Time-Out Care Services Ltd

Homecare Plus

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 5 October 2015. Homecare Plus is a domiciliary care service which provides personal care and support to people in their own home in Nottingham. On the day of our inspection 67 people were using the service.

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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. People received the level of support they required to safely manage their medicines. Risks to people's health

Summary of findings

and safety were managed and plans were in place to enable staff to support people safely. There were sufficient numbers of staff to meet people's care needs and recruitment was on-going.

Staff had not provided with all of the knowledge and skills required to care for people effectively and staff did not receive regular supervision. People received the assistance they required to have enough to eat and drink.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the different support each person needed. However, staff did not always arrive on time meaning there were delays in people receiving care. People felt able to make a complaint and knew how to do so. The complaints that had been received were responded to appropriately and in a timely manner.

People and staff were asked for their opinions about the quality of the service and action taken in response to their feedback. Quality monitoring systems required further development to fully assess the quality of the service. The culture of the service was open and honest, however the systems for communicating with staff were inconsistent.

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?
The service was safe.

People received the support required to keep them safe and manage any risks to their health and safety.

People received the support needed to manage their medicines.

There were sufficient numbers of staff to meet people's needs.

Good

Is the service effective?
The service was not always effective.

People were cared for by staff who had not received appropriate support through training and supervision.

People were asked for their consent prior to receiving care.

People were supported to eat and drink enough.

Requires improvement

Is the service caring?
The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were able to be involved in their care planning and making decisions about their care.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was not always responsive.

Whilst people received the care they required, staff did not always arrive at a reasonable time. People's care plans were regularly reviewed and updated.

People knew how to make a complaint and these had been responded to appropriately.

Requires improvement

Is the service well-led?
The service was not always well led.

There was an open, positive culture in the service however the systems for interacting with staff were not fully developed.

People were asked for their opinion of the service however the quality monitoring system was not fully effective.

Requires improvement

Homecare Plus

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.

We visited the service on 5 October 2015, this was an announced inspection. We gave 48 hours' notice of the inspection because the service is small and we needed to be sure that the registered manager would be available. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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.

Prior to our inspection we received survey responses from 12 people who were using the service, one relative and one healthcare professional. In addition to this we spoke with ten people who were using the service, four relatives, three members of care staff, two team leaders and the registered manager. We looked at the care plans of four people and any associated daily records such as the daily log and medicine administration records. We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Good

Is the service safe?

Our findings

People told us they felt safe and were protected from the risk of harm. All of the people we spoke with told us they felt safe when staff were caring for them. One person said, "Yes I do feel safe, the staff are so nice. I would talk to the manager if not." Another person told us, "Yes I feel safe." The relatives we spoke with also felt their loved ones were safe while receiving care from the staff.

People were supported by staff who were able to describe how they kept people safe and the action they would take to report any concerns. Staff could describe the different types of abuse which can occur and told us they would feel confident reporting incidents to the registered manager. Relevant information had been shared with the local authority when incidents had occurred. The registered manager carried out thorough investigations to reduce the likelihood of further incidents occurring. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe.

Steps had been taken to protect people and promote their safety. People's care plans contained information about how staff should support people to keep them safe. For example, one person's care plan noted that staff should use a key safe to enter the property. The care plan provided guidance to staff about how they should enter and leave the property to ensure the person remained safe in between calls. The staff we spoke with told us that the registered manager encouraged them to report any matters of concern.

People told us that any risks to their health and safety were appropriately managed by staff. One person told us that staff knew how to use a specialist piece of equipment so that they could be safely supported to take a shower. One relative told us that Homecare Plus staff had helped their loved one with the process of obtaining a more accessible shower. A member of staff visited each person's property prior to any care being provided to assess any risks in people's surroundings.

Assessments of risks to people's health and safety were carried out and we saw examples of these in the care plans we viewed. The assessments determined the level of risk in various activities and the control measures in place to reduce the risks. For example, assessments were carried out around the risks of a person falling and the measures that were in place to reduce this risk. Staff we spoke to were aware of the different risks to the health and safety of people they cared for. Staff described how they managed risks and this matched the information in care plans. People were supported by staff who knew how to safely operate any equipment they had in their home. Staff received individualised training in how to operate different equipment people used, such as a stand aid.

