

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 

Overall summary

This unannounced inspection took place on 20 August 2015. The service was last inspected on 30 May 2014 and was meeting all regulations inspected.

Homesdale Domiciliary Care Agency is registered to provide personal care to people living in their own home. At the time of the inspection there were eight people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are “registered persons”. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

We found that people were satisfied with care and support provided by the service. People told us they felt safe because staff were there when they needed them. They said staff advised them and ensured that they lived in a secure and safe place. Relatives felt confident that staff responded to people's needs promptly and ensured they lived in a safe place.

Staff were knowledgeable about safeguarding and had attended a range of training programmes including the mental capacity act 2005 (MCA). The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care. We also noted that the service had a staff recruitment system which ensured that all new staff were appropriately checked before they started work. This meant people were supported by staff who had been checked regarding their knowledge, skill, experience and suitability of delivering quality care.

Each person had a care plan which was personalised and based on their assessed needs. We noted the care plans were regularly reviewed and updated with the involvement of most people and their representatives. Staff had good knowledge of the needs of each person and the procedures they should follow to deliver care and support they needed. There were suitable arrangements in place to ensure that staff rotas were covered and people were visited as recorded in their care plans.

People and their relatives told us staff were kind, friendly and caring. They said staff arrived on time and completed tasks before leaving. People told us staff undertook tasks such as making drinks and housework, when they asked them. They told us staff ensured their privacy and dignity. This was confirmed by staff who described the importance of treating people with respect and dignity by making sure that people were given opportunities to choose how and when they should be supported. We noted that people were encouraged to be as independent as possible by, for example, going to places on their own and taking their medicines. These were all based on the risk assessment of each person.

People and their relatives told us they knew how to make a complaint if they were not happy about any aspect of the service. They said they would speak to staff if they had a concern. The service had a complaints' procedure with information about how people could make a complaint. Staff knew about the complaints procedure. This ensured that people's concerns were managed appropriately by the service.

There was a clear management structure in place and staff knew their roles. The registered manager carried out regular audits and checks of the quality of the service and ensured that appropriate improvements were made as required.

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 told us staff were present when they needed assistance. Relatives said staff attended to people without delay when they raised the alarm or when they called for assistance.

Staff had knowledge about safeguarding. They told us what safeguarding meant and the action they would take to manage a safeguarding concern. This showed people were supported by staff who knew the different types of abuse and the action needed to be taken to ensure people were protected from abuse.

The service had a recruitment system which ensured that new staff were checked and were fit to provide care and support people needed. This showed people were supported by staff who were appropriately vetted.

Good



Is the service effective?

The service was effective. Staff sought consent from people, in line with the requirements of the Mental Capacity Act 2005 (MCA), before providing care and support. The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment.

Staff told us they had support and supervision from their managers. They told us they could seek and receive advice and support when they needed it and that staff had various training opportunities related to their roles. This showed staff were well supported to do their jobs effectively.

People had access to medical care. Staff supported people to make and attend healthcare appointments.

Good



Is the service caring?

The service was caring. People and their relatives told us staff were kind, caring and were able to form positive relationships with people. Relatives told us staff listened to their loved ones and asked them if there was anything that needed doing.

People told us staff respected their privacy. They told us that staff knocked on the doors before entering their flats. Staff described how they respected people's privacy and dignity by giving them a choice of how and when to be supported.

Good



Is the service responsive?

The service was responsive. Each person had a care plan which was based on their assessed needs. We noted the care plans were regularly reviewed, updated and people were involved. This showed people received care that was appropriate to their needs.

People had a range of activities available to them. Some people went out to the community independently while others participated in activities provided by the service.

The service had a complaints procedure and people knew how to make a complaint if they had a concern.

Good



Summary of findings

Is the service well-led?

People and their relatives were positive about the management of the service. They told us that the service was well-led and the manager was approachable.

There were clear lines of accountability understood by staff. Staff knew their roles. This showed that staff had good guidance about their roles and were able to complete tasks assigned to them.

The registered manager ensured that requirements of the service's registration with the Care Quality Commission were fulfilled, including submitting a provider information return (PIR) when requested and notifications of serious incidents and accidents.

Good



Homesdale Domiciliary Care Agency

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 gave the provider one day's notice of this inspection because the location provided a domiciliary care service. We visited the location on 20 August 2015 and spoke with some people on the phone on 21 August 2015. The inspection was conducted by one adult social care

inspector and one 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.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR 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. The PIR also provides data about the organisation and service.

During the inspection we spoke with four people using the service, three relatives, two staff and the registered manager. We reviewed five people's care files, three staff files and other records such as the staff rotas, and the provider's policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe using the service. One person said they felt safe "because they knew people were around" if they needed assistance. Another person said they felt safe "because staff came quickly when they [needed assistance and] phoned them". People told us staff advised them to make their home secure. One person said they kept their windows shut at night and used a fan as their room was on the ground floor. They said this made them feel safe at night.

