

HomeLife Carers (Torrington) Limited

HomeLife Carers (Okehampton)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 2 and 9 December 2015 and was announced.

Our previous inspection visit in October 2013 found that the service did not always gain consent before providing care. The provider sent us a comprehensive action plan following that inspection and this action has been completed when we did a desk top review of the information December 2013.

HomeLife Carers (Okehampton) is registered to provide personal care, primarily to support older people who want to retain their independence and continue living in their own home. Visits included the areas of Cheriton Bishop, North Tawton, Okehampton, Hatherleigh and Holsworthy and so most were rural. 76 people were receiving this service.

Summary of findings

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were receiving their medicines as prescribed but not in accordance with their plan of care and the agency's policies and procedures for medicine management. This had the potential to increase risks of mistakes and misuse of medicines.

Recruitment checks had not confirmed staff were suitable to work with vulnerable people. Some information was lacking from which recruitment decisions had been made.

Staffing arrangements ensured no visits were missed and people said staff arrived on time and stayed the full length of the contracted visit.

Staff had a good understanding of how to protect people from abuse and harm and procedures for how to alert any potential abuse.

People felt they received an effective service but raised three issues they felt staff could be improve upon. For example, not checking a hearing aid in use had a battery.

All staff received an induction to their work, close supervision, on-going training and a lot of support from senior staff and agency management. Community professionals had confidence in the skills and knowledge of the staff.

People's consent to care was always sought and staff understood how to protect people's legal rights. People were treated with respect and dignity.

There were many examples of how caring and responsive the agency staff were. Community professionals praised how hard care workers worked to understand and meet people's needs. One said, "I am always impressed by the lengths the staff will go to in order to make a situation work."

Where people let the registered manager know of any issues they were dealt with promptly and effectively. The complaints procedure was clear and available to each person.

The agency was well organised. There was a clear understanding of the standards of service to be delivered and a clear structure of how to achieve this.

There were two breaches of regulation. You can see what action we told the provider to take at the back of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

The arrangements for medicine management were unclear to staff and increased the potential for mistakes.

Not all checks were sufficiently completed from which to make safe recruitment decisions.

Staffing arrangements protected people because visits were never missed.

Staff understood how to report abuse and had confidence in the management team to follow up any of their concerns.

Requires improvement



Is the service effective?

The service was effective.

Staff received a detailed induction and support when new.

Regular training maintained staff skills and knowledge.

Staff were supervised and supported in their role.

People's legal rights were upheld and consent to care was always sought.

People's health and welfare were promoted because the agency worked closely with community health care professionals.

Good



Is the service caring?

The service was caring.

People formed caring relationships with staff who they said were kind and friendly.

People were treated with respect and dignity.

Staff worked hard improve people's lives.

Good



Is the service responsive?

The service was responsive.

People's care needs were assessed and planned with their involvement.

Staff understood people's needs well and were very quick to respond to any changes.

A complaints procedure gave people the opportunity to formally complain about the service. Complaints were quickly dealt with to people's satisfaction.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People's views were taken into account and where a need for improvement was identified this was followed through.

Standards of service were under regular review and resources were made available to make improvements.

People and staff felt the agency was well run and the registered manager was effective and responsive.

HomeLife Carers (Okehampton)

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 Health and Social Care Act 2014.

The inspection took place on 2 and 9 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure somebody would be available at the agency office.

The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. Before our inspection, we reviewed the information in the PIR along with information we held about the agency, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

We sent questionnaires to 29 people using the service to obtain their views about the care provided and received 20 responses. We sent questionnaires to 16 staff and received four responses. We sent questionnaires to eight community professionals and received one response.

We also contacted three community professionals about the service.

During our inspection we visited two people who used the service and spoke with eight people or their family members in total. We looked at three people's care records. We spoke with eight staff who provided care and the registered manager, registered provider and operations director. We looked at five care staff files and policies which related to the running of the agency, such as medicine administration. We looked at the agency's survey results from 2015.

Is the service safe?

Our findings

People received their medicines as needed but the arrangements had the potential to increase risk of mistakes or misuse.

