Parfitt & McKenna Limited

Homestead Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 16, 20, 21 November 2017. This inspection was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults. Care Quality Commission, CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection, the service was providing care and support to 17 people. This was the first inspection of the service following registration in August 2017. There was 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. However during the inspection the registered manager resigned from their position. The inspection was therefore overseen by the manager who was also a director of the service.

The inspection was prompted in part by safeguarding alerts. The information shared with CQC about the alerts indicated potential concerns about the management of the service and risk to people in regards moving and handling. This inspection examined those risks. Some alerts had been brought to the attention of one of the Local Authority who also completed a visit to the service prior to the inspection taking place.

Quality assurance systems had not always been effective in recognising and rectifying issues. The registered provider had not carried out regular quality assurance audits to ensure the service was providing good quality care.

Systems in place for the recruitment and selection of staff were ineffective. Recruitment checks had not routinely been carried out before staff started their employment to ensure they were suitable to work with people using the service.

The care needs of people had been assessed prior to their using the service. However reviews of care packages had not taken place at the time of the inspection.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about their lives. Each person had a care plan and associated files which included guidelines to make sure staff supported people in a way they preferred.

Risks associated with people's care and living environment were effectively managed to ensure their freedom was promoted. People were supported by consistent staff to help meet their needs. People's independence was encouraged and staff helped people feel valued.

People received care from staff who had undertaken training to be able to meet their individual needs. People's human rights were protected because the manager and staff had an understanding of the Mental Capacity Act 2005 (MCA).

People's nutritional needs were met because staff followed people's care plans to make sure people were eating and drinking enough and potential risks were known.

People were supported to access health care professionals to maintain their health and wellbeing.

People were supported by staff who continued to treat each person equally, as valued human beings, in a caring and respectful manner, and regardless of their beliefs or background.

Complaints and incidents such as medicine errors were learned from to ensure improvement. The manager promoted the ethos of honesty and admitted when things had gone wrong.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People were not protected by safe recruitment practices.

There were not always enough staff employed to keep people safe and meet their needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were protected by staff that understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely

Is the service effective?

Requires Improvement

The service was not always effective.

People were not supported by staff who were provided with regular appraisal, supervision to ensure they had the skills they needed to carry out their roles.

Staff had been trained to understand their roles and responsibilities in relation to the Mental Capacity Act 2005 and related Deprivation of Liberty Safeguards (DoLS).

The service was acting in line with the requirements of the MCA.

People were supported to maintain good health and had access to appropriate services, which ensured they received on-going healthcare support

Is the service caring?

Good

The service was caring.

People were supported by staff that treated them with kindness, respect and compassion.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not thoroughly assessed to ensure the service could meet their needs.

People were supported by staff that recognised and responded to their changing needs. Equality and diversity was understood to support people's individuality.

There were systems in place to ascertain people's views and to address concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service was not consistently well led, as there was a further need for development of the service.

The overall governance of the service was in need of improvement. Quality assurance systems had not been fully developed to regularly monitor the service and assess the care provided to people. People's views had not been analysed or taken into account in planning to make improvements to the service.

Homestead Care

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 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.

The inspection was prompted in part by safeguarding alerts. The information shared with CQC about the alerts indicated potential concerns about the management of the service, risk to manual handling. This inspection examined those risks.

This inspection site visit took place on 16, 20, 21November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care.

The Inspection site visit activity started on 16 November and ended on 21 November 2017. It included site visits, interviews of staff and records and visits to people in their own homes. We visited the office location on 16 and 21 November to see the manager and office staff; and to review care records and policies and procedures.
The inspection was carried out by one inspector. Telephone calls were made to people using the service by an expert by experience on day three of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to older people, people with dementia and complaint investigation.

Before the inspection we reviewed all the information we held about the service. Including gathering information from the local quality assurance team to obtain their views about the service.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this.

We spoke with the registered manager, manager, care coordinator, three members of staff and spoke to a further three over the telephone.
We reviewed six people's care files, and five staff files. We reviewed policies, risk assessments, health and safety records, and consent forms, staff duty rosters. We viewed the complaints procedure training and recruitment process.

