

Homesdale (Woodford Baptist Homes) Limited

Homesdale Domiciliary

Care Agency

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Homesdale Domiciliary Care Agency is domiciliary care agency providing personal care to 3 people aged 65 and over at the time of the inspection. All the people using the service live in an extra care housing complex.

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

People expressed satisfaction with the care and support they received. This was summed up by one person who said, "We are happy with them."

The provider had systems in place to protect people from abuse and people told us they felt safe. Risk assessments were in place to help minimise risks people faced. Infection control measures were in operation and the service had procedures about the safe administration of medicines. There were enough staff employed to support people and checks were carried out on staff to verify they were suitable to work in the care sector. Steps were taken to learn lessons if things went wrong.

Assessments of people's needs were carried out prior to the provision of care to determine if the service was able to meet those needs. Staff undertook regular training and had one to one supervision with their manager. People were supported to eat and drink what they chose. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this.

People told us staff were caring and respectful. Staff had a good understanding of how to support people in a way that promoted their privacy, dignity and independence. The service worked to meet people's needs in relation to equality and diversity issues.

Care plans were in place which set out how to support people in a personalised manner. People had been involved in planning their care. There was a system in place for responding to complaints and people knew who they could complain to. End of life care plans were in place for people.

People and staff spoke positively about the registered manager, saying they found them to be approachable and easily accessible. Systems were in place for monitoring and reviewing the quality of care and support provided. The provider worked with other agencies to develop knowledge and share best practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last

The last rating for this service was good (published 11 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Homesdale Domiciliary Care Agency

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service one working days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant events the provider had sent us. We

contacted the host local authority to seek their views about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, a care supervisor and a care assistant.

We reviewed a range of records. This included two people's care records and one person's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medicine records and daily logs they sent us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. There was a safeguarding adult's policy in place. The policy made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
- Staff had undertaken training about safeguarding and understood their responsibility to report any allegations of abuse. One staff member told us, "I would report it [suspected abuse] to [senior staff member]. If they didn't take it further, I would go to [registered manager]." The registered manager told us there had not been any allegations of abuse since the previous inspection and we found no evidence to contradict this.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks they faced and included information about how to mitigate those risks. They covered risks associated with falls, moving and handling, medicines, skin integrity and malnutrition. They were detailed and personalised, based around the needs of the individuals. People had been involved in developing their risk assessments, and they were subject to regular review.

Staffing and recruitment

- The provider had enough staff to support people in line with their assessed needs. All three of the people using the service lived at the same extra care service in close proximity to each other. This meant it was easy for staff to get from one person to the next and staff told us they had enough time to carry out their duties. They also told us they had time to chat with people and support them in an unhurried manner. People told us staff were reliable. One person said, "Oh yes, they always turn up." They added, "They don't rush me, they take their time."
- The provider carried out checks on staff before they commenced working at the service. These included employment references, proof of identification and criminal record checks. This meant the provider sought to employ staff that were suitable to work in a care setting.

Using medicines safely

- Staff supported one person to take their medicines. The person had consented to this. Staff undertook training before they were able to administer medicines.
- Medicine administration records were maintained which contained details of each medicine to be administered. Staff signed these after each administration so there was a clear audit trail in place. On the day of inspection, the charts for a two-week period covering late December 2019 to early January 2020 could not be located. The registered manager told us they had been completed and they were found and sent us

the completed charts two days after our inspection.

Preventing and controlling infection

- The provider had a policy in place about infection control. This provided guidance to staff about safe practice in this area, including in regard to hand washing and the use of protective clothing. Staff told us they wore protective clothing including gloves and aprons when providing support to people with personal care. We saw there was a good supply of protective clothing stored at the service.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Accidents and incidents were recorded by staff and reviewed by the registered manager. This enabled them to see what caused the incident and what could be done to reduce the likelihood of a similar incident occurring again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us the care agency only provided support to people who lived in the sheltered housing complex run by the same provider as the care agency. They told us if a person requested support from their agency, they carried out an assessment of the person's needs. This was to determine what the person's needs were and if they could be met by the provider.
- Records of assessments showed they were carried out in line with good practice and legislation. For example, in addition to assessing people's care needs, they also covered needs related to equality and diversity, such as the person's religion and ethnicity.

