HomeLife Carers (Torrington) Limited

HomeLife Carers (Okehampton)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 12 and 13 July 2017. We previously inspected the service on 2 and 9 December 2015 when it was rated Good overall. Two breaches of regulations were identified at the previous inspection, we identified increased risks for people related to medicines management and staff recruitment. This was because staff were not following the agency's policies and procedures for medicine management. Some recruitment checks lacked all the information needed to confirm staff were suitable to work with vulnerable people. The provider sent us an action plan outlining improvemnets being made in these areas, which have now been addressed.

HomeLife Carers (Okehampton) is registered to provide personal care, primarily to support older people who want to retain their independence and continue living in their own home. Staff visit people living in the areas of Cheriton Bishop, North Tawton, Okehampton, Hatherleigh and Holsworthy. In March 2017, the provider took over another care agency, so increased the numbers of people they cared for and their staff team. At the time of the visit approximately 100 people were receiving a personal care service.

The service did not currently have a registered manager. The previous branch manager had left due to ill health. A new branch manager was appointed in October 2016, they have now successfully completed their induction and probation period, and were in the process of registering with the Care Quality Commission. The provider notified us about those changes. A registered manager is a person who has registered with the CQC 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.

People received their medicines safely and on time because medicines systems had improved. All staff had competency assessments to check their medicines management skills and knowledge, which were regularly reassessed. Recruitment processes had improved to ensure people were cared for by suitable staff. The provider had robust recruitment checks which were completed in full to ensure fit and proper staff were employed. Any unexplained gaps in employment were identified and followed up at interview. Police checks, checks of qualifications and identity and references were obtained on all staff applicants to ensure staff recruited were suitable to work with people who use care and support services.

People felt safe using the service and said it was reliable. People knew care staff well and said they usually arrived on time and stay for expected length of time. They let them know if they were running late. Staff knew about the signs of abuse and worked closely with health and social care professionals to implement measures to safeguard people. Staff were aware of risks and risk assessments identified steps staff needed to take to promote people's safety and welfare.
Staff had the skills and training needed to carry out their role and undertook regular training relevant to needs of people they cared for. People confirmed staff sought their consent before providing any care. Where people lacked capacity, staff demonstrated a good understanding of the Mental Capacity Act (MCA) (2005) and how this applied to their practice.

Staff developed positive and caring relationships with people. People confirmed staff respected their privacy and treated them with dignity and respect. People's care was individualised to their needs. People were consulted and involved in decisions about their care. People signed their care plans to confirm they agreed with their content.

People, relatives and professional feedback consistently showed the service was person centred and responsive to people's individual needs and preferences. This enabled people to remain as independent as possible. Care staff were motivated, people mattered and staff spoke with kindness and compassion about the people they supported.

People's care plans were personalised, detailed and comprehensive and described positive ways in which staff could support them. People knew how to raise any concerns or complaints and felt confident to do so. Action was taken in response to make improvements.

The culture of the service was open; people, relatives, professionals and staff were very positive about the leadership of the agency. Care and office staff worked well together as a team. The provider promoted good standards of care and developed the staff team. The provider had a range of quality monitoring systems which included spot checks, regular review meetings, audits and an annual survey. The service made continuous improvements in response to their findings.

The service has improved and was meeting all the requirements of the regulations.

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 had improved and was safe.

Risks for people were assessed and actions taken to reduce them.

Staff knew about their responsibilities to safeguard people and how to report suspected abuse.

People were supported by enough staff so they could receive care at a time and pace convenient for them.

People received their medicines in a safe way.

A robust recruitment process was in place to ensure people were cared for by suitable staff.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

HomeLife Carers (Okehampton)

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 checked 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 comprehensive inspection took place on 12 and 13 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; so we needed to be sure that someone would be in. The inspection team included an 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 care services for older people.

