Homecarers (Liverpool) Limited

Homecarers Liverpool Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was announced and took place on the 6, 7 and 10 October 2016.

Homecarers Liverpool Ltd provides a domiciliary care service to people living in their own home. The service operates throughout Liverpool. At the time of the inspection there were 649 people using the service.

There was a manager in post who had been registered with the CQC since December 2010. 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.

The last inspection was carried out in December 2013, during which the registered provider was found to be meeting the standards inspected against.

During the inspection we found examples which demonstrated that good care was being provided to people. However we also found several areas where improvement was needed.

Information within people's care records was not personalised. Information was task-led and did not contain details around their strengths, likes, dislikes or preferred daily routines. Where information was provided, this did not go into sufficient detail. For example one person's record stated that they had a diagnosis of Schizophrenia and were alcohol dependent, however there was no detail regarding the severity of this or what impact these conditions had upon them. We raised this with the registered manager who was already in the process of re-writing people's care records to address this issue.

There were audit systems in place; however these were not always robust or effective. Medication audits had failed to identify and address where medication administration records (MARs) had not been appropriately signed by staff. Audits of care records had failed to identify poor risk assessing, the lack of sufficient depth and personalised detail to the information provided. There was no audit of accidents and incidents for people using the service, which meant that trends could not always be identified and would impact upon the ability of the organisation to take appropriate action. We raised these issues with the registered manager who started to rectify these areas immediately during the inspection.

You can see what action we told the provider to take at the back of the full version of the report.

We have made a recommendation around risk assessments. People's care records contained generic risk assessments which looked at the risk to people and staff regarding moving and handling tasks, and the environment. These were not personalised, and did not consider all the risks associated with people's needs. Other factors, for example the risk of developing pressure sores, or supporting people to manage their diabetes had not been assessed.

Staff had received training in the safe administration of medicines, and had been assessed as competent in this subject. People confirmed that they received they received appropriate support with taking their medicines. However medication administration records (MARs) were not always being appropriately signed by staff to show that medicines had been given to people. We raised these issues with the registered manager who told us she would raise this issue with staff.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people and were aware of how and when to report their concerns. There was a whistleblowing policy in place which staff were aware of.

There were sufficient numbers of staff in place to meet people's needs, and recruitment processes were robust enough to ensure that they were of suitable character. Staff had been required to provide two references including one from their most recent employer, and had also been subject to a check by the disclosure and barring service (DBS).

Staff had received the training needed to carry out their role. They had completed training in subjects including the Mental Capacity Act 2005 (MCA), moving and handling, dementia awareness and first aid. Refresher courses had also been completed to ensure that their knowledge remained up-to-date.

People's rights and liberties were protected by staff who understood their role in relation to the MCA. People told us that they were given the freedom to choose and that staff were guided by them and followed their preferred routine.

People told us that staff were kind, caring and friendly. People spoke highly of staff who attended them regularly, telling us that they had developed positive relationships with them. However they also told us that they were sometimes supported by staff who they did not know. Despite this people commented that all staff were friendly.

People felt that their dignity and respect was maintained by staff. They told us staff were respectful of their homes and tidied up after themselves. They also commented that they felt at ease with staff supporting them to attend to their personal care needs.

The registered provider had a complaints process in place for people who wanted to raise a concern. People told us that they would be comfortable raising any concerns with the office if they needed to. The registered manager kept a record of complaints. These records showed that responses were timely and appropriate. This demonstrated that people's concerns were taken seriously.

The registered provider had good links with the community. They had made charitable donations to organisations that aimed to reduce social isolation amongst older people over the Christmas period, and were also engaging with the local college to promote apprenticeships in adult social care within Merseyside.

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.

Risk assessments did not provide sufficient levels of detail around the management of risks associated with people's needs.

Medication administration records (MARs) were not always signed as required by staff to show that medicines had been given.

Staff had received training in safeguarding vulnerable people and were aware of how and when to report any concerns they may have.

Is the service effective?

Good

The service was effective.

People's rights and liberties were protected in line with the Mental Capacity Act 2005. Staff were aware of their roles and responsibilities in relation to the Act and people confirmed they were given the freedom to make their own decisions.

Staff had received the training they needed to carry out their role effectively. There was an induction process in place for new staff which ensured they had the knowledge and skills necessary.

Is the service caring?

Good

The service was caring.

People spoke positively about staff conduct and the relationships they had developed with their regular carers.

People told us that staff were respectful and helped to maintain their dignity during personal care tasks.

People had been involved in the development of their care needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records were not personalised and did not contain sufficient levels of detail about people's needs and how they impacted upon their day-to-day lives.

There was a complaints process in place which people told us they knew how to use and felt comfortable doing so.

Important developments regarding people's care needs were documented in people's daily notes and shared with staff before they attended to people's needs.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a registered manager in post within the service.

Audit systems were not robust enough to identify issues within the service, which impacted upon the ability of the registered provider to make improvements.

The registered provider had good links with the community, and had contributed to organisations aimed at having a positive impact on older people.

Homecarers Liverpool Limited

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.

The inspection was announced and took place on the 6, 7 and 10 October 2016. The provider was given a short period of notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was completed by two adult social care inspectors and two experts 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. One expert had experience of caring for someone living with Dementia, whilst the other had experience of living with a physical disability.