People were supported by sufficient numbers of staff and the people we spoke with confirmed this. There were enough staff to meet people's needs because the provider assessed how many staff were required. There was a computerised system in use which calculated how many hours of care were required each week and allocated available staff. If there was a shortfall of care staff for a particular week then team leaders and the registered manager would also help out. Recruitment was on-going to ensure there were always enough staff available to meet people's needs and to cover for staff absence. The staff we spoke with told us that they felt there were enough staff and they were able to provide the required support in the allocated time.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. The staff we spoke with told us appropriate checks were carried out before they started work.

People received the support they required to safely manage their medicines. One person said, "Yes, I get my medication when I need it." The relatives we spoke with also confirmed that their loved ones received the support they needed to take their medicines. Staff knew how to safely support people to manage their medicines and clearly described the different levels of support people needed. For example, staff supported some people to take their medicines whilst others only needed reminding when their medication needed taking.

People's care plans contained information about what support, if any, people required with their medicines. Staff completed medication administration records to confirm whether or not people had taken their medicines. The registered manager ensured that staff received training and

Good

Is the service safe?

support before administering medicines and this was provided on an on-going basis to ensure staff remained competent. There were procedures in place, which were followed, in the event of a medicines error or a delay in a person receiving their medicines.

Requires improvement

Is the service effective?

Our findings

We received mixed feedback from the people we spoke with about how well trained staff were. One person said, "I think they are well trained - they know what they are doing." Another person told us, "I think the staff know what they are doing, they seem competent." However, the survey responses we received indicated that one third of people did not feel their care worker had the skills and knowledge required to provide effective care. One person commented, "Care and support workers are not informed of my particular illness and often do not understand my needs. Basic training is the issue." In addition another person said, "Carers not properly trained."

Staff were not provided with all of the training required to provide people with effective care. Although the staff we spoke with were positive about the quality of training they had received, we saw that there were gaps in the training staff had received. For example, only half of care staff had received training in hand hygiene and infection control in the past three years. There were also gaps in important training such as safeguarding vulnerable adults and food hygiene. The registered manager told us they were in the process of implementing the Care Certificate which they hoped would address any shortcomings in training provision. The Care Certificate provides staff with a baseline of training important to the role of a care worker.

Staff received infrequent and differing levels of support through supervision. The staff we spoke with told us they felt well supported, however we received mixed information about how frequently they discussed their work with their line manager. The registered manager confirmed that they had not been able to implement a robust supervision system and this had meant support for staff was irregular. Spot checks were carried out on staff to observe their practice and constructive feedback provided to staff. New staff were provided with an induction which included shadowing more experienced staff. A member of staff told us the induction had prepared them well for their role.

People were asked for their consent prior to any care being delivered and we saw that copies of various documents had been signed by people to give their consent. Staff described the importance of gaining people's consent before providing any care. Staff were also aware of their role in supporting people to make their own decisions, even when their capacity to make certain decisions may vary.

The registered manager ensured that everybody was given the opportunity to be involved in planning their care and providing consent. Procedures were in place to follow the principles of the Mental Capacity Act 2005 (MCA) and ensure people's best interests would be considered should they lack the capacity to make a particular decision. We saw that the registered manager was involved in an assessment of a person's capacity and subsequent best interests decision. The staff we spoke with described how they supported people to make decisions where possible and understood the importance of gaining consent.

Where required, people received support from staff to have access to food and drink. One person told us that staff prepared their meals and they were happy with the quality of food they made. Another person said, "I get drinks all the time." The relatives we spoke also confirmed their loved ones were provided with access to sufficient food and drinks. Staff ensured that people had access to drinks and left food and drinks within people's reach before they left their property.

People's preferences about the type of food they enjoyed and could eat were clearly recorded and staff were aware of this information. For example, one person's care plan noted that, whilst they had enjoyed a particular type of food they could no longer eat it due to health reasons. In addition to this, staff kept a record of people's fluid and food intake.Staff told us they would report any concerns about a person's nutritional intake to the registered manager. Guidance was sought from the Speech & Language Therapy service to ensure food was prepared in a manner appropriate to people's needs.

The staff we spoke with described the different levels of support they provided to people regarding eating and drinking. For example, staff just prepared meals for some people and they could eat independently. However, other people needed some support from staff to eat their meal. Some staff had been provided with health and nutrition training which had helped them understand the importance of assisting people to eat well.