The provider completed a Provider Information Return (PIR) on 30 November 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, such as the provider's action plan, monthly update reports, feedback from health and social care professionals and from statutory notifications. A notification is information about important events which the service is required to send us by law.

The Care Quality Commission sent 50 questionnaires out to people who used the service, 50 to relatives and friends, 30 to staff and five to community professionals to ask for feedback about the service. We received responses from 17 people, two relatives, seven staff and two community professionals. We spoke with 15 people who used the service and five relatives, which included visiting two people in their own home. We looked at four people's care records and at three people's medicine records.

We spoke with 10 staff which included the operations manager, branch manager, a care co-ordinator, a community team leader and five care staff. We looked at systems for assessing staffing levels and staff rotas,

training and supervision records. We looked at five staff files, which included recruitment records for new staff. We looked at the service improvement plan and quality monitoring systems the provider used. For example, weekly visits by operations manager to the branch, and spot checks. Spot checks are checks of staff care practice carried out in people's homes by a senior member of staff. They include looking at care practices, documentation, at communication skills, staff knowledge and skills as well as privacy and dignity. We sought feedback from commissioners and health and social care professionals and received a response from four of them.

Good

Is the service safe?

Our findings

At the previous inspection increased risks for people were identified in relation to medicines management and staff recruitment. At that time, there was an increased risk of mistakes and misuse of medicines. This was because staff practice was not in accordance with people's care plans, or the agency's medicines management policies and procedures. Recruitment checks had not confirmed staff were suitable to work with vulnerable people. This was because some information was missing when recruitment decisions were made. The service were asked to send us an action plan to show how they would improve in these areas. At this inspection we found both these requirements had been met.

People received their medicines safely and on time. One person said, "Oh yes they always make sure I take my medication, they stand and wait." Since the last inspection staff had undergone further training to familiarise them with the medicines management policies and procedures. All staff had competency assessments to check their medicines management skills and knowledge, which were regularly reassessed through spot checks.

People's medicine risk assessments made clear what level of staff support people needed with their medicines. For example, staff gave some people their medicines and checked with others to make sure they had taken their tablets, and hadn't forgotten. Most people's medicines were in monitored dosage systems (MDS) to reduce the risk of incorrect medicines being taken.

Medicine administration records (MAR) were fully completed and confirmed when medicines had been given. MAR sheets were checked regularly and where any errors, such as gaps in signatures were identified, these were addressed with individual staff. The provider information return showed one medicines error had occurred in the previous twelve months.

At the time of the visit, the medicines policies and procedures were being updated and further staff training was planned. This was in response to new national guidance published in March 2017 by the National Institute for Health and care Excellence (NICE) on managing medicines for adults receiving social care in the community. This showed the provider was keeping up to date with national changes in medicines practice.

The provider had robust recruitment checks which were completed in full to ensure fit and proper staff were employed. The application process had been improved, so any unexplained gaps in employment were identified and followed up at interview. Police disclosure and barring checks (DBS), checks of qualifications and identity and references were obtained on all staff applicants. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

People and relatives said the service was very reliable. People received a rota each week which showed them times and details of staff due to visit so knew which care workers to expect. One person said, "They are all so lovely I know them all, and another said, "I have a core of around five or six (care staff) in a week, if anyone new comes they will introduce them first." A relative said, "He has regular carers, I know he feels

quite safe in their hands." The Care Quality Commission (CQC) questionnaire responses showed 100 per cent of respondents felt safe with staff visiting them.

The provider had guidance about how many care staff each person should ideally have, depending on the number of visits needed, which was regularly monitored. This was to minimise the number of staff, so people had regular care staff they got to know and trust and had continuity of care. Rotas showed each person had a team of regular care staff in accordance with this guidance.

The agency only took on new people, when they were confident they had enough staff with the right skills to provide the care they required. The branch manager confirmed staffing levels were adequate to meet the needs of people they currently cared for. Existing staff did extra hours to cover for staff sickness and annual leave. The branch manager said that recruitment of new staff was ongoing, in preparation for any new packages of care.

