

Home Care 2000 Limited

Homecare 2000 Ltd

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

Homecare 2000 Ltd provides care and support to mostly older people, who live in their own homes. The services provided include personal care and domestic work for people living in Torquay, Paignton and the surrounding areas.

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.

We visited the office on 2 August 2017. We carried out phone calls and home visits to people who used the service and their relatives on 3 August 2017. We returned to the office on 9 August 2017 to meet with the registered manager and training manager/supervisor, as they were on leave on the first day of our inspection. At the time of this announced inspection 60 people were receiving personal care from the service. The service had moved offices and this was the first inspection at this location.

People were pleased with the way staff treated them. Each person and relative we spoke with told us care staff were kind, caring and compassionate. Comments included "If I needed looking after, they'd be looking after me;" "It's so nice to see them, I get to hear a bit of news;" and "I get on very well with all of them."

Staff spoke about the people they cared for with compassion and concern. People told us staff were respectful and polite. We saw staff and people interact in a friendly way. People were pleased to see the staff. Staff knew people well and chatted with them with warmth. Staff checked if they could do anything else for people before leaving.

People told us they felt safe and comfortable when staff were in their home and when they received care. People told us "I feel completely safe" and "I don't need to worry about anything." Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to people. People told us staff knew how to meet their needs. One person said "They know what I like." Staff told us they were happy with the training they received. Staff told us they felt well supported and had regular opportunities to discuss their work.

Care plans were developed with each person. They described the support the person needed to manage their day to day health needs. Staff were able to tell us how they supported people. We saw staff responded to people's requests, met their needs appropriately, and knew how they liked things to be done.

People told us staff were usually on time and had time to meet their needs in the way they wanted. People

were provided with a copy of the staff rota so they knew who was due to visit them. Staff told us they had enough time to travel between visits.

Risk assessments had been undertaken for each person. We saw risk assessments had been carried out in relation to nutrition, skin care, and mobility. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medication administration record (MAR) sheets after giving people their medicines. The MAR sheets were audited to ensure people had received their medicines as prescribed to promote good health.

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and care plan reviews.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Comments included "I've nothing to complain about;" "I would be able to pick up the phone and talk to them." One person said when they had raised something with the office, they dealt with it straight away.

People told us the management were approachable and they were happy with the service. Comments included "They're brilliant;" "I always get a response" and "It's all very good, nothing could be better." Staff told us they found the management team approachable and supportive. They told us they received regular support and advice via phone calls and during face to face meetings. They said "The door is always open" and "They've been brilliant, really supportive."

The registered manager and provider were keen to develop and improve the service. They kept up-to-date with best practice and met up with other care providers to share good practice. The managing director had been asked to be the Chair of the Devon Provider's Association. Records were clear, well organised and up-to-date. An audit system was in place to monitor the quality of the service. Unannounced checks to observe staff's competency were carried out on a regular basis.

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.

People received safe care and support. They were protected from the risk of abuse through the provision of policies, procedures and staff training.

People were protected from risks to their health and wellbeing because staff took action when issues were identified.

Safe and robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

Is the service effective?

Good ●

The service was effective.

People benefited from having staff who were skilled and supported in their job role.

People were supported by staff who were trained in the Mental Capacity Act and understood the need for consent.

People were supported by staff who sought advice from health care services to ensure their needs were met.

Is the service caring?

Good ●

The service was caring.

People benefited from staff who took time to listen to them and get to know them. Staff had formed strong caring relationships with people.

People and their relatives were involved in their care and staff respected people's wishes.

People benefited from staff who promoted their independence and encouraged them to do as much for themselves as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were developed with the person. They described the support the person needed to manage their day to day health needs.

Staff responded to people's requests and met their needs appropriately. The service was flexible and responded to changes in people's needs.

People were encouraged to give their views and raise concerns and complaints if the need arose.

Is the service well-led?

Good ●

The service was well-led.

People benefited from a service that had a registered manager and a culture that was open, friendly and welcoming.

People received good quality care as the provider had created a positive staff culture.

Systems were effective in assessing and monitoring the quality of care provided to people. The service encouraged feedback and used this to drive improvements.

Homecare 2000 Ltd

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 was 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.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

This inspection visit took place on 2, 3, and 9 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We visited people and made telephone calls to people in their own homes, and to three health and social care professionals.

One social care inspector carried out this inspection. On the first day of our visit, 60 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with four people and six relatives/representatives on the telephone. We visited two people in their own homes. We spoke with seven care staff, the managing director, the finance director, the registered manager, and the training manager/supervisor. We looked at four care plans, medication records, three staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us "I feel completely safe" and "I don't need to worry about anything." Some people had key safes installed outside of their homes. This meant staff were able to access people's homes when they were unable to open their doors. We observed a staff member knocking on the door and calling out to let people know they were entering their homes. People told us staff were careful to ensure their homes were secured on leaving. One person told us staff always checked they were wearing their pendant alarm so they could call for help, if they needed to when they were on their own.

Staff had completed training in safeguarding vulnerable adults. Staff had a good understanding of safeguarding and knew how to recognise signs of potential abuse. They knew how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the provider would respond and take appropriate action if they raised concerns.

