

Homepoint Healthcare Services Private Limited

Homepoint Healthcare Services

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?	Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 21 February 2017. This domiciliary care agency is registered to provide personal care to people in their own homes. At the time of our inspection the service was supporting 12 people in their own homes.

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.

The management needed to improve on their record management and ensure that records, including care plans and medication administration records were reviewed regularly.

People received safe care and support. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. There were sufficient staff to meet the needs of people that used the service and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

Staff received training during their induction programme which helped staff understand and perform their roles, and staff received good support to ensure they performed their roles well.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. In addition, people were supported to identify and respond to their changing healthcare needs.

People received care from staff that were kind and friendly. People had meaningful and fun interactions with staff and people looked forward to seeing the staff. Staff understood people's needs and ensured people were given choices about how they wished to receive their care. People received care at their own pace and had their privacy and dignity maintained when receiving assistance with their personal care.

People's care needs were assessed to ensure the service could meet people's expectations before they began using the service. Care plans were written in a person centred manner and focussed on empowering people to receive the care they required. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People received the care they needed and a suitable complaints procedure was in operation to resolve any concerns people raised.

People and staff reacted positively to the registered manager and the culture within the service focussed upon supporting people's health and well-being which enabled people to stay in their own homes as long as possible. Systems were in place to identify where improvements were required and for people and staff to provide feedback about the service.

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 felt safe with staff providing care in their own homes.

Staff were clear on their roles and responsibilities to safeguard people from harm.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

Is the service effective?

Good ●

The service was effective.

Staff received training which helped them to provide safe and competent care.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff received regular support and supervision which supported them in their roles.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive and caring interactions between people and the staff.

Staff promoted people's independence in a supportive and collaborative way.

Is the service responsive?

Good ●

Detailed assessments were carried out to ensure the service

could fully meet people's needs before they began to use the service.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

Is the service well-led?

The service was not always well-led.

Improvements were required to the way records were managed, including care plans and medication administration records.

A registered manager was in post and staff felt the management team were approachable and supportive.

People who used the service and the staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Requires Improvement 

Homepoint Healthcare Services

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 21 February 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support the inspection. The inspection was completed by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people using the service.

During our inspection we spoke with three people who used the service, three relatives, three members of care staff, one member of office staff, and the registered manager.

We looked at care plan documentation relating to four people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were protected against the risks associated with the appointment of new staff because there were appropriate recruitment checks in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start working with people who used the service.

There was enough staff to meet people's needs and to provide their care at the times they required it. One person told us, "The carers come about the same time each day; they always come, they never forget me." We spoke with the carers that provide care to people and to the office staff that arrange and schedule people's care. Staff confirmed that the service was flexible and responsive to meet people's needs. One member of staff said, "We try our best to make sure people have their care at the same time every day but if we're running late we always let people know." We found that if the care staff were delayed in traffic, or were required to provide additional support to people which would make them late for their next appointment, there was a trained member of the office staff that could support people with their care needs so people would receive their care in a timely way. We found that the scheduling of people's care was completed with a thoughtful and attentive approach to try to prevent people from being rushed, and wherever possible people received their care from the same group of carers.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People told us that the staff treated them gently and kindly. Staff were aware of safeguarding procedures to keep people safe, and were able to identify signs that people may be at risk of harm. Staff knew about the need to report any concerns promptly and the managers within the service understood the need to report any concerns or suspicions to the local authority and the Care Quality Commission. We reviewed the providers safeguarding incidents and found that they had been actioned and investigated promptly, and appropriate action had been taken.

People's needs were reviewed by staff so that risks to people were identified and acted upon. For example, where it was appropriate, risk assessments were in place to support people with their moving and handling requirements, i.e. the support people required to stand or walk and how this could be supported safely.

There were appropriate arrangements in place for the management of medicines. One person said, "I always have my medicines – every day." Staff were knowledgeable about what medicines people required and when, and they understood the need to record in people's Medication Administration Records (MAR) when people had taken their medicines. People were encouraged and supported to be as independent as possible with managing their medicines.

Is the service effective?

Our findings

People received their care and support from staff that had received full training. New members of staff completed induction training which covered a variety of topics relating to supporting people with their personal care, and there were also more specific topics relevant to people that had used the service. For example, staff received training in dementia awareness and catheter management. One person told us they felt staff were competent and helped them to stand up safely from their chair. They said, "The staff seem to know what they're doing. They're very gentle with me." Staff praised the training they had received and told us they felt it prepared them well for their role. One member of staff said, "The training here is really good. It covers everything and there are practical sessions so we can see how to do things."