Agency staff aimed to arrive within 15 minutes of the visit time stated on the rota. People weren't rushed, most people and relatives said staff arrived on time and completed all care tasks needed within the visit time. If staff were running late for any reason, they contacted the office to get them to let people know. Most staff said the travel time calculated was enough although two staff said sometimes travel time calculated wasn't long enough, which we fed back to the agency. Where people needed two care staff to provide safe care, they were always provided.

Risks to people's personal safety had been assessed and plans were in place to minimise risks. For example, people at risk from skin damage due to their frailty and reduced mobility. Detailed risk assessments provided staff with information about how to reduce these risks through detailed moving and handling instructions, information about skin care, number of staff and equipment needed. Environmental risk assessments were in place which highlighted how to reduce risks for people and staff. For example, related to pets, security, household chemicals, furniture and equipment. To promote fire safety, staff worked closely with their local fire prevention officer and encouraged people to have a free visit by their local fire officer who offered advice and help with reducing fire risks. The fire prevention officer trained agency staff to manage fire safety risks proactively, for example, by completing monthly checks of people's fire alarms.

The service used a red, amber, green system to identify and prioritise people at greatest risk, with red being highest risk. For example, a person might be identified as a 'red' risk because of complex health needs or because they lived alone and were reliant on care staff to meet their daily living needs. People identified as 'red' risk were visited weekly by community team leaders to review their needs. The emergency plan for the branch showed where there were any staffing difficulties, senior staff prioritised those people for visits to ensure their safety and wellbeing.

Accidents/incidents reported were reviewed and actions taken to prevent the risk of recurrence. For example, recently a person experienced two missed visits over a weekend, which they rang to inform the agency about. This was investigated and a system problem with the newly merged agency was identified. Staff training and further checks were introduced at the branch office to prevent this happening again.

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training and the provider had safeguarding and whistle blowing policies in place. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice. Staff were confident that any safeguarding concerns raised would be decisively acted on. Where staff did errands or shopping for people, they sign to confirm they received the correct change and receipts for purchases made. This helped protect people them from financial abuse. Since the last inspection, the Care Quality Commission had

received one safeguarding notification, which showed agency staff took positive action to protect the person.

People said care staff washed their hands before and after providing care and wore gloves and aprons when providing personal care. Staff had completed infection control training.

Good

Is the service effective?

Our findings

People and their relatives said care workers had the knowledge and skills to meet their needs. 94% per cent of people responded positively to the Care Quality Commission(CQC) questionnaire about staff skills. People comments included; "They all seem well trained, they know how to move me;" "Once they came and I was unwell and they called a Dr for me," "They do me a nice backwash and help me to get dressed."

Staff gave us positive feedback about the training and development they received to enable them to carry out their role. 100% staff who responded to the CQC questionnaire confirmed their training enabled them to meet people's needs, choices and preferences. All staff had opportunities to undertake qualifications in care. The company employed two trainers and staff training records showed staff received regular training and updating. For example, in safe moving and handling, medicine administration, safeguarding, Mental Capacity Act, first aid, food hygiene, infection control and health and safety. In addition, several staff had done other additional training courses to support people's particular needs, such as dementia awareness, continence care, and how to safely provide a person with food/drink via a tube feed.

Staff had regular individual supervision through one to one meetings with community team leaders. They also had unannounced spot checks undertaken in people's homes. These and annual appraisals ensured staff training, and ongoing professional development opportunities were identified and addressed. This helped to ensure staff were providing effective care and support to people.

