

Home Life Carers Limited

Homelife Carers (Weston-Super-Mare)

Inspection report

First Floor, Unit 2 Morston Court
Aisecome Way
Weston-super-mare
BS22 8NG

Tel: 01934900295
Website: www.homelifecarers.co.uk

Date of inspection visit:
16 June 2022
21 June 2022

Date of publication:
26 August 2022

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

Homelife Carers Weston Super Mare is a Domiciliary Care agency based in Weston Super Mare. The service supports 222 people and provides personal care to 216 people. They provide personal care to people aged 65 and over with physical and mental health care needs. Not everyone who used the service required personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

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

People told us they felt safe using the service. Staff had been fully trained to identify and act upon any safeguarding concerns. People's risks had been identified and there was guidance for staff that demonstrated how to reduce risk and keep people safe. People received their medicines safely; staff were trained in medicines management and administration.

People were supported by consistent regular staff that provided personalised support. There were enough staff to meet people's needs and they had been recruited safely. People's care and support plans were individualised and included life histories, their preferences and abilities. Staff enjoyed working with people and were proud of the care they delivered.

People's dignity and privacy were promoted and maintained. People told us how kind and caring the staff were and the service was well managed. Staff felt confident and were well supported.

People and their relatives knew how to raise concerns if required and were satisfied with the care provided. 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.

The registered manager promoted an open, positive and inclusive culture in the service. Equality and diversity was embedded in the processes of the service.

Rating at last inspection and update

This is the first inspection since the service reregistered with CQC under a new legal entity on 8 April 2021. The last rating for this service under the previous provider, was requires improvement (published 22 May 2019) and there were breaches of regulation. The previous provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service is responsive.

Is the service well-led?

Good ●

The service is well led.

Homelife Carers (Weston-Super-Mare)

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 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 this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, regional manager and four members of staff. The Expert by Experience spoke with six family members and two people who used the service.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff records in relation to recruitment and the management of staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection with the previous provider we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the previous provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 17. The provider had improved the recording and management of medicines.

Using medicines safely

- People received their medicines safely by staff who had been trained in medicines administration and were observed as being competent.
- People's care plans detailed the support they required with medicines and how they preferred to take them. One relative told us care staff helped their relative with their medicines, "They (carers) put them out, they don't administer them, they give them to him, and they ensure he takes it".
- The registered manager ensured people's medicines records were completed accurately. Records were regularly reviewed and audited. Some staff received spot checks of their competency whilst some staff's competency checks were overdue. We fed this back to the registered manager who told us they would follow this up.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. Comments included, "She has never felt unsafe no, about the care she is receiving from H.C carers". A family member told us. "They do things to make sure mum is safe, to stop her from falling."
- The service had effective safeguarding systems in place. Where concerns had been identified they had informed the local authority to make sure people were protected and informed CQC of incidents that had taken place.
- Staff understood their responsibilities to report any concerns. They were provided with training and had a good understanding of the safeguarding procedures. Information regarding safeguarding and reporting concerns were available.
- The staff we spoke with were knowledgeable about safeguarding procedures, how to recognise forms of abuse and what to do about it.

Assessing risk, safety monitoring and management

- The risks people faced were assessed and recorded and had been reviewed annually or when people's needs changed.

- Risk assessments gave guidance to staff on how to minimise the risk identified and had followed recommendations from professionals such as the GP and District Nurse.
- Accidents and incidents were fully recorded and reflected on. The incidents were used to inform learning in team meetings.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Effective recruitment procedures were in place which included references, identity checks, work history and a full Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was actively recruiting new members of staff. They were looking at different ways to recruit such as attending job fairs and using social media to advertise vacancies.
- People were satisfied with the level of staffing and the service they provided. One person told us, "The carers are always nice" and, "There are various ones (carers) but it's not a problem". Further comment included, "(Staff) always turn up, I am never left waiting, no."

Preventing and controlling infection

- People were protected from the risk of infection. Staff told us they used Personal Protective Equipment (PPE) effectively and safely to keep themselves and people using the service safe. They wore aprons and gloves when preparing food or carrying out personal care. Staff said they washed their hands and cleaned any equipment used after completing personal care.
- The provider had policies on infection prevention and control and COVID-19. These policies were up to date and in line with national guidance. Staff had received training about infection prevention and control including COVID-19.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. They were discussed at regular staff meetings, as a learning opportunity.
- The registered manager acknowledged that care plans were not audited, and some care plans were missing when the provider changed. This was rectified as soon as she came into post and quality assurance audits were put in place to ensure care plans were regularly reviewed.