Staff booked healthcare appointments for some people and staff also told us they advised people if they felt it

Requires improvement

Is the service effective?

would be beneficial to book a doctor's appointment. The people and relatives we spoke with confirmed that staff often spoke with them about booking healthcare appointments if they had any concerns. Staff also logged this information in people's care records.

Good

Is the service caring?

Our findings

The people we spoke with told us they had good relationships with staff and enjoyed their visits. One person said, "They are all nice and I get on well with all of the staff." Another person said, "They are all alright." We were also told, "The care workers are fantastic with my care." And, "The staff are genuinely caring." The relatives and healthcare professional we received feedback from also felt staff had developed positive, caring relationships with people.

Staff had developed positive relationships with the people they cared for and told us they enjoyed their job. Staff were able to describe the different ways people preferred to be cared for and any likes and dislikes they may have. For example, one person needed staff to use hand gestures and visual cues to describe the care they were about to provide. Staff told us they valued the relationships they had built up with people and enjoyed the time they spent with them.

Where possible, the same staff were assigned to care for people so that relationships could be developed over time. Staff told us this consistency helped them build relationships with people and most of the people who responded to our survey reflected this. Staff told us there was sufficient time available on each call for staff to be able to develop positive relationships and carry out any tasks in an unhurried manner. People's care plans described their needs in a personalised way and gave staff clear guidance about the way each person preferred to receive their care. Care plans contained information about any religious and cultural preferences people had and how this would impact on the delivery of care.

People and their relatives were able to be involved in making decisions and planning the care to be provided. People's needs were assessed prior to their care package starting and we saw that the information provided by people was made available to staff within the care plans. The registered manager and staff told us that they regularly asked people if they remained happy with their care.

Records confirmed that people and their relatives had been involved in providing information for their care plans. Care plans were reviewed on a regular basis and people were involved in this process if they wished to be. Prior to our inspection in the provider information return we were told of an initiative that Homecare Plus has been involved in which promotes the involvement of people in their wider community. The registered manager told us that Homecare Plus aimed to combat social isolation by informing people of local events and assisting people to attend events of their choice.

Staff described how they involved people in day to day decisions relating to their care and gave people choices. For example, one person was offered visual choices of different clothes and food to enable them to make their own decisions. Staff were aware of the information in people's care plans regarding the preferences people had about their care. Information about people's religious and cultural background was also available and staff received training and development on the importance of cultural awareness.

The people we spoke with told us they were treated with dignity and respect by staff. One person said, "They are lovely." Another person told us that staff understood them and ensured they were respectful. The relatives we spoke with also felt their loved ones were treated with dignity and respect by staff. One relative said, "They treat [my relative] with great respect." A healthcare professional commented, "The staff are always polite." The people who responded to our survey all felt that staff treated them with dignity and respect. People also felt that staff ensured their privacy was maintained during the provision of personal care. One person commented, "They cover me up and shut the bathroom door."

People were cared for by staff who understood the importance of protecting their dignity and respecting their privacy. Staff described how they would provide personal care in a dignified manner, such as by ensuring people were appropriately covered when being given personal care. The registered manager told us they instilled the importance of respecting people in all staff when they started working for Homecare Plus.

People were encouraged to maintain independence by carrying out tasks for themselves where they were able to. For example, one person required assistance to get to their bathroom but was then able to wash themselves. Staff told us that they only provided the support that the person needed and then left the room whilst they carried out their own personal care.

Requires improvement

Is the service responsive?

Our findings

The people we spoke with told us they received the support they needed, although staff did not always arrive on time. One person said, "Very pleased with the service although no-one came this morning and they never normally miss a day." The healthcare professional we received feedback from commented, "There have been times that the staff have been late or not arrived to complete support." Half of the people who responded to our survey told us that care staff did not always arrive on time.

Before people started to use the service the amount and length of calls they needed was agreed. The team leaders tried to schedule each call at people's preferred time whilst also giving staff a realistic rota which allowed time for them to travel between addresses. Some of the staff we spoke with told us that they were not always able to arrive at people's homes on time because of the distances they had to travel. The records we viewed confirmed that staff did not always arrive at people's home within the agreed timeframe. For example, one person's daily records showed that staff regularly arrived over thirty minutes late.

The registered manager provided information about the punctuality of each member of staff. This showed staff had been late for over 10% of all calls in the month of September 2015. The registered manager acknowledged that this was an issue and had put measures into place to support staff with their work. In addition, where staff were consistently late disciplinary action would be commenced. Recruitment was on-going and we were told that efforts were being made to enable staff to work closer to where they lived to reduce travelling time.