Staff had the guidance and support when they needed it. Staff were confident in the manager and provider and were satisfied with the level of support and supervision they received. One member of staff told us, "I love it here. The management team are really good. They often phone just to check everything is OK." Another member of staff told us they had regular supervisions and the manager often observed them providing care by completing spot checks on the care they gave to people. We saw that the manager increased their level of support if staff were new to the role or required additional support. Staff told us they found their supervisions beneficial and they were able to provide honest feedback about their development, which was listened to. The registered manager was open and accessible to staff and made sure staff could approach them if they required guidance. The registered manager told us that annual appraisals were in the process of being booked with staff but at the time of our inspection these had not yet been arranged.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. 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.

The management team and the staff were aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We found that each person's mental capacity was considered when people initially began using the service, and staff were aware that this could change, and they were responsible for recognising if this had occurred. The registered manager demonstrated an understanding of mental capacity and we saw that care records recorded the assessments of people's understanding. At the time of the inspection, nobody receiving care required formal support to aid their mental capacity but the registered manager confirmed that they would request further support from the local authority if this was the case. Staff were aware that they had a responsibility to understand the principles of the MCA and how they could keep people safe. For example, staff gave consideration to people's mental and physical ability to handle their own medicines and took action to support people if they required it.

People were supported to eat well and to eat the foods they enjoyed. One person told us "I can make my own dinners but they always ask me what I've had and if there's anything else I would like. They wouldn't let me go hungry!" Another person was supported to have their meal made for them. Staff were knowledgeable about their food preferences and ensured they prepared a meal that the person would enjoy. One person said, "They know what I like but they always ask me what I want." We saw that staff encouraged people to eat a balanced meal, and were smart in ensuring that fruit was included as part of the whole meal. For example, one member of staff made a pudding for one person which included fruit and ice-cream. Staff ensured people's records reflected their nutritional needs so that, where necessary, staff could monitor and support this.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person said, "If I need the doctor they [the staff] usually phone up for me but often the doctor phones me back later." Staff were knowledgeable about people's health needs and understood when people were not feeling themselves. Staff made sure that when people had a recurring health problem, they were supported to get the treatment and support they needed.

Is the service caring?

Our findings

People were cared for by staff that were kind and passionate about providing good care. People spoke positively about the attitudes and characteristics of the staff that supported them. One person said, "They're all so lovely. I can't complain." Another person said, "They treat me nice. I couldn't ask for better." One person's relative was also full of praise for the staff that provided care; they said, "The carers are brilliant. They go beyond their roles, and really do care about [name]." We saw that staff treated people well and were friendly and kind to people that used the service.

Staff demonstrated a good knowledge and understanding about the people they cared for. One person said, "We do have a good chat together, they cheer me up." People told us they felt that staff listened to them and talked to them appropriately. Staff talked to them about their family and shared common interests together. The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were comfortable sharing information about themselves, for example about their plans for the rest of the day.

People were encouraged to express their views and to make their own choices about the care they received. One person told us, "They [the staff] know what I like but they still always ask me. They're very good." Staff told us that wherever possible they gave people choices in how they wanted their care. One person told us, "They [the staff] ask me about lots of things and what I want. I can choose my own clothes but they help a little bit."

People told us that staff respected their privacy and dignity. One person explained that the staff kept them covered up whilst supporting them with their personal care. They said, "They put a towel over me if I'm going to the bathroom for a wash. They're very respectful." Staff we spoke with were aware of the need to maintain people's dignity and were able to provide examples of how they supported people in a dignified manner. The registered manager was passionate about ensuring that people received their care in a dignified way, and provided advice and guidance to staff to ensure this was carried out.

The registered manager had a good understanding of advocacy services and understood when there could be a need for people to receive support from an advocate. For example, if they had little family involvement or required support with making financial decisions. We saw that each person was given a handbook about the Homepoint Healthcare Services and the support they could receive. This also included contact details of an advocacy service people could use if they required additional advice and guidance from an independent source.

Is the service responsive?

Our findings

People's care and support needs were assessed before they were accepted by Homepoint Healthcare Services. This ensured the service could meet people's needs and understand their expectations. The registered manager confirmed that a member of the management team completed an initial assessment which gathered as much information as possible. They said, "We try to get as much information as possible about what support they need, and when they want it so we ask the service user if we can invite their family too. We then make sure we have the right staffing capacity, and the right staff skills to provide the support each person needs." We saw that the management team used all the information they had gathered to complete a full assessment of the care people required.