Following the inspection we asked the manager to send information in regards their auditing systems and any other information they wished to be considered within the report.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. This was because the risks to people using the service of inappropriate staff being recruited had not always been considered.

Risk to people who used the service was not always considered because systems in place for the recruitment and selection of staff were not safe. Although records contained evidence of DBS checks, employment histories were incomplete. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

The provider's employment application form required potential applicants to list employment history when a full employment history was required we viewed three records that did not hold the relevant employment history checks. One record showed gaps of one year, another eight months a third record gaps of four months. One record also identified poor references which had not been addressed prior to employment commencing, or the staff member being allowed to work unsupervised in people's homes. The manager was unable to give a reason for the gaps in employment, and told us they were unaware of concerns identified in the reference. The manager informed us they would complete a review of all staff records, and ensure future checks were complete before people were employed.

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

Prior to our inspection concerns had been raised in regards moving and handling people. However we found no evidence of unsafe practice. Staff told us and records showed staff had received moving and handling training prior to their employment. People who received support with moving and handling told us they felt safe when supported to move. One person said. "I am disabled and need support to go to bed and get up, staff are trained and know what they are doing". Another person told us, "I always feel safe when the staff are supporting me to move, they follow my care plan". Daily records were up to date and legible which showed what support the person had received. If there were any concerns information was passed on to the manager.

People's experiences varied and we received mixed responses in regards staffing . Whilst some people told us they were happy with the care provided, others expressed concerns about the punctuality of their visit and the fact that carer staff were "rushed." One person told us, "The carers are more or less on time". Another person told us, "Mainly I am asleep and don't hear the carers come in. Quite a lot of the times they come at different times 7.15am – 9.0am when the visit should be 8am. The carer states that they have 2 more visits to fit in" One relative told us, "In the morning carers are very punctual but the evening call can be late and the carer is very quick and rushes my [relative]. It is an half hour call but it is often less than 20 minutes". The relative told us they had raised their concerns with Homestead and this week the care worker had remained for the allocated half hour.

People and staff told us they felt more staff where needed. Staff told us they had lead roles they were not able to fulfil due to commitments with care. During the inspection the registered manager and office coordinator ceased their employment, which meant there were no office staff available to support anyone who rang the service. The manager informed us all calls would be redirected to their mobile phone, which would ensure there was always someone available to answer any enquiries. They told us the agency had been through a difficult time but said that they hoped things would improve by moving staff into different roles to support the office and management roles of the agency.

Whilst the manager had begun to identify where improvements were required they told us they had little time available to make the improvements necessary. The manager confirmed they were spending significant amounts of time out of the office providing hands on care to people, to ensure people received the support they needed they said, "I don't have days off I spend all my time supporting our clients". Following the inspection we were informed the service had reduced some of their care packages and staffing levels.

People confirmed they received their medicines on time. Care plans set out the medicines prescribed to people and any specific requirements, which staff needed to be aware of when administering their medicines. For example, medicines which needed to be administered before meals, storage of medicines risks in regards people's capacity to take their medicines. Staff demonstrated what action to take if errors with medicines had occurred. One record showed where the carer had completed a near miss form with regards a medicine error exampling how it happened and action taken following the error to ensure the person remained safe. Although the manager was aware of medicine errors, there were no lesson learned procedures, additional monitoring supervision or spot checks following the error to ensure their competency. We discussed this with the manager who told us, Systems were not in place to carry out spot checks on staff performance due to staff constraints on time.

At the time of the inspection no one was receiving covert medicines, medicines disguised in food or drink. There was a clear comprehensive medicines policy in place which highlighted the requirement for discussion and best interest meeting with a recorded record held in the person's care plan where best interest decision had been made and who had been involved. This was in line with guidance and the Mental Capacity Act 2005.

Staff told us they had received training in recognising the signs of abuse and demonstrated their understanding of the provider's whistleblowing policy and what action they would be required to take. They were clear about how to make referrals directly to the local safeguarding authority if they had concerns about people's safety.

Care plans contained fully completed assessments of risk relating to the environment, including fire safety and the use of specialist equipment such as oxygen cylinders. We reviewed six care plans which identified people's individual risks, and detailed the control measures staff needed to follow to ensure risks were managed, and people were kept safe. For example safe practice when supporting people with particular health needs or equipment such as oxygen. Staff were able to discuss the risk to people and their environments and told us they felt confident to manage and support any risks.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the manager would listen and take suitable action. Accident and incident records were all read by the manager. Lessons were learned and shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence.