Risk assessments had been undertaken for each person. We saw risk assessments had been carried out in relation to nutrition, skin care, and mobility. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people. For example, staff had identified that one person did not have a smoke alarm. They advised the person to get a smoke alarm fitted and this had been done. We saw evidence that staff checked smoke alarms were working.

People were supported safely with their medicines and told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff completed medication administration record (MAR) sheets after giving people their medicines. The MAR sheets were audited every week to ensure people had received their medicines as prescribed to promote good health.

Recruitment practices were safe. Staff files showed the relevant checks had been completed. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service or DBS), health screening and evidence of their identity had also been obtained. Staff told us references and a DBS check had been completed before they started to work in the community. This helped reduce the risk of the provider employing a person who may be a risk to people.

The service had enough staff to carry out people's visits and keep them safe. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely.

There was an on call telephone number for people and staff to ring in the event of an emergency out of office hours. The on call system was available 24 hours a day, 7 days a week and was managed by senior staff and management.

The service had arrangements in place to deal with foreseeable emergencies. There was a business continuity plan. This gave information on the action to be taken in events such as severe weather conditions and staff shortages. The provider had a system in place to ensure visits to people who may be at risk were prioritised.

Good infection control practices were followed. Staff were provided with gloves and aprons and they told us these were freely available from the office. During home visits, we observed staff wearing these and using hand gel. Records showed staff were provided with infection control training to ensure they followed good infection control principles.

The service did not hold monies for anyone or routinely assist people with any financial arrangements. However staff did sometimes assist people with shopping. The service's procedure was for staff to sign for any money given to them and to obtain receipts for any items purchased. This allowed people and the registered manager to ensure money was being managed safely.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. New staff completed training before going out to visit people. We saw that the induction programme for new staff included fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping. The service had introduced the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. New staff worked alongside experienced staff to observe how people had their care delivered.

Experienced staff told us they were happy with the training they received. Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. Training that related to people's specific needs had also been completed. This included stoma care (a stoma is an opening on the surface of the abdomen and is used to divert the flow of faeces or urine) and care of feeding tubes.

All the staff we spoke with told us they felt well supported. Staff had regular supervisions to discuss their work. Unannounced spot checks were carried out to observe the staff member's work practice.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 awareness of the MCA.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider confirmed no one was being deprived of their liberty. Therefore, no applications had needed to be made to the Court of Protection.

At the time of our inspection, each person had capacity to make decisions relating to their care. Staff gained consent from people before carrying out personal care and respected people's choices.

Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would let the office know. They were confident action would be taken. We saw evidence of occasions when people were not well and staff had supported them to seek advice. For example, staff were concerned about one person's health. They contacted the GP and the person was admitted to hospital for treatment.

Staff supported some people with their meals. We observed staff offering people a choice of their preferred

foods. Staff checked people had enough to eat before leaving. One person needed assistance to eat their meal. Staff were patient, went at the person's pace, and chatted to them making it a social event. When the person did not appear to be enjoying their choice of meal, staff offered them a further choice, and made them an alternative. Drinks were left within people's reach. Staff monitored food and drink intake to ensure people received enough nutrients each day. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

Is the service caring?

Our findings

People, their relatives and representatives were pleased with the way staff treated them. Each person we spoke with told us their care workers were kind, caring and compassionate. Comments included "If I needed looking after, they'd be looking after me;" "It's so nice to see them, I get to hear a bit of news;" and "I get on very well with all of them."

Staff spoke about the people they cared for with compassion and concern. Staff members said "I like to see people and have a giggle, if I can put a smile on their face, all well and good;" and "I might be the only person they see all day, it's really important." Staff told us how they would stay on after they had finished, where this did not affect another person receiving care, to spend more time with people. During a visit, staff had observed a person was not their usual self. They contacted the office and the out of hours GP was called. Staff were not happy to leave the person whilst awaiting a call back from the GP. The registered manager and training manager/supervisor went to the person's home and stayed with them overnight at no extra cost to the person. During this time, they discussed the person's condition with the GP and worked with the paramedics to get the person ready to go to hospital.

People benefited from small, regular staff teams who they had built relationships with over time. One relative said "Mother's really happy, she knows who she's getting and it doesn't change." Staff knew people well and were able to discuss people's care needs, preferences, and interests in detail. All staff told us they enjoyed their role and were passionate about achieving high quality care for each person. Staff said "over time we have got to know each other really well" and "We have a good rapport."

People told us staff were respectful and polite. Staff used people's preferred name. People told us, "They always ask what I would like them to do." Staff treated people with respect and kindness. One staff member said "I treat people how I would like to be treated." We saw staff and people interact in a friendly way. People were pleased to see the staff. The staff knew people well and chatted with them with warmth. Staff checked with people whether they could do anything else for them before leaving.

Staff found ways to communicate with people in a way they understood. For example, one person had specific communication needs. We observed staff knew the person really well. They spoke with the person, used sign language and understood what the person wanted.

