

Homecarers (Liverpool) Limited

# Homecarers Liverpool Limited

## 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

We visited Homecarers Liverpool Limited on 18 and 21 September 2017. Homecarers Liverpool Limited provides care and support to people who need the services of a domiciliary care agency, care and support is provided for people with a range of conditions including people with dementia and physical disability needs. Homecarers Liverpool Limited was providing a service for 557 people at the time of inspection and employed 232 staff in total.

The service had a manager who was registered with the Commission. 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 service had a registered manager who had been in place since 2010. The registered manager and the company director were in attendance throughout the inspection.

At our last comprehensive inspection of the service in October 2016 we found breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to person centred care and ensuring the quality of the service. The provider had produced an action plan that had led to us seeing that during this inspection improvement had been made in both of these areas.

The care and risk assessment records we looked at contained good information about the support people required and recognised people's needs. All records we saw were complete, up to date and regularly audited. We found that people were involved in decisions about their care and support.

The service had quality assurance processes in place including audits, staff meetings and quality questionnaires. Homecarers Liverpool Limited also had up to date policies in place that were updated regularly. The provider regularly checked the quality of care through home visits, spot checks and audits. This demonstrated the service had robust quality assurance systems in place and people's care records were maintained to a good standard.

We saw that the provider had systems in place to ensure that people were protected from the risk of harm or abuse. There were procedures in place to guide staff in relation to safeguarding adults and all staff had undergone training about both safeguarding and whistleblowing. The feedback from people we spoke with was positive and people told us they felt safe with the staff visiting them.

Staff were recruited safely and there was sufficient evidence that staff had received a proper induction and suitable training to do their job role effectively. All staff had been supervised and appraised.

People's medicines were handled safely by trained staff and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary.

We saw that infection control standards were monitored and managed appropriately. We saw that the provider had an infection control policy in place to minimise the spread of infection, all staff had attended infection control training and were provided with appropriate personal protective equipment such as gloves and aprons.

The provider was active in partnership working to improve the social care sector as a whole and had implemented healthy living initiatives for staff and people using the service, developed partnerships to improve recruitment and retention and was part of a cadet pilot programme that would encourage staff to choose social care as a career.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and staff had received basic training. The registered manager and director were fully aware of their responsibilities concerning mental capacity and people we spoke with told us staff always asked for consent before carrying out care activities. We saw in people's care files that they had given consent to their care.

## 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.

Safeguarding policies and procedures were in place and staff had received training about safeguarding vulnerable people.

The provider had recruitment processes that were safe and thorough.

Staff had received training about medication handling and managed people's medication safely when required.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately supported through a structured induction, regular supervision and training opportunities.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and staff had received basic training.

Staff were aware of the nutritional requirements of the people they supported and people said they enjoyed and were given enough to eat and drink.

### Is the service caring?

Good ●

The service was caring.

Confidentiality of people's care files and personal information was respected.

People told us that their dignity and privacy were respected when staff supported them and staff showed a regard for people's individuality.

People were given appropriate information about Homecarers Liverpool Limited.

### Is the service responsive?

Good ●

The service was responsive.

Processes were in place to deal with complaints appropriately. People's comments and complaints were taken seriously and investigated.

We looked at 14 care plans and each person had a care plan that met their individual needs and risks which were reviewed regularly.

People who used the service and where appropriate their relatives were involved in their plan of care

### **Is the service well-led?**

The service was well-led.

Quality assurance systems were in place to ensure the service provided safe and good care.

There was a well organised management team that had clear responsibilities.

The service had a manager who was registered with the Care Quality Commission.

**Good** ●

# Homecarers Liverpool Limited

## **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 18 and 21 September 2017 and was unannounced. The inspection was carried out by four adult social care inspectors and two experts-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.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 visited the office on 18 and 21 September 2017 and looked at records, which included 14 people's care records, 12 staff files and other records relating to the management of the service. We also visited the home of four people using the service.