People told us they were protected from discrimination, the manager told us, "We ensure as part of our induction equality and diverse training is offered. When people and staff have discussed their different culture, sexuality or gender, it makes no difference we treat all staff and people using the service with respect and dignity. People and staff told us they were treated without fear of discrimination.

People were knowledgeable about the provider's system for receiving and responding to complaints. One person told us they had felt "Uncomfortable" with one member of staff in their home, because of their time keeping and attitude on arrival. They informed us they had made a complaint and the staff member no longer came to their home. The manager told us, It is important we listen to people using the service, if there are concerns we investigate them and learn from them.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective. Staff did not receive effective and regular monitoring of their practices to ensure the support they were delivering was safe and effective.

Staff supervision and support was not consistent. Staff did not always receive regular supervision. Staff told us, they had not received supervisions since starting work. One member of staff told us it was part of the role to provide supervisions, they explained, "I am providing a caring role all the time so can't do the supervisions or spot checks I am supposed to complete. I have never received any form of supervision or monitoring". The manager told us, they were aware of the need to ensure all staff received supervision, and planned to ensure team leaders were allocated time to complete supervision tasks. We received information following the inspection that supervisions with staff had begun.

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction standard for people working in health and social care who have not already had relevant training. Staff told us they had benefitted from a comprehensive induction programme, which took place over three days. This included induction training in safeguarding people from the risk of abuse, emergency first aid, safe food handling and safety procedures for moving and handling people. Staff told us they also worked alongside other staff shadowing them to get to know people and become familiar with their care and support needs before they started working alone. People told us they were introduced to new staff by care staff they already knew before they started coming to their homes alone.

Staff records showed that staff held a number of training certificates. The manager told us staff employed already held numerous qualifications. They informed us, a new training programme was currently being developed to ensure all staff remained up to date with changes to legislation. The manager showed us a new system was in the process of being implemented in regards training for all staff which included distance learning, involving work books whereby staff answered questions and took knowledge tests. We observed workbooks which showed some staff had already began this training.

Discussions with staff showed us that staff had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards (DoLs). This meant that staff had the required knowledge to identify when a person without capacity needed specialist support to ensure that their best interests were protected and their human rights upheld. Care plans held consent forms which people had signed. People agreed they were always asked for their consent before any support commenced in their homes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best

interests and legally authorised under the MCA.

We observed and people told us they were asked for their consent before they received care. Care staff demonstrated how they asked permission before doing anything for, or with a person when they provided care. Staff told us how they supported people to make decisions about their everyday lives and gave examples of supporting people to maintain their independence. For example, encouraging people to remain as independent as possible. One person told us, "I would not be able to stand without support, the carers make sure I have the correct equipment near me so I can do as much for myself as possible".

Processes were in place to protect people and staff in regards discrimination and equality. People told us they were able to make choices and take control in regards their care and support and who entered their home. One person told us, "The carers that come to visit are very respectful to me and my home". Another person told us. "The staff are good, they encourage me and help me, but also make sure I keep as independent as I can." A relative told us "The carers talk to my [relative] all the time, making sure [relative] is happy. They are very good".

Some people who used the service were supported by staff with meal preparation and where possible people's independence was promoted in this area. Staff told they had completed food hygiene training and were confident supporting people with meal preparation. People confirmed they remained as independent as possible when decisions were being made in regard meal preparation. One person told us, "The staff always, make sure my food is hot, they wear gloves and leave the kitchen nice and clean". People confirmed that they were given choice and were able to make independent decisions about what they had to eat and drink.

Staff recorded the support that they provided at each visit and other relevant observations about the person's health and wellbeing. This showed us that staff were knowledgeable regarding what action they should take to ensure people's health care needs were met. However, further work was needed to ensure that care plans were updated to reflect people's changing health care needs.

Care records contained evidence of staff working closely with a range of community professionals to maintain and promote people's health. These included GP's, district nurses and social workers and where people were able to manage their healthcare independently or with support from their relatives.