Relatives told us they felt people were safe. One relative said, "I feel [the person using the service] is in one of the safest places in the area." Another relative told us that they felt confident about the safety of people because staff responded promptly when they required support or when an emergency alarm was activated.

Staff had knowledge about adult safeguarding and how to raise alerts if there was a concern of abuse. Staff told us, and training records confirmed that staff had attended training on adult safeguarding. When we asked them their understanding of adult safeguarding, they listed the different forms of abuse such as financial, sexual, emotional and physical, and explained how to record and report any incidents of abuse. We noted that staff had read the provider's whistle blowing policy and knew who to contact if they needed to report a concern about the safety of people or quality of the service.

We noted staff did food and toiletries shopping for some people. We asked one person about shopping and were informed that they wrote their own shopping list and gave money to staff to buy them the items. They told us staff brought back the items with the receipts and the change. Staff confirmed this and we saw that records of the dates

and the items bought together with amount of money received from the person, change given and the receipts were kept. This showed that there was an accounting system in place for all the financial transactions staff carried out on behalf of people.

People and relatives told us the service had enough staff. One person said staff arrived on time and completed tasks before leaving. A relative told us staff were available to provide care on time and people could "ring for the warden during certain hours". They told us, "Staff always respond really well [when people called or needed them.]" We looked at the staff rota and noted that staff were assigned to support people according to their care plans. The staff rota showed that staff were given breaks between the visits they made to people and they recorded the tasks they had undertaken. This ensured the support people needed were attended to by staff.

The service had a staff recruitment system which ensured that all new staff were appropriately checked before they started work. Staff files contained completed job application forms, evidence of checks and written references that new staff submitted as part of the staff recruitment process. The registered manager and records showed that gaps in employment were checked and a probationary period was set for new staff before they were confirmed into permanent post. This showed staff were vetted.

Each person using the service had a risk assessment. People's files contained detailed risk assessments which identified possible risks to people and guidance for staff regarding what they needed to do to manage the risks. We noted that the risk assessments were reviewed and updated monthly and there was evidence showing people were involved and agreed to the risk assessments.

Is the service effective?

Our findings

The registered manager and staff demonstrated they had good understanding of the Mental Capacity Act 2005 (MCA). The MCA is a law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived. The registered manager told us staff had attended training on MCA. This was confirmed by staff and the training records we checked.

People and relatives told us staff were knowledgeable and had the skills needed to support people. A person said, "They [staff] know exactly what they're doing." Another person told us, "I would rate them off the scale. I'm just so impressed with the staff." A relative said that they believed staff had appropriate training and skills to meet people's needs.

Staff told us they had "loads of training" relevant to their roles. We reviewed staff files and the staff training matrix and noted details of training courses the staff had completed. The registered manager told us she kept training records to enable her plan refresher courses to update staff skills and knowledge. The training courses staff attended included moving and handling, health and safety, adult safeguarding and DoLS. We noted that the service had an induction programme in place for new staff. The registered manager said although the service had not recently recruited a new member of staff, the induction programme would be used in future to enable new staff to have understanding and knowledge about the service's policies and procedures.

Staff told us they had regular one-to-one supervision with management. The registered manager said staff had

supervision once every two months and annual appraisals. This was confirmed in the staff files. This showed that staff had the opportunity to discuss their work and training needs with management.

People told us that they could choose and decide how to be supported. Staff gained people's consent before undertaking care tasks. For example, staff told us they asked people how they would like to be supported with personal care and ensured they respected their choice. One member of staff said, "People can choose and we have to respect it." We saw that staff obtained consent, for example, when administering medicine. One person told us they had to sign to confirm they consented to take their medicine

People told us they chose their food and drink. One person said that they wrote their own shopping list and gave it to staff to go to the supermarket to get them what they wanted. During the inspection one member of staff showed us a shopping list and money for one person which they took to a supermarket and bought food items. We also looked at three records which showed that people developed their shopping list for food and drink. We noted that some people decided to have their meals prepared for them.

People told us they had regular healthcare appointments. One person told us they attended their GP appointment independently. They said they were confident staff could help them if they needed assistance with attending or making healthcare appointments. Staff told us they took people to hospital appointments whenever needed. Care files showed that staff supported people to attend various healthcare appointments. We noted that each person was registered with their own GP and were seen regularly by opticians, dentists and chiropodists. This showed people were supported to receive appropriate and timely healthcare.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "They [staff] look after me very well." Another person said, "Staff are wonderful. If I ask for a drink, they make it for me. Staff are pleasant and helpful." A relative told us, "Staff are always checking what they can do for mum." Another relative told us that staff rang them if they were worried about the person and this showed that they were caring.

People told us staff arrived and left on time. They said staff "chatted" with them and made sure that "everything was all right" before they left. Relatives told us staff listened to their loved ones and asked them if there was anything that needed doing. We observed that staff stopped and talked to people sitting in the lounge area when going past them. We saw that there was a friendly and relaxed interaction between people and staff.

