could observe staff and give them feedback.

Everyone we spoke with said the service was reliable. They said that staff had never missed a call to them and calls were rarely late. One person said "There is flexibility about when they come. I am totally confident they will always arrive and there has never been a missed visit. When our main carer is away the other carer who takes her place is also very good."

Staff were recruited safely. The provider checked that any new staff were safe to work alone with people and this included obtaining references and a criminal background check. No new staff had been employed for some time, and as there were plans to close the agency no staff would be employed in the future.

Staff were trained in how to manage medicines safely however, they did not currently deal with anyone's medicines. Family members took control of medicines for their loved ones. Staff were knowledgeable about the medicines people were taking and knew what side effects to look for.

Good

Is the service effective?

Our findings

People told us that they thought the staff were reliable and well trained. One person told us "I would not have just anyone in here (my home). They (staff) know what they are doing. They do a good job."

Another person told us "They know my (relative) so well and do everything in the way they prefer. They are kind and very understanding. My (relative) is safe and I am totally confident in their abilities. They know what they are doing".

Staff had attended a range of training courses covering a variety of subjects. This included basic training and subjects related to people's needs including diabetes awareness. Staff knew people well and spoke with empathy and understanding of their needs. There had not been any new staff employed for some time, but previously staff had completed induction training which included shadowing experienced staff before they worked on their own.

The provider carried out spot checks on staff, which people had agreed to, and gave them feedback to improve their performance. The staff team met up regularly to talk through any issues and to share best practice ideas.

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. The provider and staff understood about capacity and consent and followed the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are in their own home, an application must be made to the Court of Protection. No applications had been made as none were needed.

People told us they had the support they needed to prepare meals and drinks. This support was included in people's care plans for to follow. Staff described how they supported a person to eat and drink. The detail and knowledge of the person that the staff shared with us showed that they gave person centred compassionate care. When we spoke with people, they agreed.

People's health needs were recorded in detail in their care plans. Staff spoke with us about how they supported people to remain healthy and well. People told us that staff had responded quickly when they had been unwell. A relative said that staff had sought emergency advice when their loved one appeared unwell.

Good

Is the service caring?

Our findings

It was clear from the way the provider and staff spoke about people they had a real empathy and high regard for them. This was echoed when we spoke with and met with people. One person told us "I would not want any other agency. They go over and above; they are too good, if anything. I could not get another agency in the same league."

Another person told us "My (relative) always brightens up immediately when the carer comes in the room. There is a wonderful chemistry between them. I am more than pleased with the care (my relative) receives. It could not be better, it works so well."

The majority of the staff had worked at the service for many years, and they were able to describe people's needs and preferences in detail. Staff had good relationships with the people they supported and they knew them, very well. One person said "They have a laugh and a joke, I feel spoiled."

People told us that their privacy and dignity was always respected. The provider said this was of great importance to them that her staff put people first and maintained the highest levels of privacy and dignity for people.

Staff were kind and considerate and were flexible around people's changes to their routines. People told us that staff often stayed well over the allotted call time and they really appreciated this. One person told us when their relative had been unwell staff stayed with them and was a real comfort to them both.

People were supported to remain as independent as possible. Staff did 'with' people rather than 'for' them. For example, care plans gave detail about what the person was able to do for themselves. Staff followed this and encouraged people to do as much as possible to maintain their level of independence.

People had family members to support them to air their views so nobody was currently using advocacy services.

Good

Is the service responsive?

Our findings

Relatives told us that staff were responsive to people's needs. Staff understood what people needed and responded to their needs. Relatives told us that they were always involved and staff advised them of changes to their relative's care.

One person said "My (relative) gets more than they need from the carer who visits. They go over and beyond. Carer always spends more time than she has to and does exercises with (my relative)".

Another person told us "They go over and above the call of duty. They think the world of (my relative)"

The provider told us they assessed people's needs before they were offered a service and this covered lots of areas such as, their personal care needs, meal times, mobility communication, medical needs and routines. Additional information of who may be important to people was also noted. This information was used to form a care plan. The provider was planning to stop providing domiciliary care and move abroad. So, there had been no new assessments completed since our last inspection.

Each care plan was detailed and comprehensive giving specific detail to staff about how to care for people in the way they preferred. There was even detail about how people liked to have their pillows arranged.

People had a copy of their care plan in their home and told us that staff referred to these. Staff made records each time they visited about the support they offered. The provider checked these records periodically and made sure care plans were up to date.

Wherever possible the staff supported activities and appointments although people mostly relied on their relatives for this support.

The provider gave people information about the service which included the complaints procedure. There had been no complaints since the last inspection and people we spoke with told us they had 'nothing to complain about' but knew who to speak with if they did have a complaint.

Good

Is the service well-led?

Our findings

People we talked with spoke very highly of the provider and staff. People's opinion was that no other agency compared to Home Support and they felt the staff went 'over and above'.

People said they would not hesitate in recommending the service and they were sad that the provider was closing the agency. The provider said they were committed to providing a good service and expected staff to provide an excellent level of care. The provider was working with people's funding authorities to find alternative providers to support people.

The provider had several years' experience in providing and managing domiciliary care. The provider had worked over the years, mainly with the same staff team, to build the agency. However, the provider had decided it was now time to wind the agency down as they wanted to move abroad. The provider said they would cease trading by the end of March this year. In the meantime, they continued to provide care and support to a small number of people and were supporting a move for people to new providers.

The provider regularly checked staff's practice carrying out spot checks of staff and by speaking with people. They gave staff feedback so that they might improve their practice. The provider made sure the service was reliable, there had been no missed calls to people and people told us that their calls were rarely late.

The provider carried out regular checks of records and other documents to make sure they were completed properly and up to date. Records were kept securely and up to date. People were sent a quality assurance survey each year to give their views. The recent surveys we saw were very positive.

The provider understood their legal responsibilities as a registered service, but had not always sent in notifications to the Care Quality Commission (CQC) when certain events occurred. For example, CQC had not been informed that there had been periods of more than 28 days when the provider had not been available in person to manage the service.

Records were held securely and were to hand when we asked to see them. Records were accurate and up to date.