

Home Care 2000 Limited

Homecare 2000 Ltd

Inspection report

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11 February 2020

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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

Homecare 2000 is a domiciliary care agency. It provides personal care to people living in their own homes in the community. 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. At the time of this inspection, 33 people were receiving personal care from the service. People who use the service live in Torquay, Paignton and Brixham.

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

People and their relatives told us they were very happy with the service they received. Comments included, "I'm very lucky to have them" and "They're just amazing." People benefited from a small, consistent team of staff who knew them well. People told us they had developed positive, caring relationships with their regular staff.

People felt safe and comfortable when staff visited them in their home. People were kept safe as potential risks had been assessed and managed. A relative told us they felt confident to leave the house when staff were present, as they knew their loved one was safe.

People's needs were met by staff who had received regular training and support. Staff had opportunities for regular supervision and told us they were very well supported and valued in their role.

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 received a personalised service to meet their specific needs, preferences and wishes. The provider was passionate about making a difference to people's lives and committed to promoting a caring culture throughout the service. People were involved in making decisions about their care and encouraged to maintain their independence. People were treated with dignity and respect in a way that valued them as individuals.

People and their relatives told us the service continued to be well managed. Comments included, "The best agency I've ever had, they're very professional" and "I'm very pleased with everything." The provider continually looked for ways to improve and was working with commissioners to focus on initiatives to drive improvement and provide high quality care.

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

Rating at last inspection

The last rating for this service was good (published 31 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Homecare 2000 Ltd

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 carried out this inspection.

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 registered 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 the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 February and ended on 11 February 2020. We visited the office location on 10 February 2020. We carried out phone calls to people and their relatives on 11 February 2020.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives. We spoke with seven members of staff including the provider, registered manager, team leader and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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 reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked four professionals for feedback. We received feedback from two professionals.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they always felt safe and comfortable when staff visited them in their home. One relative told us they felt confident to leave the house when staff were present, as they knew their loved one was safe.
- Staff had completed safeguarding adults training. They knew how to protect people and report concerns about people's safety.
- Staff told us they felt confident the registered manager would respond and take appropriate action if they raised any concerns. Where an incident had occurred, the provider had worked with the local authority to ensure people remained safe.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided.
- Staff carried out regular checks on people's equipment, such as pendant alarms and mobility aids to ensure they remained safe and in working order.
- When staff identified risks in people's homes they took action. For example, staff found a number of extension leads being used in one person's home. They were working in partnership with the local fire service who arranged for a fire safety officer to visit people in their homes.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

- There were enough staff available to complete the planned visits.
- People benefited from a small, regular staff team who knew how to meet their needs.
- Staff and the management team helped out if needed to cover sickness, absence and holidays. This meant people were always supported by staff they knew, who were familiar with their needs and who were trained and supported to meet the high expectations in relation to care and support.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- Most people managed their own medicines. Where staff assisted people with their medicines, this was done safely.
- People received their calls at the right time to ensure medicines were given at the correct intervals.
- Senior staff carried out observations of staff administering medicines and audits to ensure safe practice.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training.
- Staff used personal protective equipment to prevent cross infection when assisting people with personal care, for example, gloves and aprons.

Learning lessons when things go wrong

- Where an incident had occurred, the service reflected on whether it could have been prevented. The management team met with staff and discussed the service's policies and procedures to minimise the risk of re-occurrence.

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 were fully assessed before they began to use the service. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- When people's needs changed, care reviews were carried out.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew how to meet their needs and understood their medical conditions.
- Staff told us they had the skills and knowledge to meet people's needs effectively. The provider had recently employed a training consultant who was going to deliver additional face to face training. This meant staff were able to seek further guidance and the trainer was able to check staff's understanding.
- All new staff undertook a thorough induction programme, which included completion of mandatory training and shadowing of experienced staff before working on their own. Staff who were new to care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of staff working in a care environment. A staff member told us they were really enjoying their job and had benefited from additional shadowing so they felt confident to work on their own in the community.
- Staff had opportunities for regular supervision. Staff told us they could ring the management team at any time, were well supported and were encouraged to further develop their skills.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported some people with eating and drinking. Staff knew people's food preferences and ensured they ate healthy balanced meals.
- Where people had specific dietary needs, these were recorded in their care plans. There was evidence that advice had been sought from relevant professionals, such as speech and language therapists for people with swallowing difficulties. Staff described how they supported one person with eating and drinking in accordance with advice given.
- Staff knew to contact the office if they had any concerns in relation to eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to external healthcare support as necessary. Staff supported some people to attend GP and hospital appointments.
- The service had worked collaboratively with other professionals to ensure people received the best

possible care and support.

- Staff completed detailed records at care visits to ensure care remained consistent.

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.

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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Each person who used the service had capacity to make decisions about their care and support. Care plans were signed by each person and showed they consented to care and treatment.
- Staff had completed training in the MCA and understood people's rights.