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 our last inspection with the previous provider we rated this key question requires improvement. At this inspection the rating has changed to good. 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 need's and choices were thoroughly assessed prior to them receiving care and support, to ensure they could be met. One staff member told us, "The manager visits the client before the care package starts, to assess needs."
- Assessments were comprehensive, detailed and person-centred. They included people's life history, their preferences, their routines and abilities. One relative told us "Yes, she has a choice, they offer".
- Individual support plans developed from these assessments included input from people and their families as well as guidance from health and social care professionals. One person said, "I agreed a plan of care with the manager which outlines what I wish for, and I have signed it."
- Care plans were reviewed regularly and adapted to meet the changing needs of the client. The registered manager told us one client had a one hour call in the morning, but this was not sufficient. The call in the morning was rearranged to two 15 mins calls and one 30 min call to ensure that it met the client's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained and most staff had their competency checked and were confident in their skills.
- Staff were up to date with their mandatory training and with the majority of this taking place on-line. Some face to face training had resumed, such as manual handling.
- Staff told us they were supported and had regular team meetings. Most staff members had regular one to one supervisions and appraisal. Some staff appraisals were overdue we fed this back to the registered manager who told us they would follow this up.
- Most staff had not undertaken the care certificate. The registered manager advised that they would be organising training for staff to complete the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported by staff to maintain good nutrition and hydration. One relative told us, "She has to be careful when she eats, but they (carer) sit with her when she eats".
- People's dietary needs and preferences were included in their care and support plans.

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

- People were supported to access health and social care services when required.
- Records we reviewed demonstrated work alongside GP's, pharmacists, community nurses and occupational therapists to ensure people's needs were met effectively.
- Staff had access to information and guidance on physical health conditions to gain a better understanding of people's needs.
- People and relatives told us the staff were observant and reported any concerns they noticed to the GP or district nurse.

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 MCA 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.

- No-one receiving the service lacked the capacity to consent to care. The registered manager and staff were aware of the importance of offering choice and involving people in making decisions about their care.
- Staff had received training relating to the MCA and they told us they always presumed people had capacity to make their own decisions.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- Staff told us that the importance of always treating people in a very dignified way was raised with them in training and at staff meetings on an ongoing basis.
- People and relatives felt the service was caring and supportive. One person told us that carers always, "Chat nicely to her" and, "they cater to her dementia". Another relative told us, "Dad has really good rapport with the carers now, nice banter with them".
- Care plans contained a one page profile of important information about the person. These gave a holistic snapshot of the person's care and social needs. They included the persons background, skills, past working life and their interests as well as physical care needs.

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

- The care and support plans clearly documented people's input to their care. People were encouraged to be fully involved in their care and decisions about how they wished to be supported.
- Staff informed us that an initial assessment was carried out before the service started and was then reviewed regularly. This involved the person who received the service. One staff member told us, "We use a person centred approach. An initial assessment is carried out with the client involving them in the decisions about their care and this is then reviewed regularly."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff understood and recognised when people needed assistance. People were approached by staff in a considerate, sensitive way to help.
- Staff told us they really enjoyed their work when supporting people. One staff member said, "I pick up on things, likes and dislikes during conversation. I always talk through each step and make sure they are comfortable and ask their consent. I really enjoy my job."
- People's personal information was stored securely which helped to maintain their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. 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's care and support plans were person-centred and contained information specific to them and set out how they would like their needs to be met.
- Daily records were also completed for each person. These were completed by the staff to ensure they had up to date information about people's current needs.
- Staff knew people well and could tell us about people's needs including their individual likes and dislikes.
- Staff told us how they communicated with people and their relatives to obtain important information in relation to people's needs and preferences. One person told us, "To be honest they (office) ring me up and ask questions about mum, the carers will call me too, ask me anything they're not sure about".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Most people using the service were able to communicate verbally with staff. They could also read and understand information given to them by the service.

Improving care quality in response to complaints or concerns

At our inspection in March 2019 we had recommended the provider address people's feedback regarding the management of complaints. At this inspection we found significant improvements had been made in managing and investigating complaints.

- The provider had a complaints policy in place. People had details of this in their home care records and were aware of who to contact with any issues they wished to report.
- The service had acted on and investigated one complaint relating to the care service. This was addressed appropriately and concluded.

End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection.
- The service had processes in place to record and document people's last wishes and preferences.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- The registered manager had good leadership qualities and a clear understanding of their role.
- There were effective quality assurance and audit processes in place.
- The registered manager had strong values about ensuring people were treated as individuals and had a good experience of support. This was echoed by the staff we spoke with who complimented the registered manager for her skills and passion for the service.
- The registered manager promoted an inclusive culture and ensured that equality and diversity was embedded in the processes of the service.
- The registered manager carried out team building exercises with staff to improve morale and culture within the service.

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 registered manager was fully aware of their responsibilities under the duty of candour.

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

- The registered manager emphasised 'taking pride' in all aspects of the service they delivered. Staff were trained in the providers ethos of care which included enriching lives and personalised care.
- The registered manager understood the regulatory requirements and reported information appropriately. Processes were in place to respond appropriately if something goes wrong.

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

- The service obtained regular feedback via surveys from people, relatives and staff.
- Monthly staff meetings were held. Staff we spoke with told us they felt they were listened to. Copies of meeting minutes were shared with staff.
- The service had a compliments board that highlighted comments and feedback received from people using the service.

Continuous learning and improving care, Working in partnership with others.

- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes.
- The registered manager told us they will continue to monitor people's care needs and aims to ensure their needs are met throughout the provision of their care journey.
- The service worked with health and social care professionals to provide joined up and consistent care for people.