Home Life Carers Limited

HomeLife Carers (Plymouth)

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

About the service
HomeLife Carers (Plymouth) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to predominantly older adults, some of whom may have a physical disability or be living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe using the service. They told us they received their medicines on time and staff understood and met their needs. Information about people's needs, preferences and any related risks were recorded. The provider planned to include more personalised information in the future.

Some people and staff told us they still had concerns about call times and communication of any changes; however, the provider was in the process of introducing a new electronic system which enabled calls and call data to be monitored at all levels of the organisation. Call data at the time of the inspection showed 90% of calls were delivered on time.

People were positive about the staff and their skills and knowledge. Staff understood people's health needs and any needs relating to food and drink. Any concerns were reported promptly and action was taken to help ensure people stayed safe and healthy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were caring and treated them with dignity and respect. Information about people's diverse needs were included in their care records. People told us they were able to express their views to staff and felt listened to.

Complaints were taken seriously, and staff understood how to report any complaints people had. Themes from previous complaints had been incorporated into the service's action plan, so improvements were made.

Since the last inspection the provider had implemented new systems and processes for running the service. This included the service being overseen by a new operational manager, who was supported by other senior

staff who worked on behalf of the provider to monitor the service. Thorough audits and spot checks had been completed to identify where improvements were required and a clear action plan was in place to ensure the improvements were made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
The last rating for this service was Requires Improvement (published 14 November 2018) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We told the provider to report to us each month what actions they had taken to improve the service. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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 (Plymouth)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One 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 care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who was in the process of registering 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
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 31 October 2019 and ended on 5 November 2019. We visited the office location on 31 October 2019 and 1 November 2019.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the monthly reports submitted by the service since the last inspection. We also reviewed other information we held on the service such as information shared

by people or professionals. We asked the manager to share a poster inviting people and staff to share their experiences of the service with us. We received three responses. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the operations manager, manager, office staff and care workers.

We reviewed a range of records. This included ten people's care records and two people's medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at updated electronic care plans, call data and the service's winter newsletter. We spoke with one social care professional who commissions care with the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment
At our last inspection the provider had failed to implement effective systems to ensure people knew which staff would be attending their call and when. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

● Improvements had been made regarding people's call times. One person told us, "Their punctuality and standards are exemplary." The provider had recently implemented a new electronic call monitoring system. This enabled office staff to monitor call times as they happened. This helped ensure calls were not missed or late. A staff member confirmed, "I had a phone call to ask where I was. It was a bad signal and the system hadn't updated to show I was at the call."
● The provider and manager acknowledged that further improvements were still required. They explained that the new system enabled them to review data about call times and establish where action was needed. At the time of the inspection, the call monitoring system had been in use for a week. Data showed that approximately 90% of calls had been delivered at the correct time.
● Action had been taken to help ensure people knew which staff would be attending their calls and some people reported improvements. Where possible, people were being given online access to their rota, so they could see any changes to their times or staff. Staff told us, "Twelve months ago the complaints were constant but not now" and "I think the communication has improved." However, some people and staff told us people were still not consistently alerted to changes. The provider told us there would be improvements when the new system was fully operational.
● Staff told us travel time between calls had improved but was not consistently sufficient. The provider and manager told us they understood further improvements were required. They explained the new electronic system calculated travel time and would highlight if insufficient time had been allocated.

We recommend the provider monitors the new systems and processes to ensure the improvements are embedded and sustained.

● People were supported by suitable staff. The new provider had reviewed all staff files to check they complied with regulations. Where any gaps had been identified, action had been taken. They had also identified ways to improve the recruitment process in the future.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse.
● Staff were up to date with their safeguarding training and understood their responsibilities to keep people safe and protect them from harm.

Assessing risk, safety monitoring and management
● People told us they felt safe when being supported by staff.
● People told us staff wore uniforms, so people could identify them, and this made them feel safe.
● Staff understood when people required support to reduce the risk of avoidable harm. Risk assessments contained basic information for staff to follow to keep people safe. The manager explained this information would be more comprehensive in the electronic care plans. Following the inspection they shared updated risk assessments which contained greater detail.
● Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Records showed what action had been taken as a result of any concerns raised.

Using medicines safely
● People told us they received their medicines on time.
● Staff told us they had received medicines training and were confident administering people's medicines.
● People's care plans gave staff clear information about what support they needed with their medicines.

Preventing and controlling infection
● People were protected from the spread of infection by staff who had received infection control training.
● People told us staff used personal, protective equipment, such as gloves and aprons when providing care or preparing food.

Learning lessons when things go wrong
● Staff were prompt at reporting any incidents to the office and appropriate action was taken; including any changes to systems and processes to prevent reoccurrence.
● The provider explained that incidents would now be recorded on the new electronic system. This would enable senior staff to monitor what actions had been taken, as well as identifying any themes or areas for improvement.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs and how they preferred their care to be delivered was assessed before they started to use the service.
- Information was available in the office and in people's care records to guide staff on best practice.

Staff support: induction, training, skills and experience
- People told us staff had the correct knowledge and skills to support their individual needs. A relative commented, "They are totally knowledgeable."
- Staff confirmed they had received an induction, which included training, shadowing and competency assessments before supporting people.
- The provider had identified which staff's training needed refreshing and had allocated time for them to complete the training.
- Staff told us they were asked during supervision meetings if there was any further training they required. Any training requested was provided.