Good

Is the service caring?

Our findings

The service was caring. People were generally complimentary about staff and told us that they were treated with kindness and consideration. They had good relationships with their allocated care staff. One person told us, "They are very friendly and always ask if there is anything else they can do before they leave". A relative told us, "I would say that carers have a positive attitude towards [relative] they respect and communicate with [relative]".

Staff were observed to be kind, caring and considerate of people during our visits. People were seen to be comfortable in the presence of the staff. They talked about staff by their first names and told us how they looked forward to their visits.

People told us that they were assisted to retain their skills and maintain their independence. An example given was with areas such as personal care and being encouraged to do as much as they were able for themselves. One person said, "Very good. Just how I like them to be, very patient'". Another person told us, "I don't stay in the room, my [relative] is a very proud person, and so I think the carers do brilliantly". One member of staff told us, "I love my job and looking after the people we support". Another member of staff told us, "Our ethos is to stay small so we can get to know people and the people we support come first. It works."

People told us they felt valued by staff who visited them in their homes. One person told us, they had been supported through a difficult time in their lives they said, "I don't know what I would have done without the extra support I have received from Homestead, and they have gone above and beyond helping me to make a new life for myself". Another person said, "They do listen and help where they can. When I have complained about one carer they listened and don't send that carer to me anymore."

Care plans held pen profiles of people, and recorded key professionals and relatives involved in their care. Care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished The manager told us that information about advocacy services, external bodies and community organisations was made available to people and relatives as and when required. They said that information would be discussed with people who had capacity and with relatives for those who may not be able to understand the information.

Care plans identified people's preferences in relation to male or female care staff to assist with intimate care, and staff were aware of people's preferences. People's individual records were kept securely in locked cabinets to ensure sensitive information was kept confidential.

People confirmed they were supported to stay as independent as possible, for example staff would support them to wash areas of their body they were able to independently, but assist them with areas they could not reach. Staff worked at people's own pace to enable them to remain independent and care as much for themselves as possible. Where people had lost their independence due to ill health, staff supported them to regain their confidence so they were able to return to the activities they enjoyed, such as their regular hair

appointment, or social meeting with friends or neighbours to attend social events. One person said; "I wouldn't be able to be here [in their own home] without them".

There were opportunities for people to express their views. The service kept a record of all the compliments they received. Compliments included, "Care workers always make me feel good and are ready to listen to any problems I have". "This is a small company which is good as I know most of the carers". "What needs to be improved? Nothing".

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive to people's needs. Referrals to the agency usually came through word of mouth, some through the local authority system. The service did not undertake their own assessment of people's strengths and needs.

People were not always met by the provider prior to their support package starting. A coordinator informed us information received was transferred to people's care plans. It was hoped in the future people would be met with to discuss their assessed needs. The provider's statement of purpose stated all people using the service would be fully involved in a thorough assessment of their needs. This meant the provider was not following their own policy and procedures. The manager told us, "We are a small company, and we are still setting up our processes.

Individualised care plans were in place at the service office with an additional copy in the person's home. Care plans had been developed based upon people's physical, emotional and social needs. If people had protected characteristics under the Equality Act.

People and their relatives were encouraged to be involved in all aspects of care. People told us they knew of their care plans and were consulted in regards the information held in. Staff identified they had a good knowledge about people they were supporting in regards their preferences, daily routines and their likes and dislikes. Some staff said that they supported the same people and knew them well. The manager told us, care plans had not been renewed but were still relevant as all care plans had been developed within the last three months.

Where changes were required to people support, staff were able to share and communicate through mobile phones. The manager told us, "We have a system called 'Quick Plan' in place, each member of staff is able to contact and update the office at any time of any concerns or changes to people's plans through confidential apps on their mobile phones, these apps are also linked to the office computers. Only carers can access the information by way of individual passcodes." Care staff told us they were able to access and update information through this technology.

There were systems in place for receiving and investigating complaints. When people began to use the service they were issued with Homestead client handbook. The handbook held information in regards the complaint process and how to make a complaint. People, told us they were confident to raise complaints. Where complaints had been made the agency had responded within the time scales stated within their policy. We reviewed one complaint which had been thoroughly recorded, investigated and responded to according to the provider's policy. One person told us they had made a complaint, they had been listened to and had received a letter in regards the complaint they raised. They told us, "I am happy with the response I received".