Staff received training in how to support people with their medicines and there were policies and procedures in place for their reference. However, the information was confusing and conflicting. For example, the medicine management procedures described what to do in a care home setting, not a domiciliary care setting. It stated medicines must be administered by a nurse and none were employed at HomeLife Carers. In the starter pack for staff there was an incorrect description of what prompting a person to take their medicines meant. The description was that of administering the medicine, not prompting the person to take it.

A person using the service described how staff administered their medicines. Their care plan stated the medicines were to be 'prompted and supervised', not administered. This meant the instructions to staff did not did tally with what they were doing, or what the person actually required.

A person required a pain relieving patch to be administered. This was done in a safe way with clear information when and where to apply it. However, staff were disposing of the used patches in a bin bag, which was contrary to the agency policy. This also left the medicines open to misuse as active ingredient would still be present on the patch.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) Part 3.

The operations director for the service said that medicine management was under review and we were shown some initial changes, which had not yet been brought into general use. Where the agency assisted people with their medicines each had a risk assessment in place and care workers were thorough when recording medicines use.

Staff recruitment included pre-employment checks, such as references and health screening. However, the information the agency received did not ensure their selection process protected people from unsuitable staff.

We asked for the records of three recently recruited staff and those we were given had started employment in July 2015. Each contained information which was unclear, for example, matching the employment history to the referees and the references which had been provided. The registered manager agreed it was not possible to be sure whether the reference referred to the last employer or not.

One staff member had provided no work reference and the agency had not tried to get information about the staff's conduct from their last employer. The agency checked DBS records. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. One staff member had a gap in their employment history which had not been explored as part of their recruitment. Where information relating to the staff had not been available, any risk from this had not been assessed in order to protect people.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) Part 3.

People were protected from abuse. 94% of people who completed a survey prior to this inspection agreed they felt safe from abuse and or harm from their care workers. One person told us they had been unhappy when they observed care workers using a hoist to move their family member, on one occasion. We informed the registered manager about this and they said they would investigate. People had information in their care files telling them what action to take if they felt they were subject to abuse.

Care workers knew what might constitute abuse and knew where they should go to report any concerns they might have. For example, they knew to report concerns to the registered manager and externally such as the local authority, police and the Care Quality Commission (CQC). For example, staff had contacted agencies to protect one person who was living in a situation which frightened them. One staff member told us, "We can speak up if we have any worries and (management) listen and things get done."

Staff said they had received safeguarding training and had policies in place for their reference if needed. The registered manager demonstrated a clear understanding of their safeguarding role and responsibilities.

The staffing arrangements protected people. Over 90% of people who completed a survey prior to this inspection

Is the service safe?

and each person we spoke with, said they received care and support from familiar and consistent care workers, who arrived on time and stayed for the agreed length of time. One person said, “Unless it is an emergency they arrive pretty promptly.” People said they were informed if the care worker was delayed.

Staff told us they had the protective clothing they required to prevent cross infection. People using the service confirmed staff used the protective clothing and washed their hands before and after providing their care.

A community professional said, “We have worked on many complex cases, keeping people safe and cared for at home.” Each person had individual risks assessed as part of their initial and on-going assessment of needs. These included risk from falls, and risks within their premises, although one person’s had not been completed.

Staff had clear policies and procedures relating to people’s protection. For example, relating to accepting gifts and handling people’s money.

The registered manager understood, and had records of, the level of care each person required, colour coded depending on the risk. This meant those in most need could be prioritised, for example, in case of extreme weather conditions. The most vulnerable people were coded ‘red’ and received a weekly visit outside of their routine visit by a senior staff who checked the care was meeting their needs.

Staff received training in emergency first aid, had a telephone provided for their use and said contact with senior staff for advice was extremely good.

Is the service effective?

Our findings

People told us they had confidence in the skills and knowledge of the care workers. Each person who had completed a survey prior to the inspection said the care workers had the skills and knowledge to give them the care and support they needed. However, we informed the registered manager of three examples where people told us staff needed “a bit more training”, such as preparing the bed before starting to move a person toward it. Some people had commented in the agency’s questionnaires about staff training. One said, “Training needs to be more intensive.” The organisation recently employed a training officer to review and facilitate staff training.