All new staff received four day induction training and completed the national Skills for Care Certificate training. This is a set of standards that social care and health workers are expected to adhere to in their daily working life. New staff completed a three month probation period, with regular supervision and spot checks to ensure they had the right skills, knowledge and attitudes for the role. Two recently appointed care staff member said they felt very well supported, since they started working at the agency. They also worked alongside more experienced staff for 60 hours to get to know people and how they liked their care provided

Care staff offered people choices and always sought their agreement before providing people's care. One person said, "They will always ask what I need done" and another said, " I choose what I want." Signed consent forms showed people had given written consent for their care and support.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found they were.

Where people lacked capacity or had memory problems, staff gave us examples of how they supported people to make as many choices and decisions for themselves as possible. For example, in relation to choosing what to have for breakfast or what clothes to wear that day. Where people were assessed as not

having the capacity to make a decision, staff involved people who knew the person well and other professionals, such as their GP in making best interest decisions. Systems and documentation for capturing and recording best interest decision making had improved. Details about relatives or other with power of attorney for care or financial decisions were recorded, so staff knew who to consult and involve.

Staff supported people with their ongoing healthcare needs. For example, by arranging appointments with health professionals, ordering and collecting medicines and arranging continence supplies for some people. One person told us about how staff arranged for a GP to visit when they noticed they were starting to develop a leg ulcer. Where any changes in health needs were identified, staff liaised with health professionals and updated care plans with any new treatment decisions. Professionals said staff recognised changes in people's health and sought health professional advice appropriately and followed their advice. For example, where a person had a red area on their skin, staff contacted the community nurse to check the person.

Where people had any assistance with food or drink they were happy with the support they received. One person said, "I decide what breakfast I want, sometimes they will cook me egg and bacon." Care plans gave clear directions to staff about the support people needed to eat and drink. For example, encouraging some people to eat and drink during the visit, leaving a sandwich or making sure people had enough drinks for the night time. This helped ensure people remained healthy through good nutrition and hydration.

Good

Is the service caring?

Our findings

People said staff were kind and caring and they developed positive relationships with them. People comments included; "They are all very kind I know them all very well;" "The carers are kind, careful and have a sense of fun;" and, "They are all wonderful, we chat about anything and everything." A relative said, "We've got a beautiful bunch of girls, how we treat them, they treat mum."

In the office, the ethos of the service was displayed. It said, "We pride ourselves on offering a quality professional service on a local friendly basis, allowing you, or your loved one to continue to enjoy the comforts of your own home." Care staff were motivated, people mattered and staff spoke with kindness and compassion about the people they supported.

Some people described close relationships they had developed with staff who visited them. Comments included; "One who comes knows my family, I see her more as a friend now and she says I'm like her auntie;" "One of them in particular who I now consider to be a friend, she knows all about my life." Another person appreciated that a staff member brought them their shopping when they were on their day off and were nearby taking their own mum shopping.

Staff supported people to express their views and be involved in decisions about their care and support needs. When people first joined the service, community team leaders met with person and any family members to find what support they needed. Care records were developed with the person and family members or other representatives. This ensured people's views and preferences were listened to and taken into account in planning their care. 93% of people who responded to the CQC survey said they were involved in decision making about their care. People signed their care plans to confirm they agreed with their content. Community team leaders revisited people regularly to seek people's views and check the care provided was still meeting their needs.

People's care records included personalised details about how each person wanted to receive their care and support. For example, the "What is important to me" section of one person's care plan showed they wanted staff supported them to remain living at home with their husband. This included helping the person with their personal hygiene and regular skin care and repositioning to keep their skin healthy.

People were asked about whether they had any preferences for how staff referred to them and whether or not they were happy to have male or female care staff. People said staff treated them with dignity and respected their privacy, as did all of people and relatives who responded to the CQC questionnaire. One person said, "They are very respectful people, they talk nicely to me." Speaking about personal care, one person said, "I call having them come and bathe me my weekly luxury ." A relative said, "They seem respectful, when they wash my husband they cover him with towels."