Staff support: induction, training, skills and experience

- Staff were supported to develop skills and knowledge to help them in their role through training and supervision. New staff undertook an induction programme which included shadowing experienced staff and completing the Care Certificate. This is a nationally recognised training course specifically for staff who are new to working in the care sector. Staff told us, and records confirmed, that they had on-going training which included first aid, health and safety, fire safety, moving and handling and safeguarding adults. One staff member said, "Gosh, we have had so much training. Every year we have the refresher [training]."
- Staff told us they had regular one to one supervision meetings with the registered manager, and that they found these helpful. Record were maintained of these meetings, which included discussions about people who used the service, working patterns, teamwork, training and record keeping.

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

- All the people using the service were able to eat and drink without support. One person required support to prepare meals, and the support required was detailed in their care plan. Staff told us they always asked the person what they wanted to eat and drink. One staff member said, "I say to [person] 'would you like cereal, or maybe a bit of toast, or yogurt and fruit?'."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to various health care professionals. However, the registered manager said this was done by people themselves or their family and the service was not routinely involved in arranging medical appointments. Staff were knowledgeable about what action to take in an emergency, and care plans included contact details of people's GP and next of kin, so they could be contacted if necessary.

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

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 this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- All of the people using the service at the time of inspection had the capacity to make decisions about their daily care. One person lacked the capacity to make big decisions, and they had a relative who had power of attorney for them. This relative had signed consent forms on behalf of the person to agree to the provision of care and other things such as sharing information with people. The other people had signed these same consent forms themselves.
- Staff understood the importance of supporting people to make choices and were able to explain how they did this. People confirmed they were able to make decisions about their care. One person said, "They ask me if I want my hair washed."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy, dignity and independence. They explained how they did this. One member of staff told us, "We encourage them to do as much as possible while they can. I will soap up the flannel and hand it to [person]. They will do what they can, and I will do the rest." Another staff member said, "I talk to them, to see if they are all right. [Person] does their face and front [washing] and I do their back."
- The provider had a confidentiality policy in place and staff understood they were not permitted to share information about people unless authorised to do so. During their interview with us as part of the inspection, one staff member checked to make sure it was OK for them to talk about people's needs with us. Confidential records were stored securely which helped to promote people's right to privacy.
- Staff had the key to one person's flat which they used to let themselves in. The registered manager told us this was necessary as the person was still in bed when the staff arrived, and added that the person, and their relative [who had power of attorney], were happy with the arrangement. However, this had not been recorded.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and that they were treated with respect. One person said, "Yes, I like them [staff], they are very friendly." Another person described the staff as, "Very good" and told us, "We have a chat, they have become family really."
- The service sought to meet needs related to equality and diversity. These were included as part of the initial assessment process and in care plans. One person who used the service attended religious services that were arranged by the provider at a care home that was situated next to the sheltered housing complex they lived in.
- The registered manager told us that none of the people using the service at the time of inspection had any specific needs related to their ethnicity or sexuality. However, they added that the service sought to provide person centred care and if anyone did have needs in these areas they would seek to meet them.

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

- People were able to express their views and be involved in decision making. They, and their relatives where appropriate, were involved in the initial assessment of their care needs and the subsequent development and review of care plans. People told us staff asked them what they wanted and what was important to them. This was reflected in care plans.
- People had signed their care plans, and consent forms to agree to the care they received in line with their

assessed needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people. These set out their needs and included information about how to meet them. They were detailed and based around the personalised needs of the individuals. Plans covered needs related to mobility, personal care, relationships, religion, medicines and eating and drinking.
- People had been involved in developing care plans so that they reflected what was important to them. People told us the registered manager met with them to discuss their needs, and records showed care plans had been signed by the person or their representative. Care plans were subject to monthly review. This meant they were able to reflect people's needs as they changed over time.