During our home visit, we observed staff were careful to protect people's privacy and respected their wishes. Staff were calm and attentive to people's needs. They worked with each person at their pace. People's independence was promoted and care plans told staff to encourage people to do as much for themselves as possible. People told us they liked to be independent and staff respected this, offering help when needed. We observed staff encouraging people to be as independent as possible. Staff were patient and allowed people time to do things for themselves.

One person suffered with anxiety, staff told us they knew how to manage this by taking time to speak with the person, and as a result the person was generally a lot more relaxed.

The service had received lots of compliments from people and their relatives thanking them for their care, kindness and compassion.

People and their relatives where appropriate, told us they had been involved in planning their care and support. People's care plans were personalised and included information about how they would like things to be done. People told us they were regularly asked whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff.

Is the service responsive?

Our findings

People told us the service was responsive to their care needs and they received the care and support they required. One person said "They know what I like."

People's needs were assessed before they started to use the service. An initial visit was carried out to ensure the service would be able to meet the person's needs.

Each person had a care plan that was tailored to meet their individual needs. Care plans were developed with the person. These plans described the support people needed to manage their day to day needs. This included information such as their preferred routine, step by step guidance about how to meet people's needs and other information such as their food and drink preferences. Staff told us they read the care plans and checked them regularly for any changes. Staff knew people well and were able to tell us how they supported people.

During our home visits, we saw staff followed each person's care plan. They responded to people's requests, met their needs appropriately, and knew how they liked things to be done. One person was feeling cold and asked for a blanket. Staff covered them with a blanket and checked they were warm enough. When the person asked for another blanket, staff responded straight away and ensured the person was warm and comfortable.

The service was flexible. People told us office staff always listened to them and they had been able to change times to meet their needs. This meant people were able to attend events and appointments, as well as enabling them to follow their interests. One person wanted to attend a family wedding but was not able to go on their own. A staff member supported them throughout the day so they did not miss this special occasion.

When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately. A representative told us staff had visited one person in hospital, met them at their house on return from hospital, and responded well to changed needs. When there was an emergency between visits, staff had come out to assist this person. During our inspection, staff came into the office and raised concerns about one person's mobility. The managing director told us they would arrange for an assessment to ensure the person's needs were met.

People told us staff were usually on time and had time to meet their needs in the way they wanted. Staff told us they rang the office if they were going to be more than 15 minutes late. People told us they were usually contacted if staff were going to be late. Staff told us they had enough time to travel between visits.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. People told us they didn't have any complaints. Comments included "I've nothing to complain about;" "I would be able to pick up the phone and talk to

them." One person said when they had raised something with the office, they dealt with it straight away.

Is the service well-led?

Our findings

Since our last inspection, the service had moved offices. This was the first inspection to be carried out at this office.

People and their relatives told us the service was well-led. Comments included "They're brilliant;" "I always get a response" and "It's all very good, nothing could be better."

The culture of the service was caring and focused on ensuring people received the highest quality care. Staff were motivated and enjoyed their role. Staff said "I love it here;" "The clients come first;" and "It's about making a difference for people."

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits, and care plan reviews. The service had sent out a survey and received 16 completed questionnaires in May 2017. The results were positive and comments included "A very reliable company;" "Couldn't be better;" and "All the carers are wonderful." One person had requested that a female staff member carried out their care plan reviews. The managing director told us this had been noted on their care plan to ensure this person's choice and rights were respected.

The registered manager was working towards the Level 5 Diploma in Leadership and Management and an accredited management award. This showed the registered manager was keen to develop their knowledge and improve the service.

Staff knew their roles and responsibilities. The team included the managing director, finance director, registered manager, training manager, senior care staff, and care staff. Staff told us they felt valued by the management and people benefited by receiving care from a stable staff team. Four of the care staff we spoke with had been working for Homecare 2000 for over five years. Staff said "We all get on really well" and "We help each other out." Staff told us the management were actively involved in the delivery of the service. One staff member commented "They know all the clients and all the staff really well." The registered manager told us they liked to visit people in their homes to get to know them.

Staff told us they found the management team approachable and supportive. They told us they received regular support and advice via phone calls and during face to face meetings. They said "The door is always open" and "They've been brilliant, really supportive." Staff gave us a number of examples of the management supporting them through times of personal difficulties. Several staff told us when they had emergencies they wanted to attend to, the management had covered their visits for them.

Staff meetings were held on different days so that all staff had the opportunity to attend and contribute to the development of the service. The minutes of the meetings showed staff shared information and kept up-to-date with best practice. Staff were invited to complete an annual survey. Five completed surveys had been received during July 2017. The responses were positive. One staff member commented 'Very good company to work for.'

The provider and registered manager were keen to develop and improve the service. They kept up-to-date with best practice by accessing professional websites. They met up with other care providers to share good practice. The managing director had been asked to be the Chair of the Devon Provider's Association.

Records were clear, well organised and up to date. An audit system was in place to monitor the quality of the service. Records were checked when they were brought back from people's homes on a weekly basis. Unannounced checks to observe staff's competency were carried out on a regular basis.

The provider had notified the Care Quality Commission of events which had occurred in line with their legal responsibilities.