People especially appreciated that staff promoted them to remain as independent as possible. One person said, "When they wash me, they will ask me on a daily basis what I feel I can do for myself. My mobility changes from day to day, they encourage me to do what I can for myself." A relative referring to how staff

supported the person with personal care said, "she can do most herself, and they help with the bits can't reach."

The provider information return showed the agency had received 11 compliments in the past 12 months. These included: "it was such a great comfort to me and the family to know he was so well cared for;" "she found the visits a pleasure;" and "thank you for the efforts and kindness shown by all your carers, they were first class."

Good

Is the service responsive?

Our findings

People received personalised care which responded to their specific needs and preferences. People's comments included; "I consider myself lucky to have them", and "They are company, it's nice to see them, we chat away." Relative's comments included; "I was impressed with the flexibility and responsiveness of the service," and "Carers are willing and able to undertake a wide range of tasks." A professional praised how agency staff worked closely with them to help them assess and monitor whether a person with advancing dementia could be supported to remain in their own home a bit longer.

When new people were referred to the service, senior staff undertook comprehensive assessments of their needs. People said their care records accurately reflected the care and support they needed. For example, that one person preferred a wash and that another person sometimes just wanted a chat.

People's care records were personalised detailed and accurate about people's individual care needs. They were reviewed regularly and updated as people's needs changed. For example, a professional told us how they worked closely with agency staff in person's home to review the person's moving and handling and equipment needs. Their advice was captured in a detailed moving and handling plan for care staff about how to safely move the person. The professional said care staff were proactive, reported any changes and responded to requests for information.

Staff knew people well and how to support people in ways that met their individual needs. A relative of a person with memory difficulties appreciated how staff left them a note if the person was running out of things. The relative of another person explained how the persons care package had been changed as they sometimes forgot to eat lunch. So, care staff now also visited at lunch time as well, and supported person to eat a nutritious meal. Another relative said they appreciated that the person was showing signs of a urinary infection, and rang the emergency helpline for help and advice which was invaluable.

People said communication with staff at the office was good. One person said, "I can always get hold of someone in the office, they listen to me and will change times accordingly and cancel if I need to." On the day we visited the office care staff rang to say a person's roof had leaked and water was dripping through their light fitting. Office staff immediately reported this to the council who said they would visit the person urgently. When they hadn't arrived by lunchtime, they chased them again as they knew the person was at increased risk.

People were made aware of the complaints system and had information on how to raise a complaint in the records kept in their home. One person we spoke with had made a complaint, and were happy with how the agency dealt with it. They said, "I have complained in the past about the timings being erratic, they must have listened because it's all settled down now." 93% of people who responded to the CQC questionnaire said the agency responded positively to any concerns raised. Most said they would have no hesitation in making a complaint if it was necessary.

The provider information return showed three complaints had been made in the past twelve months. Where

a complaint had been made, there was evidence of it being dealt with in line with the complaints procedure. Staff investigated concerns in full and where care fell below expected standards, apologies were offered with details of improvements being taken in response.

Good

Is the service well-led?

Our findings

People, relatives, staff and professionals all said the service was well led. Asked about what the agency did well, people's comments included: "consistency", "timekeeping," "reliable" and "helpful." One person said, "The service provided was reassuring and very satisfactory," A relative said, "Very impressed with attention to detail, each new carer was introduced, I thought that was a nice touch." A professional said, "a can do attitude."

People were regularly asked for their feedback about the service provided. Feedback was obtained through regular care review meetings, during spot checks and via an annual survey. This included seeking feedback on timings of visits, whether care was carried out in accordance with the care plan, dignity and respect, communication, and the overall quality of care. Responses showed positive feedback. We looked at results from 45 responses from the last survey in April 2017, which were very positive about the quality of care people received. Respondent comments included: "overall service is very good;" "carers have a lovely manner with dad and talk to him throughout his care."

