

Homecare Finder Limited

# Home Care Finder Limited

## 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

### About the service

Homecare Finder Limited is a domiciliary care agency providing personal care to 36 older people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they were happy with the care they received. They said the service was reliable and they were treated with dignity and respect.

People were protected against the risks of suffering abuse and avoidable harm. Risks associated with people's care were assessed and effectively reduced. There were robust systems in place to reduce risks associated with emergencies, missed calls or care not being carried out as planned.

Care plans were developed and reviewed in partnership with people. They detailed the support people required in key areas such as nutrition, medicines and healthcare.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough suitable staff in place to meet people's needs. Staff were motivated and had fostered a positive working relationship with people. Staff received appropriate training and ongoing support in their role. The provider had robust systems in place to help ensure only suitable staff were employed.

There were systems in place to deal appropriately with complaints and feedback. The manager had effective systems in place to monitor the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 22 June 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Home Care Finder Limited

## 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 Care Act 2014.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager had submitted an application to CQC to apply to become registered manager for the service. This application was being processed at the time of inspection.

#### Notice of inspection

We gave 48 hours' notice of the inspection because we needed to ensure the provider had time to contact people to inform them we may be calling them via telephone to gain their feedback about the care they received.

Inspection activity started on 17 December and ended on 21 December 2019. We visited the office location on 18 December 2019.

#### 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 and received feedback from one social worker. We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and two relatives via telephone about their experience of the care provided. We spoke with the manager and five staff.

We reviewed three people's care records. We looked at three staff files in relation to recruitment and 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care from staff. Their comments included, "The service is reliable", "It is reassuring knowing the staff are coming", and, "Having the staff there helps me to feel safe."
- Staff received training in safeguarding vulnerable adults. This training helped provide them with the skills to recognise and act to protect people from the risk of suffering abuse or avoidable harm.

Assessing risk, safety monitoring and management

- The provider had contingency plans in place to help ensure the service ran safely in the event of extreme circumstances, such as severe weather. People's care needs had been assessed to identify those most vulnerable, to ensure their care calls were prioritised. The provider also had access to two 4x4 vehicles, which were used to transport staff to care calls in extreme weather.
- There were systems in place to mitigate risks associated with missed or late calls. There was an electronic call monitoring system in place, which alerted management if staff did not log in and out of planned care calls. Senior staff monitored this system both inside and outside of office hours, to help ensure these risks were minimised.
- Risks associated with people's health and wellbeing were assessed and mitigated. Where risks were identified for areas such as, falls or skin breakdown, guidance was in place to reduce the risk of harm. In one example, one person was at risk of developing pressure sores. Staff helped to ensure the person regularly moved position, had their prescribed cream applied and wore pressure relieving stockings. This helped to reduce the risk of pressure sores being developed.

Staffing and recruitment

- People told us they had consistent staff teams who generally kept to agreed times. Comments included, "I have the same lot [staff] and am very happy with them", "I get my calls generally when I want", and, "I have about six carers [staff]. I have got to know them all rather well."
- The provider had a telephone based 'on call service', which was active outside of office hours. Senior staff were assigned to rotate on call duties and were available to respond to issues and requests from people, relatives and staff. People and relatives told us this service was reliable and responsive. Comments included, "They will always call me if a carer [staff] is running late", and, "They man the phones even at the weekends."
- The provider had safe recruitment processes in place to assess prospective candidates experience, character and competency in relation to their role. This set of recruitment checks helped to ensure that suitable staff were employed to work with people.

Using medicines safely

- The provider had a medicines policy in place. This detailed the support they were able to give people with

their medicines and the procedures staff were required to follow.

- People's care plans included the medicines they took, reasons for prescriptions and preferred administration routines. People were very independent in the management of their medicines, with only a few people requiring prompting around administration.

#### Preventing and controlling infection

- There were systems in place to protect people from the spread of infections. Staff had received training in infection control and there were policies in place which gave staff guidance about promoting good hygiene and cleanliness.
- Staff had access to appropriate personal protective equipment such as gloves and aprons to use when supporting people with their personal care. One person said, "Staff always seem very clean. They wear gloves [when helping with personal care]."

