T. How Homely Limited

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Inspection report

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Tel: 01295713737

Date of inspection visit:
11 May 2017

Date of publication:
09 June 2017

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 undertook an announced inspection of T How Homely Limited on 11 May 2017.

T How Homely Limited provides a personal care service to people in their own homes within the Oxfordshire area. On the day of our inspection 17 people were using the service.

There was a registered manager in post. 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.

We were greeted warmly by staff at the service. The atmosphere in the office was open and friendly.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People were supported by staff who were knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage these risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed.

There were sufficient staff to meet people's needs. Staffing levels and visit schedules were consistently maintained. People told us staff were rarely late and they had not experienced any missed visits. The provider followed safe recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act 2005 (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us they were confident they would be listened to and action would be taken if they raised a concern. The service sought people's opinions through regular surveys and telephone monitoring calls. The service had systems to assess the quality of the service provided. Learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager and senior staff. A new electronic staff support system was planned to be implemented in the near future. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the registered manager and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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

People told us they felt safe. Staff knew how to identify and raise concerns.

There were sufficient staff deployed to meet people's needs.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe.

People received their medicine as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service.

T. How Homely 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 the 11 May 2017. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was carried out by one inspector.

We spoke with five people, one relative, five care staff, the office administrator and the registered manager. We looked at four people's care records, three staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "Yes I'm very safe", "Absolutely safe, oh yes", "Yes very safe, no problems" and "Yes I do feel safe, all of the time".

People's relatives told us people were safe. One relative said, "Yes I am happy she is safe, they are very friendly and professional".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I've had training, I would call the manager and CQC (Care Quality Commission)" and "I'd report to the manager and the local safeguarding team". The service had systems in place to report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at risk of weight loss. The risk assessment gave staff guidance on how to manage this risk, which included monitoring the person's weight and preparing specific diets for the person at mealtimes. The person had also been referred to the GP for a blood test to ascertain the cause of the weight loss. Other risks assessed included the environment and people's mobility.

People and their relatives told us staff were punctual and visits were never missed. People's comments included; "They are usually punctual and have never missed a visit", "Occasionally ten minutes late because of traffic but any longer and I get a call to tell me" and "Yes they are always on time". Staff told us there were sufficient staff to support people. Comments included; "Occasionally we can be tight for staff but it never impacts on clients care. We just do more work" and "Generally I feel we are ok for staff".

Staff were effectively deployed to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our clients". The service used an electronic system to monitor support visits. This enabled the service to inform the person, contact staff and make alternative arrangements if staff were delayed or running late.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Where people needed support with medicines, we saw that medicine records were accurately maintained and up to date. Most people managed their own medicine and some needed prompting by staff. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One member of staff said, "I've been checked

and trained to help people with their medicine, no problem". One person said, "They do support me with my medicine then they do the forms. I'm happy with how they help me". One relative said, "I deal with medication but the staff apply any creams".

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "Yes they know me and what I need", "I think they know my needs. I can express myself and what I need and they go with what I say", "Yes I do think the carers have the right skills" and "They know what's needed and they do it my way". One relative said, "They know what mum needs, they have had the training".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, moving and handling, dementia and infection control. Staff spoke with us about their training. Staff comments included; "I think I am well trained" and "The trainers are very experienced so the training here is very good. I've got a lot out of my training".

Staff told us and records confirmed they received effective ongoing support. Staff had regular meetings with the registered manager, received support through text messages and staff meetings. For example, one staff member requested further training and was informed of the arrangements through text messages followed by a meeting with the registered manager. The registered manager told us, "We are upgrading our computer and once it is in place I can use that system for a more formalised supervision process. As the service grows it will grow with us". Staff spoke with us about the support they received. Comments included; "Yes I am well supported. We get text messages and I recently had a really good meeting, I asked for training to further my career and I was told I could do it", "If something is wrong I am supported to put it right. I asked for a dementia course which I am now doing" and "Yes I am well supported, they are always there for me. I have regular contact with my manager and I know if I ask for something I will get it".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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 was knowledgeable about how to ensure the rights of people who lacked capacity were protected. We saw one person had appointed a relative to have lasting power of attorney allowing them to make decisions relating to the person's' property and affairs'. This had been authorised by the Court of Protection.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "Clients have the right to make of their decisions and choices. I may persuade sometimes but it is always their choice. I work in their best interests", "I give choices I don't make decisions for clients" and "People are all different and some struggle with certain decisions so I give them choices that are in their best interests".

We asked staff about consent and how they ensured people had agreed to support being provided. One staff member said, "I ask them if it is alright first, every time". Another said, "People sign forms giving consent to

care but I always ask first and offer choices".

People told us staff sought their consent. People's comments included; "They always ask, even though we have done it a hundred times" and "The carer's will not do a thing without my permission".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People had stipulated what nutritional support they needed. For example, one person had stated they liked 'porridge and toast' for breakfast. Any allergies were also recorded.

People and their relatives told us people's nutritional needs were being met. One person said, "They help me prepare my meals, we do it together which is fun". Another person said, "They sometimes help with the cooking if I'm not up to it and they do my shopping. Never any problems".

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "I like them very much, especially all the carers. I'm a lot happier with this agency because they do care", "Very caring, very good. They have really treated me as an individual", "I do like them (staff). No problems at all" and "Yes they are very caring".

Relatives told us people benefitted from caring relationships with the staff. One relative said, "This is a big positive from the last agency we used. Yes, they really do care. You could not wish for better".

Staff spoke with us about positive relationships at the service. Comments included; "The clients are great and so of course we care", "I like doing this job, supporting people. I think I just care", "I like to help others, that's why I do this job" and "Yes I care. Without caring relationships you can't do this job".