People were supported to stay at home, if they wished, when nearing the end of their life. They would have access to the staff allocations and could make changes immediately if a person's care needs changed or

unplanned absence of staff occurred. At the time of the inspection there were no people currently receiving end of life care.

Requires Improvement

Is the service well-led?

Our findings

The service was not well led. During our inspection the registered manager resigned from their position. The service was being overseen by the manager who was also a director in the service. Consultation was taking place in regard the future management of the agency with the manager and local authority.

The overall governance of the service was in need of improvement. Systems had not been fully developed to regularly monitor the service and assess the care provided to people. People's views had not been analysed or taken into account in planning to make improvements to the service. Although the service was relatively new, quality and safety audits had not been completed by the registered provider to identify issues or compliance with the relevant regulations since August 2017.

The registered provider could not demonstrate their recruitment procedure ensured that staff working for the service were honest, reliable, trustworthy and respected, or had the appropriate qualifications, skills and experience for the role they were undertaking. This put people and colleagues safety at risk should they not be an appropriate person working for the service.

The registered provider had not carried out regular quality assurance audits to ensure the service was providing good quality care. Staff told us they had not received supervisions or monitoring. Senior staff told us they had not been allocated time to complete duties such as spot checks or updating of assessments. The manager told us they had been unable to spend time on the management aspect of the service due to providing care and support for people. This identified a lack of consistent overall governance of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's statement of purpose stated, the service aims and objectives were to 'To ensure the needs and preferences of individuals are considered at all times throughout the development of the care plan and provision of care services". Although care plans were in place these had not been reviewed. There were no assessments of people's views on the development of their care plans, People told us they knew of their care plans and had been consulted when they were initially set up. The provider had not completed independent audits of the care plans to ensure information received by the local authority was correct and up to date. The manager told us there were plans in place to ensure all care packages were reviewed by care coordinators.

Improvements were needed in the supervision and support provided to staff. Staff were allocated roles to monitor and assess the provision of care and competency of staff however staff told us and rota identified staff were not allocated time to complete the audits. Staff told us they had lead roles but were unable to fulfil their lead roles due to time restraints. One carer told us, "We should be supporting staff and doing spot checks and supervisions, I am never allocated any time on the rota for office time so cannot complete my role effectively". Another member of staff told us, "I think the management is good although we could do with more support to complete our roles within the office environment".

When we asked staff about the culture and management of the service we received mixed responses. Staff told us the service was going through a "Challenging time" with the changes forecast with the registered manager and manager. Staff were confident with the support of the registered manager the service was well led, whilst others were concerned if the registered manager was to leave how the service would be managed. The majority of the staff we spoke with said they would appreciate more planned opportunities to receive supervision, appraisal and team meetings with opportunities to be involved in sharing ideas for improving the service.

Staff meetings were in place, at the last meeting held in October 2017, minutes identified where concerns had been discussed in regards to standards of care and medicine errors. Actions were identified how these concerns would be managed which included spot checks. Staff told us staff meetings had been regular and well attended. However as identified in our inspection these spot checks had not taken place.

The provider had an equality and diversity policy in place. People told us they were respected and treated fairly. Staff were aware of the policy and felt they were treated with equality and diversity/ Staff gave people opportunities to help them make choices and decisions for themselves wherever possible, for example what people wanted to wear or eat on a particular day. Consent forms were in place for aspects of care and support where required, for example property and key access, and sharing information.

The manager told us their vision for the service was to keep the service small and personal. They told us, "We provide high standards of care and create continuity. We build up relationships and support people to live independent lives our customers come first". One member of staff told us, "Our values are that the client comes first, I share those values".

Homestead Care used technology advances such as "Quick Plan" to organise changes in people care and changes to staff rotas. Mobile phones communicated essential information to staff quickly. Staff told us they were kept up to date with information in regards changes. The manager told us they hoped part of their development plans in the future would be to supply all staff with work mobile phones.

The manager understood the requirements of duty of candour and had fulfilled these obligations where necessary through contact with families and people in response to incidents, injuries and or things that may have gone wrong.