People's care plans contained information about people's past history and interests which staff could use to help generate conversations with people. For example, one person's care plan detailed the person's previous occupation and staff could discuss this with them to help reminisce about the past.

People's care records detailed people's choices and preferences and how they liked to receive their care. For example care plans recorded people's preferences for the timings of their visits and we saw that care was scheduled to meet those needs. People told us they were kept informed if the staff were running late and staff confirmed they tried to keep people updated whenever possible. Staff were able to explain how they provided personalised support individual to each person and understood people's preferences. For example, one person preferred to receive some of their care in the lounge area of their home and this was respected.

People received the care and support they expected and required. One person told us, "They come at roughly the same time every day, but I don't really mind when they come. I'm not going anywhere!" Another person's relative told us, "It's going really well. I'm very pleased. They do everything we need them to do." Staff completed records for each visit which documented the care and support people received. This helped staff to keep track of when people's needs were changing, or they required additional support.

People and their relatives had regular reviews of the care people received. A member of the management team met with people and discussed the care they had been receiving and whether any changes or improvements could be made. People were listened to and their views were recorded. When people had made suggestions for change we saw that these had been actioned and the provider worked with outside agencies to support people to access the support they required. For example, one person had requested additional time to have further support with their mobility needs. We saw that the provider had been working with the funding authority to request that additional time could be allocated to the person. The care plan reviews were detailed and allowed people to give their feedback in all aspects of their care and the service they received.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the care they received. One person said, "If I needed to complain I'd phone the office and talk to the manager. The numbers are all here in my book." Staff understood how they could

support people to make a complaint. We saw one complaint that had been responded to appropriately and in a timely manner. The registered manager had sought to understand the concern and action had been taken to make direct improvements to the person's care. The registered manager sought to learn from incidents and share good practice to the staffing team.

Is the service well-led?

Our findings

Improvements were required to the way records were maintained and reviewed. For example, following a care plan review, each person's care plan needed to be updated to ensure it showed that a review had taken place and that any changes were reflected throughout the care plan. In addition, we found that there were occasions when there were gaps in people's medication administration records (MAR). Staff were knowledgeable about people's medicines and ensured as a staffing team that people had their medicines when they required them. Staff explained that the gaps had been when a person's relative had supported the person to take their medicines, however there were no notes or written explanations to record this.

The registered manager used spot checks and observations to ensure people received good quality care. Staff told us that a member of the management team regularly went out on visits with them to ensure they were providing the care that people required, and to a good standard. This enabled the management team an insight into the care that people received and provided people with an opportunity to provide feedback directly to the management team about the service they received. We saw that when it had been identified that the staff could make improvements these were dealt with appropriately, however during this review the registered manager did not always record that they had audited people's MAR, and this needed improving.

People spoke highly of the management and told us they were friendly, flexible and approachable. People knew who the registered manager and provider was and confirmed that they could talk to them if they had any questions or concerns. One person said, "Oh the managers [registered manager and provider] are very good. I've met them a few times now." Another relative told us that they were impressed by the provider and felt they went the extra mile. They said, "There was an incident and we couldn't get hold of [name]. The provider was very reassuring, took control and made sure [name] was safe. I don't know what we'd do without him. He's very good."

The culture within the service focused upon supporting people's health and well-being, and enabled people to stay at home for as long as possible. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met. Staff clearly enjoyed their work and told us that they received regular support from their manager. The registered manager was passionate about supporting people's independence and to receive good quality care in their own homes.

Systems were in place for people and their relatives to provide feedback about the service. During each review, there was an opportunity for people to feedback any complaints and compliments. In addition, the service sent out surveys to people to enable them to provide their feedback. We reviewed these and found that they were largely very positive. One review read, "Very happy with carers. Was impressed that out of hours service was proficient. Thank you." We saw that these comments praised the service and where negative comments had been received the registered manager looked to make improvements and resolve any concerns.

Staff received regular newsletters to keep them informed about changes to the service. One member of staff told us, "We receive a staff newsletter every now and then which reminds us about what's going on, or any changes." We also saw that the service held regular staff meetings which reminded staff of their responsibilities and enabled staff to provide feedback about the service. Minutes of the meetings were available for any member of staff that were unable to attend.

The service had policies and procedures in place which covered all aspects relevant to operating a care agency which included safeguarding and recruitment procedures. The management team had recognised that the policies and procedures could be improved and work was underway to make them more detailed and relevant to the service. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager understood their requirement to submit appropriate notifications to the CQC and we saw that they had been successfully submitted when required.