During the inspection we spoke to the registered manager, the director, two external training providers and staff. Following this visit we made phone calls to 11 people using the service, 12 relatives of the people who used the service and other professionals.

# Is the service safe?

## Our findings

People we spoke with and their relatives felt the service was safe. We saw that staff had received training in safeguarding adults and updates were undertaken regularly. The staff were able to tell us what to do to both prevent abuse and to report it should it occur. We were told by people using the service that they were safe with the staff. Comments included "Oh yes I certainly do feel safe", Yes, I do feel safe with the carers. I've never felt threatened and nobody has ever been unkind or abusive" and another person said "yes I do." Some people said that care staff accessed the property by use of a key safe and everyone said they felt this was being used properly and their homes are left secure when the carer leaves. Relatives also told us "They help him with bathing and are very careful to make sure he doesn't slip. They keep him very safe" and "No problems for safety at all."

Policies and procedures were in place for safeguarding vulnerable people from abuse. The service reported safeguarding incidents to the Local Authority and Care Quality Commission appropriately and within the correct timescales. We also saw evidence that detailed investigations were conducted in response to any allegation that had been made. There was a clear audit trail of actions that led to the outcome. This showed that the safeguarding policy was closely followed.

We saw that the provider monitored and had policies and procedures were in place regarding accidents and incidents. The provider collated accident reports for each month to identify trend and also had a 'falls register analysis' that was carried out each month. This identified injuries sustained, time of fall and if referrals had been made to other health professionals.

We looked at a sample of 12 staff files. We saw records to show that full recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and two written references. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment. We also saw how the service had appropriate disciplinary policies and procedures in place. All staff we spoke with felt able to speak with line managers and stated that any concerns they had raised had been dealt with promptly. A carer told us "I'd report any concerns to my line manager or care line."

During our last inspection we had made a recommendation that the provider sought advice and guidance regarding best practice in relation to effective risk management. During this inspection we saw in the care plans that we viewed that risks to people's safety and well-being had been identified and plans put in place to minimise risk. The risk assessments had been updated regularly and if there was any change in the person's needs. Risk assessments had been completed with regard to moving and handling, handling medicines and people's physical health. These risk assessments had been reviewed regularly and with input from either the person or their family member if appropriate.

We saw that the risk assessment information contained in people's care plans that was kept in their homes exactly matched the information held by the office. This meant that staff had up to date guidance when supporting a person. The provider had started to use 'PASS' which is an electronic care management record. (Care Plans and MAR sheets). This meant that staff had the most up to date information prior to

entering a person's home. The provider also had a system called ICareHealth. Which is an electronic real time call monitoring system supported by 'Mobile Care Worker', this is a comprehensive GPS mobile solution.

that enabled staff to check in and out of visits again using mobile phones provided by the service. This meant that the provider was able to use the electronic data to track late, missed or irregular visits.

There were sufficient staff to meet the needs of people and we were told visits were carried out by regular staff and they were known to the person they were supporting so that consistency was maintained. People told us "They're always on time", "Exactly on time, sometimes they come earlier" and "They come round about on time, if they are late it is only 10 minutes." The provider had implemented a team of staff who were 'on call' if a staff member went off sick so that they were immediately able to provide cover. This meant that the disruption to people's visits were minimised.

We looked at how Homecarers Liverpool Limited supported people with their medication. People we spoke with who were being supported with taking medication believed that their tablets were being handled properly and recorded properly. We were told 'They write everything in the book. What tablets they've given me and the time and everything. They give me my tablets in a beaker and a drink of water and they check each one off to make sure they haven't missed anything. I think they have to sign their names as well.'

Staff told us they did not administer medicines unless they had completed the medication training. One staff member told us "I can't do the medication yet, not until I do the training. I've got it next week". The electronic 'PASS' system was being used to record administration of medications one staff member told us "If medicines are still in the blister pack, I look on the PASS system to see why they haven't been given, you might not give them because the persons' had too much alcohol. In that instance I would ring the office and put on the MAR why I hadn't given it. If you don't do that (record on MAR on PASS) the office gets an alert and then they ring you". An example was given where one staff member saw that a person's medications were running out. The staff member took photograph of the blister pack and sent it to the office using the provided mobile phone. The office was able to order new medications and a member of the response team went to collect prescription, delivered to the person's home and updated the PASS system.