#### Learning lessons when things go wrong

- There were systems in place to investigate incidents and errors. The manager investigated all incidents to look for causes, trends and actions that could prevent repeat occurrences. There had only been very few minor incidents since the last inspection and they had been investigated appropriately to reduce the risk of future harm.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Senior staff completed assessments of people's needs prior to care commencing. These assessments included, meeting people to identify their care preferences and reviewing assessments from health and social care professionals. The provider also took into account the geographical location of each person. This helped to ensure they were able to fit proposed care calls into existing care rounds.
- The provider had introduced the use of an electronic care planning and monitoring systems to promote the effective delivery of care. Staff used an application on their mobile phone to access details of people's care plans and record care tasks had been completed. The application ensured staff had the most up to date information about people's needs. It also helped senior staff monitor planned care tasks had been completed.

Staff support: induction, training, skills and experience

- People and relatives told us staff were competent in their role. Comments included, "The staff all seemed well trained and they know what they are doing."
- Staff received training in line with The Care Certificate. This is a nationally recognised set of competencies related to staff working in social care settings. Staff received regular training updates to help ensure they were following best practice guidance. Some staff had obtained or were working towards additional qualifications in health and social care.
- New staff received a structured three-month induction which included meetings with senior staff, observations of working practice and competency checks in key areas of their role. Staff had the opportunity to discuss training and development needs on a regular basis during supervision meetings with senior staff.

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

- People's nutritional needs and preferences were identified in their care plans. This included any risks associated with eating and drinking, such as food allergies or special dietary advice. People had varying degrees of independence in this area, with some people requiring minimal support whilst others needing assistance to prepare meals.
- People were happy with the support they received around eating and drinking. One person said, "They [staff] always leave a drink out when they leave, so I don't go without."

Staff working with other agencies to provide consistent, effective, timely care

- The provider made appropriate referrals to health and social care professionals to ensure people had the appropriate support. This included when people's needs changed, and they required increases or decreases in their care.



- The provider had established good links with occupational therapy teams and mobility equipment services. This helped to ensure people had the right equipment in place to aid their independence.

Supporting people to live healthier lives, access healthcare services and support

- Most people independently accessed the healthcare services they needed. Where required, the provider arranged scheduled visits around appointments to help ensure they had continuity of care.
- People's healthcare needs were documented in their care plans. This included if they required any help or assistance in maintaining good oral care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and nobody using the service met the threshold for these safeguards to apply.

- The provider sought appropriate consent to care. Senior staff visited people to obtain consent to care upon each review of their care plan. Where people were unable to consent, the provider consulted with the person's appointed attorney. Lasting power of attorney gives legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. These actions were in line with the requirements of the MCA.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us that staff were kind and caring. Comments included, "All the staff are brilliant. I wouldn't be without them now", "Without exception, they are all kind people", and, "I'm happy with all the girls [staff] that visit me."
- People told us staff were attentive to their needs and flexible in their approach. Comments included, "They all know what they are doing and how I like things done", and, "I think [my relative] trusts them [staff]. They see how she is feeling and will adjust their approach accordingly."
- Staff were enthusiastic about their role and understood people's care needs. Many staff had worked for the provider for an extended period of time and had developed positive working relationships with people.

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

- People were given a choice about their staff and their views were respected. One person told us how they contacted the office as they were not compatible with one member of staff. They said the matter was dealt with quickly and the staff member was replaced.
- People's relatives told us that they were kept informed about important aspects of their family members care. Comments included, "I receive calls from the office staff if something ever happens [to my relative]"