Meeting people's communication needs

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

- The registered manager told us all of the people using the service at the time of inspection were able to speak and understand spoken English and read written English. People we spoke with confirmed this. This meant the provider was able to give information to people in a way they could understand it.

Improving care quality in response to complaints or concerns

- Systems were in place for dealing with complaints. The provider had a complaints procedure in place. This included timescales for responding to any complaints received, and details of who people could complain to if they were not satisfied with the response from the service.
- People told us they had not had to make a complaint, but knew who they could complain to if necessary. One person said, "I think I would talk to [registered manager], but there never have been any problems." A relative said, "If there were any problems I could talk to the [registered] manager." The registered manager told us there had not been any complaints since our last inspection, and we found no evidence to contradict this.

End of life care and support

- The registered manager told us none of the people using the service at the time of inspection were in the end of life stages of care. However, care plans included information about people's wishes in the event of their death. The registered manager told us they were in the process of working with people and their GPs to implement 'Do Not Attempt Resuscitation' forms where this was in line with the person's wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted an open and positive culture at the service. The registered manager had an office within the sheltered housing complex which helped to make them accessible to people. People, relatives and staff all spoke positively about the registered manager and said they were accessible. One person said, "[Registered manager] comes round to see me sometimes." A member of staff told us, "It's a very good place to work. The [registered] manager knocks themselves out to ensure it is kept up to standard." They added, "Everyone [staff] is very helpful and will look out for you."
- To help achieve good outcomes for people, care was provided in a person-centred way. People were involved in developing and reviewing their care plans. This helped to ensure that they covered what was important to the person.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- People told us they had good relations with the registered manager and that there was effective communication. One person said, "They call every morning to see if we need anything." When things went wrong, for example, if an accident occurred, then this was reviewed by the registered manager. Records showed that accidents were reviewed and discussed with the person, and where appropriate, their family.
- The registered manager and staff undertook regular training. Some staff also had recognised care qualifications such as NVQs in health and social care. This continuous learning helped staff to gain relevant knowledge and skills to improve care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- There was a registered manager in place and the service had clear lines of accountability. Staff were aware of who they reported to, and who they could report to if they were unable to go directly to their line manager. Staff were provided with a job description, and there was a set of policies and procedures which helped staff to be clear about their role and the expectations of them.
- Various quality assurance systems were in place. These included audits of medicines and regular reviews of care plans and risk assessments. The nominated individual carried out monitoring visits. The registered manager said these were supposed to be every two to three months. We saw they were occurring at this frequency until June 2019, but there had not been any further visits since then. We discussed this with the registered manager who told us they would raise the issue with the nominated individual. The nominated

individual is responsible for supervising the management of the service on behalf of the provider.

- The registered manager was knowledgeable about their regulatory requirements. For example, they were aware of what issues they had a duty to notify the Care Quality Commission about, and the service operated within the conditions of registration imposed upon it by the regulator.
- The provider worked with other agencies to develop knowledge and share best practice. For example, they were affiliated to Skills for Care, and the registered manager attended a provider's forum run by the local authority.

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

- The provider engaged with people using the service to seek their views and get feedback from them. An annual survey was carried out of people and their relatives. The most recent was done in May 2019, completed surveys contained positive feedback.
- The registered manager carried out spot checks and observations at people's flats. This enabled them to check staff were working appropriately, and also to speak directly with people to see if they were happy with the care provided.
- People's equality characteristics were covered in their care plans. The provider had a set of policies which provided guidance about equality and diversity. We saw good practice in relation to employment with regard to equality and diversity, for example through the staff recruitment practices.