The people we spoke with and their relatives told us that infection control procedures were always carried out by the staff visiting them. Appropriate gloves and aprons were always worn by the care workers and staff had received training surrounding infection control and health and safety.



# Is the service effective?

## Our findings

People we spoke with told us that the staff calling on them were fully trained and had the relevant skills. One relative said about the staff "No issues with training at all." People using the service told us "Oh yes, they are certainly trained", "Yes they are very good" and "They are good, they know what they are doing."

We reviewed 12 staff files in relation to the staff employed and saw evidence that staff had received an induction when they first started working at the service. We saw that new staff were shadowed by experienced staff and that shadowing logs had been completed. One staff member told us "I've had a good first week. I've had a mentor with me every day. They showed me everything to a 'T'. They guided me and I watched her. She showed me everything properly." We saw that new staff were being supported through the Care Certificate which was accredited by 'Skills for Care'. Skills for Care provides practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce.

The provider identified with an external training provider an annual training needs analysis that had been delivered to all staff throughout the year. When we looked at the training matrix we found that this showed us the training that had been received included dementia, mental capacity, equality and diversity, food hygiene, health and safety, safeguarding and first aid. The staff also had the opportunity to achieve an accredited qualification that was a diploma in health and social care either level 2 or 3. One staff member said "I was a carer I did level 3 whilst I was working here. It's a requirement to be in the review team and I progressed when I completed it. I've also got a qualification in dementia."

We saw that staff were supported through having individual supervision meetings. This was used as an opportunity to inform them of any changes or issues. All staff also had an annual appraisal that meant they were able to plan any training and objectives for the coming year. Spot checks were also regularly carried out, this was supported by documentation and on speaking to staff. We were told by senior staff "At spot checks we observe and pick up on any issues like medication or communication and offer more training". An example was given of one staff member who was speaking to a person whilst they were walking away from them. The person was hard of hearing so did not hear what the staff was saying. The observer pointed this out to the staff member and offered communication training. They explained they were always tactful when identifying training needs as did not want people to feel they had failed.

Homecarers Liverpool Limited had an up-to-date policy in place regarding the Mental Capacity Act 2005. The provider and registered manager were able to discuss with us the support people were receiving and whether they had capacity or not for specific decisions. The service were aware of their responsibilities and were able to give staff guidance when providing care for people who may not have capacity to make some of the decisions needed in relation to their support. This was supported through discussions with staff. Everyone we spoke to told us their choices were respected. We saw that care plans held peoples documented consent to their care and that this was regularly reviewed.

Those people we spoke with who required help with food and drink did not have any issues with what was provided by the care workers. We were told "They always listen, they always prepare what I like to eat" and

"They are very observant. They notice as soon as they come in whether my cup is empty and ask if I want another cup of tea or coffee. When the carer goes at night, she makes sure there is some water by my bed because I get thirsty in the night." We saw that care plans contained information about people's preferences. Examples of this included the comments 'Loves Weetabix with hot milk and sugar, with toast and juice' and 'Has a light lunch, if [name] refuses, leave a banana and yogurt, she will eat these.'

## Is the service caring?

### Our findings

People told us that staff were always kind and compassionate when attending to them. One person said "They are wonderful, caring", "The care workers are lovely, they are so caring" and "They are fantastic we have banter, they are good to me." Relatives told us "Very good care workers, my relative is very happy indeed" and "They are brilliant to my relative, oh goodness they are so good."

People said that staff are respectful and polite and observe their rights and dignity. One person said, "The carers really go the extra mile all the time. I don't know how they can do it and be so cheerful because they work really hard." We asked people if they were able to make their own choices and we were told yes. One person said "I only have one visit at lunchtime and they will warm up half a tin of soup for me and make a cup of tea. That's all I want. I like to be independent and I do everything else for myself. They are willing though" and another person told us "The carers make me feel comfortable, they respect my choices and are both flexible and supportive."