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 and their relatives told us staff were very kind and caring. Comments included, "I'm very lucky to have them" and "They're just amazing."
- People benefited from small regular staff teams who had supported them for some time. A relative said, "Having regular staff makes it so much easier to communicate." A staff member said, "We know our clients and they know us." People had built relationships with staff and really appreciated this continuity.
- Staff told us they enjoyed supporting people and spoke about them with genuine warmth and compassion. Comments included, "My clients are unbelievable", "We're making a difference" and "We have a laugh."
- We heard examples of staff doing things to make a difference to people's lives. For example, one person was on their own on Christmas day. The provider paid for an extra visit so staff could spend some quality time with this person.
- Staff made themselves available to people and their relatives at times when they needed caring and compassionate support. For example, one person told us how staff picked up on how they were feeling. They said, "When I feel down, they suggest we go out for a cup of tea."
- Staff had completed equality and diversity training. They told us how they provided support to meet the diverse needs of people using the service including those related to disability, gender, and age.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views. People and their relatives told us they had met with staff at the start of the service to arrange their care plan and routine. Staff supported people to make their own choices and decisions.
- People were involved in regular care plan reviews.
- Staff were skilled at communicating with people's relatives, where appropriate. Relatives told us staff communicated well and kept them up-to-date with what was happening.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected and promoted their privacy, dignity and independence.
- Care plans highlighted what people were able to do for themselves and how staff should support and encourage them to maintain their independence. Staff were aware of each person's ability to carry out daily living activities.
- People's personal records were kept secured and confidential. Staff understood the need to respect

people's privacy including information held about them in accordance with their human rights.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive a personalised service that met their specific needs, preferences and wishes. The provider was passionate about making a difference to people's lives and committed to promoting a caring culture throughout the service.
- Staff worked with people to put together a care plan that contained personalised information, preferences and daily routines.
- People benefited from a small team of staff who knew them well. Staff knew how to meet people's physical, emotional, and social needs and knew what was important to them.
- The service was responsive to people's needs. People told us the service was flexible and responded to requests for additional visits or changes.

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.

- Staff assessed people's information and communication needs. People's needs were shared appropriately with others. For example, one person was blind. Staff knew to always place items so they could find them. Another person was hard of hearing. Staff knew they could lip read and ensured they were positioned in front of the person.
- People's information and communication needs were met. The service was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.

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

- Staff understood their role in reducing the risk of social isolation for people. People and their relatives told us they enjoyed their time with staff and their chats.
- Staff supported people so they could maintain their interests. For example, one person loved their guitar. Staff took them to a local community venue where they enjoyed joining in with the music sessions.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. Each person had a copy of the complaints procedure in their home. People told us they hadn't needed to complain and commented, "Absolutely no

problems" and "I can't complain about anything."

- Where a complaint had been received, this had been investigated and responded to appropriately.
- People and their relatives felt confident the registered manager would act to address any concerns.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's wishes were discussed with them, and their families where appropriate.
- Relatives had given feedback to the service in relation to the end of life care they provided. They said the care given had been 'outstanding' and staff couldn't have been more helpful and supportive. The provider told us how they had considered caring for the family after their relative passed away. Where family members felt they would benefit from continued contact, the provider had kept in touch with them and met for a chat and cup of tea.
- Staff had completed training in end of life care. Further training had been booked with the local hospice to increase staff's skills and knowledge.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service continued to be well managed. Relatives commented, "The best agency I've ever had, they're very professional" and "I'm very pleased with everything." A professional said, "Organisationally and individually [they] go the extra mile".
- Staff were passionate, highly motivated and proud to work with the service. Staff felt valued and a number of staff had worked at the service for a long time. Comments included, "They've been brilliant" and "So supportive". Staff told us they appreciated the offer of professional counselling support after going through a difficult experience at work.

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 provider was aware of their responsibilities to provide CQC with important information and had done so in a timely way.
- They spoke openly and honestly throughout the inspection and were responsive to any discussions regarding regulation and best practice topics.
- The provider understood the duty of candour in respect to being open and honest with people and relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. This included checks and observations to assess staff competency and audits.
- The provider was involved in the day to day running of the service. The registered manager was supported by senior leads and care staff. Each staff member knew their responsibilities and there were clear lines of accountability.

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

- People and their relatives were asked for their views about the service via visits, reviews and surveys. The results of the recent survey were positive.
- Staff told us they felt able to contribute their thoughts and experiences of the service through meetings,

supervisions, surveys and informally. The results of the staff survey were also positive.

Continuous learning and improving care; Working in partnership with others

- There was an emphasis on continuous improvement both within the service and within the care industry. The provider had been invited to sit on the board to shape the future of care delivery within the local area. A professional said "(Provider's name) has offered his time, insight and support to developing collaborative working between the Trust, local authority and local providers for the best interest of clients. He has been open to exploration and new ways of working and proactive in supporting potential improvements to practice." Another professional told us the provider placed clients and staff at its heart and changes had been made because of their feedback.
- The provider had plans to further develop the service and told us this included introducing new care plans focused on outcomes and more social activities.
- The management team kept up-to-date with national developments in the care sector. They worked with other local care providers and attended the local care managers network to improve information sharing and knowledge.