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their house rules and preferences. Comments included, "All the staff are very respectful", "The staff always make sure the house is tidy before they leave", and, "Staff always knock on the door [before using key safe]. They always call out when they come in, so I know who they are."
- People told us the provider was good at informing them about changes in their care. Comments included, "If the staff are ever late, I receive a phone call", "I get the sheet through with a list of when staff are coming. If there are any changes, they [the provider] let me know."
- The provider ensured people had small, consistent teams of staff, which promoted the development of positive relationships with people. People told us they always knew the staff that supported them and they appreciated their companionship and company. One person said, "I look forward to them [staff] coming."
- People were supported to be as independent as possible. This was achieved by identifying aspects of their care which they wished to continue carrying out themselves. People's care plans clearly identified the areas where they did not need staff's assistance. This helped to ensure they were not deskilled and over reliant on staff.
- People's confidential information relating to their care was stored securely in the provider's office. Staff were aware of their responsibilities in upholding people's confidentiality and appropriate information

sharing.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us that staff were responsive to their needs. Comments included, "The staff are all very accommodating", and, "The care is organised how we like it."
- People received personalised care that reflected their preferred outcomes. People's specific care tasks were identified in their care plans. These detailed the routines and preferences which people wished to follow.
- Care plans were clearly laid out and easy to follow. This helped to ensure that staff understood how to provide care in line with people's needs.
- People's needs were regularly reviewed, to help ensure appropriate care was in place. Senior staff organised formal review meetings with people and relatives to gain feedback about the quality of care. These meetings had been effective in making changes to call times or care tasks, when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider understood the risks of people becoming socially isolated. They helped people source clubs, day services and events which they could attend, sometimes supported by staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory needs were assessed prior to care starting. This included, how people could contact the provider and the identifying agreed methods of communication. The provider made adjustments, such as providing documentation in larger print to help partially sighted people.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable making a complaint and felt the manager would take appropriate action in response. Comments included, "We had an issue with one member of staff, but the manager sorted it out quickly when we called to let them know", and, "There is always somebody on the end of the phone that you can ring if you have a problem."
- The provider had a complaints policy in place. This outlined how complaints would be investigated and responded too. The manager kept a written log of all complaints received. These records demonstrated that the complaints received were handled in line with the providers policy.

#### End of life care and support

- Nobody using the service was receiving end of life care at the time of inspection.
- There manager told us how they would work with other stakeholders to develop a care plan, which met a person's changing needs, should they require care at the end of their life.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and relatives told us management staff were friendly, approachable and open to feedback. Comments included, "All the staff from the office are very friendly", and, "They all seem like nice people and do a good job."
- Staff told us there was a positive culture at the service, which had been fostered by the management team. Comments included, "It's a great place to work", and, "We all work together well as a team."
- The manager had a clear vision about the standards required to maintain a high-quality service. They had carefully considered how to sustainably grow the number of people who used the service without compromising safety or quality.

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 manager understood their responsibilities under the duty of candour regulation. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- The manager had submitted an application to CQC to register as manager of the service. This application was in progress at the time of the inspection.
- There was a clear management structure in place. There was a deputy manager, who oversaw parts of the day to day running of the service. There were coordinators and supervisors, who organised care rotas and supervised staff. All staff were very clear about their role and the office operations ran smoothly and efficiently.
- The manager understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- The provider had systems to gain people's feedback about care. This included surveys, visits and telephone calls. This gave people the opportunity to feedback about the quality of care. The most recent responses from surveys sent out in February 2019, reflected very positive feedback about the care people

received.

- The manager also held regular staff meetings, where issues and suggestions could be discussed. The provider acted upon feedback from staff to make changes and improvements. In one example, the provider had recently made changes to ensure staff were paid for travel time between care calls. This was in response to feedback from staff.
- The manager had fostered positive working relationships with the local community. This included participating in community events. From these events, they had established links with businesses which provided services and resources for people. In one example, the provider had made links with a local charity that provided 'pet therapy', who offered free services to people as part of this ongoing relationship.

#### Continuous learning and improving care

- There were effective audits in place to monitor the quality and promote improvements. The manager used information from audits to complete a monthly report for the provider. This detailed key aspects of the quality and safety of the service. From this, an action plan was agreed for any areas where improvements could be made. This helped the provider and manager track how changes were implemented and sustained.
- The manager was committed to their role and kept themselves updated with latest guidance and legislation through a combination of local providers groups and updates from professional bodies.

#### Working in partnership with others

- The provider worked in partnership with other stakeholders to promote good outcomes for people. The provider kept professionals informed about people's behaviour and health where required. This helped to ensure their ongoing input could help adapt care to people's changing needs.