We observed that confidential information was kept secure whilst we were in attendance in the office. Records were kept locked and were only accessed by staff and electronically held information was password protected.

Information available for people who received a service from Homecarers Liverpool Limited included an overview of the service, the type of support that could be provided, service user rights and how the service delivers care. The 'service user guide' also included information people's rights to dignity, independence, diversity, security and civil rights.

The service user guide also held information about end of life care. The service had an up to date policy regarding end of life care and staff had attended training on this subject. One staff member told us "I'm going into end of life care. It will be running alongside Marie Curie. [Director] has just been explaining we will be doing training in mid-October with Marie Curie." This showed the service had prepared and was able to deliver a service to those needing end of life care. Information about people's wishes were held in their care files. We saw that some files held specific information, an example being where a person who used the service kept their 'Do Not Attempt Cardiac Resuscitation' document so it was easily accessible to anyone who would need it.

Homecarers Liverpool Limited had implemented a newsletter that was sent out to people using the service or their advocates. This included information about the service, reported on feedback gathered from quality questionnaires and gave healthy living hints for example eating five portions of fruit and vegetables a day. People felt that they had good communication with the service. One relative told us "My relative does feel really looked after, any problems they always phone me."

We were told by people who used the service and their relatives that staff had developed good relationships with them. Comments included "My relative and the care worker are very pally, they have a great relationship", "We talk about football and they tease me and I tease them. It's really nice and I look forward

to seeing them" and "They are all lovely. It's like my own family."

## Is the service responsive?

### Our findings

During our last inspection we identified that the provider had failed to design care that was personalised to people using the service. This had been a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, however during this inspection we found improvements had been made. Care plans were in place for the care people required, this included mobility, communication, personal care, medication, social inclusion and nutrition. The care plans were reviewed after six weeks following the initial assessment and then reviewed six monthly or when a person's needs changed. We saw as part of one person's care plan review, the service carried out a customer feedback survey. An action from this was that the person preferred female care staff. The person told us, and the records confirmed that this preference was being respected and upheld by the service.

All the people who spoke with us said that they had received a care needs assessment. One person told us "They came and went through everything I need. They had a look round the house and made a few recommendations for me to think about. It's very reassuring to be honest." Another person said "They came and talked to us about the care plan. They do phone from time to time to see if everything is alright and whether I need anything else."

We saw that assessments were completed in people's own homes and inputted onto the PASS system along with any information provided by the local authority. Environmental risk assessments were completed to make sure people were safe. Staff told us "We assess in their own homes to make sure the house is safe and we have the equipment they need or whether they need an occupational therapist, then we sort that out". This member of staff told us when completing an assessment they saw the brakes weren't working on one person's walking frame and commented "I made a telephone call there and then to get it repaired and make sure she was safe."

Staff were able to tell us and we were able to see that they were provided with all the information they need about people before they visit a person. This was all on the PASS system, however we were told how staff can ring the office for more information if it was not clear. Staff told us how the office will call them and discuss a person's needs before the first call. The information provided on PASS system included care needs, people's preferred terms of address whether they have any pets, preferences, likes and dislikes, whether a key safe and where medicines were stored.

Staff were able to tell us how the office were responsive to their feedback. We were told how a member of staff found one person on the floor. They rang the office who arranged cover for their next call. The staff member then escorted the person to the hospital. We were then told how this was reported by the office to the local authority. We were also told how staff had rang on one occasion when they had concerns about a person and the line manager rang the social worker and the persons visits were increased the next day.

We were able to see that when a person had their needs assessed Homecarers Liverpool Limited would explain about their right to consent for their family to be able to access the care records on line via the PASS system. We saw that some people had given consent and agreed to their families having a look. This is only

accessed by an agreed password then the person and the relative sign on the electronic device. The service was able to show that this had been a positive thing and a relative was able to say how they were on holiday and that it gave 'peace of mind.'