The staff we spoke with told us they were provided with sufficient information about people's needs before visiting them for the first time. One member of staff said, "We are told about people's needs so we know what we need to do." Staff also told us that they felt the registered manager listened to their feedback if they felt a person's care needs had changed. One staff member told us they had told the registered manager they felt a person's care hours were insufficient. Action had been taken to increase the amount of hours of care for this person.

People's care plans were reviewed on a regular basis with the involvement of people and their relatives if they wished to be involved. The majority of people who responded to our survey confirmed that this was the case. We saw that changes and additions were made when required and staff were made aware of any changes. For example, one person's care plan had been updated to reflect a change in how staff assisted the person to move about safely. Staff told us they were always updated when there had been any changes to a person's care.

The majority of people who responded to our survey felt they could raise concerns and make a complaint and knew how to do so. One of the people we spoke with said, "I know who to phone but not complained yet." The relatives we spoke with also told us they could make a complaint if required. People and their relatives had been provided with information about how to make a complaint and the response that they should expect.

We looked at the records of complaints that had been received in the past 12 months. These had been investigated and responded to within the timescale set out in the provider's complaints procedure. Where possible, complaints were resolved to the satisfaction of the complainant and an apology offered. The registered manager said that they used each complaint received as an opportunity to improve the quality of the service. For example, some of the complaints had been about staff being late. Prior to our inspection in the provider information return we were told that in response to these complaints, staff had started to overhaul the rota system to allow staff to work closer to where they lived. The intention of this was to reduce staff travelling time and to improve their punctuality. The service had also received a number of compliments which were shared with staff.

Requires improvement

Is the service well-led?

Our findings

The people we spoke with told us they felt able to approach office staff, care staff or the registered manager if they wished to discuss anything. One person said, "They are courteous and polite on the phone." People benefitted from an open and honest culture within the service and they were encouraged to speak up. The relatives we spoke with also felt able to raise any issues they had. There were clear systems in place for people to contact the office and issues were dealt with promptly.

Office based staff maintained regular contact with each person or their relative to check they remained satisfied with the service. In addition, monthly random satisfaction checks were carried out across a sample of people using the service. This meant that communication remained on-going and any issues that were raised were acted upon. The staff we spoke with told us there was an open and honest culture in the service and said they would feel comfortable discussing any mistakes should they occur. There were occasional staff meetings arranged for staff in different geographical areas, however not all of the staff we spoke with were aware of these. This may mean that not all staff were able to provide their opinion or receive important information. Staff received a written weekly briefing alongside their rota which detailed operational issues such as information about new people using the service.

The service had a registered manager and they understood their responsibilities. The people we spoke with did not all know who the registered manager was. One person said, "No I don't know the manager but the carers are very good." However, another person told us, "Yes – they seem to know what they are doing." Information about the registered manager was provided to people when they started using the service.

There were clear decision making structures in place, staff understood their role and what they were accountable for. They told us they could contact the registered manager or a team leader with any queries, although we were told there were sometimes delays in receiving a response. Staff felt that the registered manager led by example and felt they were doing a good job. The registered manager and team leaders regularly picked up care calls in order to keep in touch with people using the service and staff. However, the results of a recent staff survey indicated that only half of the staff who responded were satisfied working at Homecare Plus.

The provider had not had cause to send CQC any notifications but was aware of the events that require a notification. Providers are required by law to notify us of certain events in the service.

People and relatives were asked for their feedback about the quality of the service. On person said, "My views are always listened to." Another person recalled having been sent a survey to complete. People who used the service had been sent a survey to gauge their satisfaction with the service they received. The returned surveys indicated that the majority of people were satisfied with the quality of the service. Where concerns had been raised the registered manager developed an action plan to address these and bring about improvements. For example, where concerns had been raised about the performance of staff the registered manager had taken action to address these concerns.

Prior to our inspection in the provider information return we were told that the provider carried out visits to the service to assess its quality. However we were not provided with any up to date records to verify that these visits were carried out and what they achieved. In addition, audits of the service were not robustly carried out. For example, we did not see evidence of audits of the quality of daily records written by staff. This may mean that any issues may not have been detected and resolved at an early stage. There was a large quantity of old paperwork being stored in various places in the office. The registered manager told us they had limited space available to archive paperwork.