At the time of the inspection, the service did not have a registered manager. The manager started working in the role in October 2016 and had submitted an application to register with the Care Quality Commission. They had successfully completed their probation period and were undertaking a professional qualification in leadership and management. The provider had arranged leadership and management development days for community team leaders to develop their role. This included exploring the duties and responsibilities of role, leading by example, communication, as well as giving and receiving feedback. Similar training had been developed for senior care staff and co-ordinators. This meant the provider set clear expectations of staff in leadership roles.

At the office, there was the branch manager, a receptionist and two co-ordinators, who arranged the rotas for people and staff each week. The service was arranged in three geographical patches, with a community team leader, senior care staff and care staff in each area. Community team leaders undertook initial assessment of people's needs and reviewed and updated people's care records as their needs changed. They also undertook supervision and spot checks on care staff. Senior care staff were available for day to day support and advice and highlighted any concerns or changes to community team leaders. When we visited, a community team leader had just left, and a replacement was being recruited. Two community team leaders were supporting all three groups of staff with the manager's support. Community team leaders met regularly with the branch manager. They also held local staff meetings about three times a year, although one staff group said there hadn't been a meeting for a while.

One survey respondent described the new manager as "excellent" and praised their positive impact on the smooth running of the branch. Staff described them manager was "supportive" and "approachable," one staff member said, "If there is a problem, they try to sort it." Several staff also said they appreciated the branch manager had done all care job roles and were experienced in care. Asked about areas for improvement, most staff said they were very happy. A couple of staff said communication with office could be improved further, for example, occasionally messages left for people hadn't been passed on. Staff who

had transferred from another agency said this transition had been smooth with lots of support provided.

Office and care staff said they worked well together as a team and felt supported and valued for their work. Throughout our visit care staff were phoning and popping in to update the manager and office staff about people's care and any changes. Staff understood their role and what was expected of them, as development days had been held for community team leaders, co-ordinators and senior carers. One staff said, "We provide an excellent service and at very high standards, the whole team are very friendly and have a lot of respect for the service users."

The manager sent out a weekly staff newsletter kept staff up to date with changes in the agency, people's care needs, training opportunities and provided feedback on learning highlighted through audits, complaints, accidents or incidents. For example, a concern was raised about a breach of confidentiality in relation to a member of staff talking about other people they cared for. The importance of maintaining confidentiality had been emphasised individually to staff, via a reminder in office and through the staff newsletter.

In the provider information return, the manager outlined a range of quality monitoring systems and how they made continuous improvements in response to their findings. These included regular meetings with people to review and update their care packages, an annual feedback survey and monitoring of standards of practice through regular spot checks. The operations manager visited the branch each week and did a number of quality checks and discussed any problems or complaints. Records of any actions needed and who was responsible were kept and reviewed the following week.

Regular management meetings were held between the operations manager and managers of other locations within the group. This meant any learning and good practice ideas could be shared within the group. For example, at the time of our visit, the branch were setting up a rapid response team to provide care for people urgently needing a service, such as people being discharged from hospital. This team had worked well in other branches within the group and meant people could be discharged home from hospital more quickly.

The service worked in partnership with other agencies for people's benefit. For example, in the Hatherleigh area, the community team leader attended monthly multidisciplinary team meetings about care of local people. They contributed to discussions about people's changing care needs with other professionals such as GP's, community nurses and other staff such as occupational therapists and physiotherapists. The branch manager told us about plans to do a joint open day with local ambulance staff to raise awareness about safety and prevention of accidents, such as falls. Ambulance staff were planning to undertake training for staff on moving and handling techniques and equipment they could use to help people who had fallen on the floor in their home

The agency had evidence based policies and procedures to guide agency staff in their practice. Although the operations manager said these were regularly updated, they were not dated, so it was unclear when they were last reviewed. They said they planned to address this.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. The branch manager had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensured they responded appropriately to keep people safe. The agency displayed their CQC rating from the previous inspection in the branch office and on their website. This meant the public and staff were kept informed, in accordance with the regulations.