The service had a clear written complaints policy and this was included in the service user guide given to people when they started using the service. The complaints procedure advised people what to do regarding concerns, complaints and what to do if they were not satisfied with any outcome. It gave contact details for the local authority complaints service and for CQC. People told us there was information about the service's complaints policy in their care plan but everyone was keen to stress they had not had to use it in a formal way.

We saw a monthly management summary of complaints received. This highlighted the main issues and outcomes, satisfaction of the complainant with the outcome and if appropriate an apology. Each complaint was organised in a separate pack which contained the details of the complaint, any evidence available, a record of communication engaged in (for example with the service user or family member or CQC / safeguarding) and an outcome. The service had a low threshold towards recording and treating an event as a complaint. Each complaint investigation was reviewed and signed off by the registered manager. It was noted if the complainant was satisfied with the outcome of the complaint. There was a very responsive and comprehensive complaints review system. We saw evidence of learning and changing of practice.

## Is the service well-led?

### Our findings

At our last inspection we found that the provider had failed to have effective systems and processes in place to assess and monitor the quality and safety of the service provided, this had been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made. At this inspection we found that the provider and registered manager regularly monitored the quality of care that was being delivered and there were comprehensive procedures in place to monitor this. This included audits surrounding safeguarding, complaints and care plans. Records were well maintained at the service and those we asked to see were located promptly.

The service had a registered manager who had been in post since 2010. The registered manager was supported by a number of managers including finance, quality assurance, human resources and 11 locality managers. The registered manager understood their responsibilities in relation to the service and with their registration with CQC. We received regular updates with notifications and other information which meant there was evidence of transparency.

The managers of the service actively updated their own knowledge by attending networking and best practice events. The registered manager told us that they were well supported by the provider and could contact them at any time for support. We were told by people using the service and staff that there were no issues with the management. People told us "Yes no issues with management" and "No problems, when I need them they are always here." We also spoke to people's relatives who told us "Oh yes, the company is brilliant", "We are very pleased with the company" and "They are good, I can recommend the company."

We also spoke with the local authority who told us how Homecarers Liverpool Limited were working in partnership with other agencies to address recruitment and retention issues through their innovative cadet initiative. We were also able to see and this was supported when speaking to the local authority on how they had worked to bring organisations together to work on developmental issues for the benefit of the whole sector through the establishment of the 'Home Care Community Interest Company'. We were told that the director and her team "Display excellent leadership and a very positive image of the sector." Homecarers Liverpool Limited had also worked to more closely align the social care offer with primary health and community interventions to improve care and support for people living in their own homes.

The service had invested in various programmes to encourage healthy lifestyles in their workforce. These included a 'Healthier Lifestyle Challenge' 'Liverpool Active workplaces' and 'So Health'. This encouraged staff to improve health and wellbeing.

The services policies and procedures had been regularly reviewed by the provider and these included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment and lone working. This meant staff had access to up-to-date guidance to support them in their work.

Staff told us how they were supported by the management. Comments included "I've had feedback from my

line manager, they are very supportive. They told me they are really pleased with me, that I've done brilliantly and told me well done", and "If I'm not sure about anything I can ring my line manager." All staff we spoke to felt able to speak with line managers and stated that any concerns they had raised had been dealt with promptly. We also saw that the service regularly carried out staff meetings. This gave staff the opportunity to air any issues and receive information about the service.

We were able to see how the service worked alongside other professionals such as social workers, community nurses, occupational therapists and G.P.'s to ensure care services were personalised. One person told us "The regular carers do notice when I'm not well and have phoned the doctor and my family once or twice."

We looked at how the provider gained people's opinions of the service they received. We saw evidence of quality questionnaires for staff and people who use the service. The service had collated the feedback and had devised action plans to act on the findings. The feedback was also published in the newsletter that was sent to people using the service. This meant that people saw that their opinions mattered and that they were listened to.