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful.

People we spoke with told us their privacy and dignity was respected. People's comments included; "Yes I am treated with dignity and respect", "Dignity and respect? Absolutely" and "Oh yes they certainly are respectful". One relative said, "Dignity, very much so".

We asked staff how they promoted, dignity and respect. Comments included; "I make my clients feel comfortable. I am polite and I don't make a fuss with personal care. This puts them at ease" and "I always knock and wait to be invited into their home. With personal care I close doors and curtains to retain their dignity".

People and their relatives told us they were kept informed. For example, staff rotas were available to people informing them of who was visiting and when. The rotas were sent to people electronically and any changes to the rota were automatically forwarded to the person. This meant people were kept informed. One person said, "I always get the rota, it tells me who to expect and when". Another person said, "I do feel very involved, I helped create the care plan and they communicate with me well".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. We saw confidentiality agreements had been signed by staff. These gave staff information about keeping people's information confidential and highlighted conditions for sharing this information.

People's independence was promoted. Care plans guided staff on how to promote people's independence. For example, one person's care plan highlighted the person could 'wash their own face and hands' and staff were encouraged to allow them to do this. Another care plan guided staff that the person could 'wash their

front but not their back'.

People told us their independence was promoted. One person said, "They do support me with this, I like to be independent. I think it is so important". Another person said, "I have become much more independent with them. So much better than my last care company".

Staff spoke with us about people's independence. Staff comments included; "I talk to them and try to motivate them to be independent" and "We try to encourage independence as much as we can. For example, one client I support can wash their face and front so I make sure they do this".

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person's care plan stated 'I love dancing and music'. Another stated the person was 'passionate about walking and gardening'.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had stated they wanted specific support with dressing. Another person had stated they only wanted a 'female carer' for personal care. Staff rotas confirmed this request was respected.

People were supported by staff who understood, and were committed to delivering, personalised care. Staff explained to us how they tailored people's care to suit their personal preferences. Staff comments included; "It's about individuals and how they like things done. That's what I do" and "This is to provide the care clients want, the way they want it".

People received personalised care that responded to their changing needs. For example, one person suddenly became depressed and staff immediately referred the person to the GP for assessment. We also saw evidence the service responded to people's requests. For example, where people had private or medical appointments they contacted the office and changes were made to the person's visit schedules. These changes were made in consultation with the person to reschedule visits at a convenient time for them. One person told us, "They respond really well if anything changes. I had to go into hospital and they were really good".

People's care was regularly reviewed and involved people and their families. We saw reviews were scheduled throughout the year or when people's circumstances or needs changed. The registered manager also used reviews as an opportunity to seek feedback from the person about the care they received. The feedback we saw was positive. People had signed and dated the reviews.

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. Details of how to complain were contained in the service user guide provided to people. People's comments included; "Yes, I know how to complain. I would use the form I have", "I know how to complain and I'm confident they would take action to deal with it" and "If I complained it would be dealt with straight away".

We looked at the complaints folder and saw there were no formal complaints recorded. The registered manager said, "Any issues raised are dealt with long before we need a formal complaint. Records of issues raised by people evidenced this was the case with concerns being dealt quickly and compassionately. Compliments to the service were also recorded. We saw numerous compliments from people and their families praising both staff and the service for care and support they had provided.

People's opinions were sought and acted upon. Regular surveys were sent out to people throughout the year and the results we saw were very positive. No issues had been raised in the surveys. One person had stated their 'care was perfect'. We spoke with this person who said, "I do the surveys and they do listen. If I need to change my visit times or something with my care they listen and act".

Good

Is the service well-led?

Our findings

People and their relatives told us they knew the registered manager and felt the service was well led. People's comments included; "She (registered manager) is a good manager and a good communicator. I think she is a role model for her staff and a good leader. It's a well-run service", "I get on with [registered manager] really well. She always visits me", "She is lovely, I like her and she really knows what she is doing" and "She is very caring, sensitive and generally quite thoughtful. I think this service is well run".

People spoke with us about communication within the service. One person said, "You call the office and the phone is answered quickly and politely. If I ever have to leave a message they get back to you quickly". Another person said, "Communication is good. They are polite, efficient and professional".

Staff spoke positively about the registered manager. Staff comments included; "[Registered manager] is very supportive and approachable, she listens. I think she'd be there for me if I needed her", "She is approachable and even if she is busy she'll make time for you" and "[Registered manager] is very caring and she has up to date knowledge. I have learnt a lot from her".

The registered manager told us their vision for the service. They said, "I want to continue to provide care for people as individuals". Staff we spoke with echoed this vision.

Accidents and incidents were recorded and investigated. The results of investigations were analysed by the registered manager to look for patterns and trends. Learning from incidents was used to improve the service. For example, following one incident relating to a person's condition, staff received further training in dementia.

Staff meetings were regularly held and staff were able to discuss and raise issues. Information, learning and changes to people's care was also shared at these meetings. For example, at the last meeting staff discussed people's care and were briefed on the electronic telephone monitoring system and procedures. Staff told us learning was shared at meetings. Staff comments included; "If anything happens or someone is ill we get a text message. We also talk about people and their needs at meetings" and "We share learning through the communications book, text messages and meetings. I think the staff are well informed".

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered included; completed medicine records, staff support, monitoring of visits and times and care plan reviews. For example, one medicine audit identified a person's medicines needed to be reviewed. We saw this review had been carried out. The registered manager told us, "When our new electronic computer system is in place we will be able to expand our monitoring to help improve the service we provide". The new system was planned to be operational within the next six months and would include smart phones for staff that could update care plans and related information in real time.

There was a whistle blowing policy in place that was available to staff across the service. The policy

contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.