Staff received an induction when new to the agency which they considered to be very thorough. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people receiving care. However, this did not include the use of the Care Certificate, which is a nationally recognised induction for care workers with no experience of care work. The provider said the areas of practice included in the Care Certificate were also included in the agency’s induction process, but had been built upon to provide more information for new staff.

Staff had spent two days of office based learning which included protecting people from abuse, infection control, emergency first aid and caring for people with dementia. They then shadowed experienced staff for at least two weeks, longer if they required it.

Staff training was well organised. All staff received refresher training, based on a programme identifying what training was required for their role and a timescale for delivery. There was a well equipped training room providing opportunity for hands on learning.

Staff confirmed they received face to face supervision of their work and regular observation by senior staff. This enabled any areas for improvement to be identified. Examples were provided of where staff had received additional training following their supervision, or at their request.

People told us staff only provided care with their consent. Staff had received training in how to uphold people’s legal rights if the person lacked capacity to make decisions for themselves and therefore provide informed consent. The Mental Capacity Act 2005 (MCA) provides the legal framework for this and staff received training in MCA and had detailed information about MCA protocols which they could follow.

Community professionals said the agency acted on any instructions and advice they gave. They spoke highly of the agency staff and how they worked to provide an effective service. One said, “They will discuss any issue and they contact us appropriately. They make appropriate suggestions which puts families at ease.” An example was a person requiring a lot of equipment to remain safe and at home. Agency staff had immediately arranged for the equipment to be provided.

Each person who completed a survey toward the inspection said the support and care they received was “always very good.”

Staff attendance sheets provided an in-depth recording of each visit. Fluid, food and repositioning charts were available where it was considered necessary to monitor a person’s diet or change in position. This meant people’s food and fluid intake and skin condition was monitored and protected.

Is the service caring?

Our findings

People who completed a survey prior to this inspection told us, “Everyone who comes is really nice” and “HomeLife Carers are a caring and excellent and very compassionate staff.” 89% said they were always introduced to a new care worker before they provided care and care workers said they were always introduced. The provider said, “We don’t want to lose the personal touches as the agency grows.”

Each person who completed a survey prior to the inspection said care workers always treated them with respect and dignity and they were caring and kind. Each person we spoke with also said they were treated with respect and their privacy and dignity were upheld. One person said, “I can’t praise them highly enough.”

Staff showed concern for people’s well-being. For example, one staff had spent significant time trying to arrange a pad delivery for a person who had been unable to get a delivery organised. The person and their family member said they were very relieved that additional help was there for them.

A community professional gave an example of a “helpful response” from an agency staff member. They said the

response was particularly important for people with nursing needs, some of which had experienced a rapid decline and may be approaching end of life care. A person told us, “They are always willing to help you.”

One person, living rurally and with no person who could provide help, had been admitted to hospital, leaving their pet alone and with no food. Their care worker had used the agency on-call system to arrange for continuing visits to the property, where they took care of the person’s dog.

People told us they were involved in making decisions about the care they received and their views were taken into account. One person’s care plan included very detailed information about them, which was important as their needs were complex and their ability to communicate with care workers was limited by their condition. That person’s care was extended by staff at short notice depending on their variable ability to get ready for bed safely.

Care workers had good knowledge of the people to whom they provided care. They said this was helped because they were able to visit the same people on a regular basis and build a relationship with them.

People had clear information provided in a folder from the agency, clearly set out and in large type for easy reading. This included contact details for the agency and other professional bodies which could be of use to them.

Is the service responsive?

Our findings

People received a responsive service.

People's care was discussed and planned with them, or their family member on their behalf. 94% of people who completed a survey prior to the inspection said they were involved in decision making about their care and support needs.