Supporting people to eat and drink enough to maintain a balanced diet
- When people required support to prepare food or drinks, information about their needs and preferences were recorded in their care plans.
- Staff supported some people by writing down any food they had run out of, or had said they fancied to eat, so these could be purchased by whoever did their food shopping.
- Staff understood what action to take if they were concerned someone was not eating enough.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff understood effective communication with other professionals helped ensure people had their needs met.
- Office staff supported care staff by contacting relevant health and social care professionals to report and follow up any concerns they had about people.
- People's health needs and what support they required was recorded in their care plans. This included oral health care.

Ensuring consent to care and treatment in line with law and guidance
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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments had been completed appropriately to establish whether people had the capacity to make certain decisions.
- When they were assessed as not having the capacity to make certain decisions, information was available to staff about how to support them in their best interests.
- People told us staff always sought consent before completing any tasks.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were positive about the way they were supported by staff. One person described their care as "Wonderful!"
- Staff talked about people with compassion and told us they enjoyed making a positive difference to people's days. People confirmed, "They are so willing to help" and "They go above and beyond."
- Information about people's protected characteristics and any related support needs were recorded in people's care plans.
- The manager showed us a service newsletter that was due to be sent out to people. It included information about events and organisations in the local community which catered for a range of diverse needs, preferences and lifestyles.
- Staff understood what was important to maintain each person's wellbeing, but this was not always reflected in people's care plans. The provider and manager had already established that further detail was required, and plans were in place to ensure this information was recorded for everyone.

Supporting people to express their views and be involved in making decisions about their care
- People were able to express their views and told us they felt staff listened to them.
- Staff knew people's individual communication abilities and preferences, and these were reflected in people's care plans.

Respecting and promoting people's privacy, dignity and independence
- People told us their privacy and dignity were respected.
- Staff told us they encouraged people to be as independent as possible. Information in people's care plans helped staff understand what people could do for themselves and where they would need support.
- A concern had been raised with the commission about people's confidential information not being kept safe. The provider and manager had identified the concern and changed systems accordingly.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to implement effective systems to ensure people's complaints were resolved to their satisfaction. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

● Complaints and concerns were taken seriously and used as an opportunity to improve the service. A staff member confirmed, "If someone complained I would listen and report to the manager. I am confident action would be taken."
● Themes from previous complaints had been incorporated into the service's action plan.
● When they had started working at the service, the manager had introduced themselves to many people who used the service. They had identified concerns people had and had taken action to resolve them.
● People's comments included, "I've no complaints whatsoever" and "The manager recently rang to apologise for a late call."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People told us they were aware of what was in their care plans and had contributed to it. This included information about their family and life history.
● People's care and support needs were described in their care plans. These were being transferred to an electronic version. The provider told us they planned to include more personalised information about people's preferences.
● The electronic records enabled the manager and provider to check people's care was delivered as planned.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Policies and procedures were in place to help ensure information was given to people in accessible

formats when required.
● Only one person required information presenting in an accessible format. This information had not yet been updated into their care plan. However, the person's care needs and care records were due to be reviewed.

End of life care and support
● People's end of life wishes were discussed with them and, where possible, documented as part of their care plan.
● Training for staff about how to support people at the end of their life had been arranged.
● The manager was working in partnership with a local organisation to increase staff's knowledge of people's diverse preferences at the end of their life, and how to respect these.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● Most people did not receive support from staff to follow interests or be socially active. However, information about people's preferred pastimes was included in people's records.
●The manager also included local events and activities in a quarterly newsletter and invited people to contact them if they required more or different information.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to improve the quality of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

● Since the last inspection, a new manager was in place and new senior staff were representing the provider. Thorough audits had been completed of the service and action plans completed of how improvements would be made. These reflected the monthly reports submitted to the Commission and had identified any gaps found during the inspection.
● As a result of the auditing and related action plans, the roles of office staff had been reviewed and updated and new processes and procedures had been introduced into the service. The roles of the staff in the office were clearly defined and they were supported by the manager to learn their new roles.
● The manager was being supported by senior staff who represented the provider. They completed spot checks and audits of the service, monitored performance data and ensured that required improvements were being made. An operations manager attended the service regularly to help the manager embed the new systems and processes and reported outcomes to a quality team, the regional director and the board of directors. One person told us, "The company is well run."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People and staff were positive about the service. One person told us, "I think they are a wonderful service" and a relative added, "I'm happy to have them."
● The manager knew people and their needs well, which helped ensure their needs were met by staff.
● A handover took place in the office each morning, to discuss any changes to people's needs and to allocate staff to complete any outstanding actions. This helped ensure people received positive outcomes.
● When the manager visited people in their homes, they took and introduced office staff who would not normally complete calls to people. This helped the office staff understand people's needs.

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

● The manager had kept people up to date with the changes that were happening with the service through a newsletter. People confirmed they understood what was happening and that there may be a few "hiccups" whilst the new system was being implemented.

● Staff were positive about the changes being made to the way the service operated.

● Staff felt supported by the office when providing care to people and felt able to raise concerns with the manager. Comments included, "I'm happy working for Homelife Carers. We have support and the communication is good, you feel part of the team."

● A new scheme meant staff were rewarded for providing support or care beyond their contracted role.

Working in partnership with others

● The manager and provider were in the process of building links with the community and support organisations. Commissioners confirmed the provider was keen to work with them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.