

Mrs Amanda Jane Reynolds

Home Sweet Home

Inspection report

65 Ribble Close
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Eastleigh
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SO53 2NQ

Tel: 07920194427

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17 November 2016
18 November 2016

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

Home Sweet Home is a domiciliary care service providing care and support to people living in their own homes.

The inspection took place on the 17 and 18 November 2016 and was announced.

The service had a registered manager. 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.

On the day of our inspection Home Sweet Home provided personal care and support to three people. Care was provided by the registered manager / owner with no other staff being employed. This meant that although we were able to carry out an inspection we could not rate the service as we had insufficient evidence on which to do so.

People told us they felt safe and were confident in the registered manager who provided their care and support.

People were safe because the registered manager understood their role and responsibilities to keep them safe from harm.

The registered manager understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People had a good relationship with the registered manager and were treated with dignity and respect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

The registered manager had systems in place to identify and appropriately report concerns regarding the abuse of people.

Identified risks to people when receiving care had been documented and reflected the person's wishes with regards to how their care was provided.

Inspected but not rated

Is the service effective?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

The registered manager had a good understanding on the principles of the Mental Capacity Act 2005.

Inspected but not rated

Is the service caring?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

The registered manager understood people's needs and how they liked things to be done.

The registered manager respected people's choices and provided care in a way that maintained their dignity.

Inspected but not rated

Is the service responsive?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

People's needs had been assessed and a care plan had been written. This identified how the person wished their care to be provided.

The registered manager had a complaints policy which set out the process and timescales for dealing with complaints.

Inspected but not rated

Is the service well-led?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain.

Inspected but not rated

Home Sweet Home

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 inspection took place on the 17 and 18 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the people we needed to talk to were available. At the time of the inspection the service was providing personal care to three people.

The inspection was carried out by one adult social care inspector

Before our inspection we contacted one health and social care professional in relation to the care provided by Home Sweet Home. During our inspection we spoke with the registered manager / owner. On the second day of our inspection we visited and spoke with two people in their own homes. Following our inspection we spoke with one relative by telephone.

We looked at the provider's records. These included three people's care records and policies and procedures.

This service had not previously been inspected by us and we had not received any notifications. A notification is information about important events which the service is required to send us by law.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. 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.

Is the service safe?

Our findings

People and a relative told us people were cared for safely and had no concerns. One person told us, "She (registered manager) is very gentle and I feel very safe with her". A relative told us, "It is very reassuring to know that mum is cared for in a safe way. I have complete confidence in the registered manager."

The registered manager had undertaken training in safeguarding people from abuse. They were able to describe to us how they would respond to any allegation of abuse and understood the process for dealing with safeguarding concerns appropriately, including working with the local authority safeguarding team if need be.

The registered manager told us, "As it is just me I would take any allegation to the local safeguarding authority for them to investigate".

We saw that assessments were undertaken by the registered manager before care was delivered to people. Assessments included looking at any risks faced by the person or by the staff supporting them. Risk assessments had been undertaken in relation to people's home environment and supporting people to access the community.

At the time of our inspection the service was not supporting people who needed help with their medicines. There was an up to date medicine policy in place however the registered manager had not completed medicine administration training. The registered manager told us, "I have a policy in place but I don't support people with their medicines and have no plans to do so".

The registered manager had policies and procedures in place to ensure the service was safe however in the absence of any employed staff these plans were not being used. This meant we were not able to make a judgement about whether the service was safe or not.

The registered manager provided the care to all three people and no other staff were employed. The amount of care provided varied but was only a few hours each week. Times were negotiated between the families and the registered manager. We spoke to relatives who told us that the registered manager was "always on time" and that calls were "never missed".

The registered manager had a contingency plan in place to ensure continuity as far as possible in the event of an emergency. For example, if the registered manager was unwell and could not work there was an agreement with another care provider to cover the visits.

Is the service effective?

Our findings

At the time of our inspection the care was being provided by the registered manager. We looked at their training records and discussed these and their previous experience. Their current training included health and safety, infection control, safeguarding adults, The Mental Capacity Act 2005, risk assessments and person centred care. They had the skills and knowledge necessary to undertake various assessments, for example, environment and how people's care needs were to be met. One person said, "They [registered manager] know the care I need and does it very well. I am happy with that". A relative told us, "Very happy with the care. I am very reassured that it is exactly what my relative needs".

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. The registered manager had a good understanding of the principles of the MCA. We saw evidence of signed consent to care and treatment by people and the registered manager understood the process to follow if people lacked the mental capacity to make decisions about their care and support.

People being supported did not require assistance with meal preparation.

People were supported by the registered manager to attend hospital appointments or to visit the shops. One person told us, "I go everywhere with her. She really looks after me well. I couldn't do it without her".

Is the service caring?

Our findings

The registered manager had established positive relationships with the people being cared for and their relatives. One relative told us, "She [registered manager] is good at building relationships". They described the communication and interactions they had witnessed between the registered manager and their relative and said, "I have only ever seen positive".

People told us they were regularly asked for feedback and suggestions for improvement and felt involved in how their care was delivered. They told us they were encouraged to communicate by phone, email, text or in person and this made them feel that their feedback and contributions were welcomed.

The registered manager had a good understanding of equality and diversity and understood the need to treat people as individuals. We discussed how people's privacy and dignity were respected. The registered manager described how they managed personal care in ways that ensured safety whilst promoting people's dignity and privacy. For example how they supported the people with personal care discreetly whilst in public places, or managed risks in a way that did not draw attention to the person.

Care plans were written respectfully and described people in positive individual ways. A Relative told us that they felt that the registered manager respected their relative, liked them and valued them.

Is the service responsive?

Our findings

People received person centred care that was based on their assessed needs and included their preferences and the views of people who knew them well. For example, all care packages involved going out on trips and providing the personal care necessary for this. These were all centred on the individual's likes and dislikes.

A relative told us the initial visit and assessment carried out by the registered manager was 'very thorough and that gave them great confidence'. People's care needs were reviewed regularly and any changes were updated and recorded in their care plans to reflect this.

There had not been any complaints received about the service. There was a complaints procedure in place that gave guidance out how people could complain and how their complaints would be managed, resolved and learned from. People and relatives told us they were aware of how to raise any complaint or concern and were confident any issues they would be addressed.

Is the service well-led?

Our findings

People and a relative were very positive about the registered manager who supported their family members. One person told us, "Oh I didn't know she did all this alone but I must say she is very good at it". A relative told us they felt listened too and able to approach the registered manager about any concerns they may have and that she was always available if they needed to speak with them.

The registered manager had not employed any staff at the time of the inspection. We were therefore unable to make a judgement about their ability to manage, motivate, communicate and support staff. The policies and procedures in place had not been utilised and we were therefore not able to judge their impact or the leadership of the service.