People told us staff knew their needs because they had been visiting them for many years. The registered manager said that staff were assigned to support the same person most of the time to ensure continuity and consistency of care. The staff rota showed that each member of staff was allocated to support the same person most of the time. We also noted that there was a key working system in place. A

key working system ensured that a member of staff had a key role in making sure that the person they were keyworker for received appropriate care and support as specified in their care plan.

Discussion with people and care plans showed that staff encouraged people to be as independent as possible. For example, one person told us they went out to the community and for walks independently. The care plans were detailed and contained information about people's likes and dislikes. There was guidance for staff on how to conduct themselves and treat people with respect and dignity. We noted that the care plans were regularly reviewed and daily records of the care provided were kept. These ensured that the service people received or did not receive were recorded and followed up by the service.

People told us staff respected their privacy. One person said staff knocked on the door before entering their flats. Staff also described how they respected people's privacy and dignity. One staff member said they always knocked on the door and waited for permission to enter. During the inspection we observed one member of staff knocking on the door and calling out before entering the accommodation. A relative said staff always knocked on the door and never entered [my relative's] accommodation without permission. They told us people's privacy was respected.

Is the service responsive?

Our findings

People told us staff supported them with a wide range of activities. One person said that they could “have very good social life if I want it”. They said the service had “a programme of all kinds of things” which they could “go to most of them to be social”. People described the range of activities which were available and they attended. These included planned trips out to various places, attendance at religious services, coffee mornings, musical exercises, pub lunch, and board game evenings. However, one person said they could be “quite lonely” at times. We discussed this with staff and were informed that they encouraged people to take part in the activities and make use of the activities provided and social events available within the community. For example, a relative and staff informed us that people were supported to attend a day centre.

The service had a person centred planning system in place which gave guidance to staff on how to deliver personalised care. Staff were knowledgeable about how to deliver personalised care and described how it was enabling a person to receive their care how they wanted and not imposing their own ways on people. Each care plan was specific to a person and reflected their assessed needs and guidance for staff on how to meet them. This ensured that the care and support provided was appropriate to people’s needs.

People and their relatives told us they were involved in the review of their care plans. One person said staff explained to them about their care plans and they knew when they would come and what tasks they were expected to do for them. A relative told us that they had been involved in the care plans. However, one person said they were not involved in the review of their care plans. We discussed this with the registered manager and were informed that they would make sure people and their relatives were involved in the review of care plans.

One person told us they did not have a copy of their care plan. The registered manager said the service did not give copies of care plans to people to keep with them at their homes. However, she said, she would ensure that staff discuss this with people and their representatives and provide them with copies of the care plans

People told us they knew how to make a complaint if they were not happy about any aspect of the service. One person said they would “speak to the warden or the manager” if they had a concern. Staff were knowledgeable about the complaints policy and were able to describe the actions they would take if a person or their representative approached them with a complaint. There was a comprehensive complaints policy which gave clear guidance and timescales to people and staff on how to make a complaint and how deal with people’s concerns.

Is the service well-led?

Our findings

People and their relatives were positive about the management of the service. One person told us that the service was run well and they “would never be worried about asking [the manager] anything. Another person told us, “If I had questions, [the registered manager] would sort it out. However, one person said they did not know who the manager was but all staff were “very good” and “listened” to them. A relative told us, “I find [the registered manager] professional and approachable”. Another relative told us that the service was complex and well managed.

We noted that staff knew their roles and what they were required to do to meet people's needs. New staff had comprehensive induction and support from senior staff so they were clear about their roles. The service had a clear management structure with clear responsibilities for the provider, registered manager, and senior staff. The day to day planning of staff tasks was carried out by a senior care worker who was supervised and supported by the registered manager. This was because the registered manager was also registered to manage another care home. The offices of the care home and this service were in the same building which meant that the registered manager could be in both offices daily when and as needed. This ensured that people and staff had access to the registered manager and that the registered manager was present in person to deal with day-to-day management tasks.

The registered manager carried out audits of the quality of the service and made improvements as required. Records showed that regular and detailed weekly checks of fire alarms, emergency lights, quarterly and annual fire system service, portable electrical appliance tests, quarterly passenger lift services, gas boiler checks and monthly audits of incidents and accidents had been carried out by the registered manager and staff. We noted that the registered manager spent time interacting with people, relatives and staff. This ensured that the registered manager was available to see and hear how care was provided and what people thought about the quality of the service.

The registered manager ensured that requirements of the service's registration with the Care Quality Commission were fulfilled, including submitting a PIR when requested and notifications of serious incidents and accidents.

The registered manager ensured that the service was part of their local community and people who had capacity were able to access local amenities. We noted people attended places of worship, went to shops and a day centre. People kept contact with their relatives by telephone and most people were visited by friends and relatives. Relatives told us they were happy with the way staff communicated and treated them when they rang or visited the service.