People had received an assessment of their needs prior to them receiving a service. The assessment had included looking at any risks, what assistance if any people needed with their medicines, and how their welfare could be promoted. For example, where equipment was needed the agency actively made arrangements for this to be provided. One community professional told us, "I am always impressed by the lengths the staff will go to in order to make a situation work." Another community professional said the staff were very skilled in managing a recent situation. They described the outcome as, "The person's care needs were met, his living environment better maintained and his health and quality of life greatly improved."

Each person had a care plan informing care workers what care was required. Care plans are a tool used to inform and direct staff about people's health and social care needs. The plans were being updated to be more person centred, looking at what was most important to the person including any special dates and their personal history.

People we visited agreed their care plan matched the care which was being provided. Plans had been updated as people's needs had changed. A person using the service told us how the care workers will make changes to meet any requests and how happy they were with the service they received.

There was a clear complaints procedure in each person's file in their home. 88% of people who completed a survey prior to the inspection and each person we spoke said they knew how to make a complaint.

People gave examples of when they had voiced issues about the service and the response received, all of which were positive. For example, one person said once or twice they had seen the registered manager about some concerns. They said, "Without exception they were taken on board and responded to."

The registered manager said there had been no formal complaints in the previous 12 months. However, three issues were raised with us which had been voiced to care workers and had not been recorded as formal complaints. The registered manager said they would review whether the complaints procedure gave people the confidence to include "grumbles" as complaints, from which the service could be improved. They also said they would address this with staff.

Is the service well-led?

Our findings

The agency was well organised and well led.

People felt the agency was well-led. Each said they knew who to contact in the agency if they needed to and that information they received from the service was clear and easy to understand. People's comments included, "Extremely well led"; "They've kept their promise and have always sent a carer or notified me if they are detained" and "On the whole, pretty good."

Community professionals said the agency was well led. One said, "The (registered manager) is professional, reliable and responsive" and "I find the manager to be of particular helpfulness and she is willing to do everything that she is able to manage a situation."

Staff were supported at all times. Prior to the inspection the provider told us: "We work closely with the team leaders and care staff to make sure they are fully supported." Staff confirmed they felt very supported, in particular because there was always somebody they could contact for support or advice. One care worker said, "They are always willing to help you."

People's views had been surveyed through a questionnaire in July 2015. They were asked: do staff arrive on time, carry out the expected tasks to your satisfaction and are you treated with respect? Most responses were positive. Where comments needing addressing this had been done. For example, new staff had been recruited to meet visit times people had requested.

The standard of service was monitored. For example, 9am every Monday team leaders met with the registered manager to discuss what happened over the week-end and share information relevant to the coming week. A second example was all people receiving monitoring visits from

senior care workers. These were on a weekly basis if the person had been assessed as especially vulnerable, for example, if they lived alone. Those monitoring visits included talking to the person receiving the care, observing the care worker in their role and checking the person's care plan and the records of the care provided.

The provider looked for ways to continually improve the service. For example, because the size of the agency and sister agencies had recently grown the provider had employed a training officer and operations director to support them. The operations manager role was to support the locality managers through weekly visits to look at strengths and weaknesses and develop ways to improve. For example, they had already reviewed and defined job roles in the Okehampton office which they said had increased efficiency. Other aspects of the service for review had been the way care files were arranged. This had led to changes, which were being implemented during the inspection. Another example was the information relating to how medicines should be handled, which we had found was unclear for staff but was actively being reviewed during the inspection. When we fed back what we found from looking at recruitment records the registered manager said this would be prioritised within their improvement arrangements.

The registered provider visited the agency office weekly and was considered accessible and supportive. They said they wanted the service to remain personal to people saying it was they who should remain the priority throughout organisational growth. They also recognised the value of a supported staff. We were shown Christmas presents for each person using the service and each staff member. Each staff member spoke very highly of the agency and the way it was organised. They said they felt very well supported and enjoyed their work.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The arrangements for medicine management were not clear for staff to follow. The potential for mistakes or mishandling were increased.

Regulation 12 (g)

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

There was not satisfactory evidence of people's conduct in previous employment. Not all checks were sufficiently completed from which to make safe recruitment decisions.

Regulation 19 (3)