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. We reviewed this information prior to the inspection taking place.

Before the inspection we contacted the local authority who did not raise any concerns about the service.

During the inspection we spoke with 36 people altogether, we visited four people in their own homes, and spoke with 11 people's relatives. We looked at the care records for 17 people. We spoke with the registered manager, registered provider and 10 other members of staff. We tried to contact an additional three members of staff, however we were not able to get hold of them. We looked at the recruitment records for fourteen members of staff. We also looked at other records regarding the day-to-day management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe with staff. Their comments included, "I never feel anything but safe when staff are there to help me" and "I'm really not very keen on using the stand aid but my carers really know what they are doing around this piece of equipment and because I have confidence in them, I then feel safe to use it". People's relatives also told us they felt their family members were safe with staff. Their comments included, "Staff know how to use the hoist. They're always careful and [my relative] tells me they feel safe" and "Carer's always take care to make [my relative] feel safe". Although these comments were positive we found some aspects of the service that did not always promote people's safety.

Generic risk assessments were completed which included information about people's moving and handling needs, and any risks associated with the environment. However these risk assessments did not always identify specific risks associated with people's needs. For example two people's care records stated that they were Diabetic, however there was no information regarding how this should be managed, or what symptoms they may display if their blood sugars became too high or too low. People's care records did not contain details about the risks associated with their skin integrity. For example one person's family member told us that their relative had a history of pressure ulcers, however this information was not contained in their care record. We followed this up with the individuals who confirmed that staff checked their pressure areas daily, and some people commented that staff had identified and prevented their pressure areas from deteriorating. Staff demonstrated a good understanding of how to prevent pressure areas from occurring.

We raised the issues regarding risk assessments with the registered manager. During the inspection we saw evidence that they were in the process of reviewing people's care records, including their risk assessments, to make improvements.

We recommend that the registered provider seek advice and guidance from a reputable source regarding best practice in relation to effective risk management.

Staff had received training in the safe management of medicines, and their competency had been assessed. There were medication administration records (MARs) in place which staff were required to sign to show that medicines had been given to people. We looked at seventeen people's MARs and found that seven of these had not been consistently signed or completed by staff. In one example staff had used a code ('o') to indicate that 'other' action had been taken, however it was not documented what this action was. In another example an 'x' had been used to sign the MAR, but it was not documented what this meant. This meant that it was unclear whether people had been given their medicines as prescribed. People we spoke with confirmed that staff gave them their medicines as required. We raised this with the registered manager who told us that they would speak with staff about the importance of keeping records up-to-date.

Action had been taken to ensure people's safety following an accident or incident. Safeguarding concerns had been reported to the local authority as required, and where people had fallen or been admitted into hospital a review of their care had taken place to ensure that the current care package was suitable. For example records showed that one person had exhibited signs of increased aggression towards staff. In

response to this two staff were put in place to help with managing this behaviour. This demonstrated that efforts were being made to maintain the safety of staff and people using the service.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people and were aware of the signs that indicate people may be being abused. They were aware of how to report any concerns they may have to management or to the local authority. The registered provider had a whistleblowing policy in place which staff were aware of. Whistleblowing is where staff can raise concerns inside or outside the organisation without fear of reprisals.

We looked at the recruitment records for 14 members of staff and found that appropriate checks had been completed prior to their employment. New staff had been required to provide two references, one of which was from their most recent employer. A check was also carried out by the DBS. Where staff had been unable to provide a reference from their most recent employer or had a previous criminal conviction, a risk assessment had been completed to determine whether they were suitable. The decision making process had been clearly documented by the registered provider.

There were sufficient numbers of staff to meet the needs of people using the service. People commented that sometimes staff were late to their calls, however the majority of people told us they did not feel that this impacted negatively upon them. There was a time management system in place to monitor when staff turned up, and to ensure that they stayed the allotted amount of time. People commented that staff stayed the correct length of time.

Staff had received training in infection control and demonstrated an awareness of preventing the spread of infection. People had personal protective equipment (PPE) such as gloves and aprons in their homes. A newsletter to people using the service prompted them to contact the office if they were running low on PPE so that more could be provided. People commented that staff used PPE appropriately whilst helping them with their personal care. This helped to minimise the risk of infections being spread.

Good

Is the service effective?

Our findings

People told us that staff were skilled and good at their jobs. Their comments included, "In light of what I need help with, I think their training is very good. I've certainly never had any problems with any of them", "The carers really seem to know they're doing", "Staff are professional" and "The really do a proper job when they're showering me". People's relatives also commented positively, for example, "[Name of staff] always provides a good level of care" and "The regular carer does an excellent job for [my relative]".

Staff were required to complete an induction when starting with the service. During this period they shadowed experienced members of staff and completed training in areas that included safeguarding, moving and handling, dementia awareness and first aid. The induction process was in line with the outcomes set by the care certificate. The care certificate is a nationally recognised set of standards that health and social care staff are required to meet.

Refresher training was provided to staff to help ensure that staff skills and knowledge remained up-to-date, and that they had the skills and knowledge to carry out their roles effectively. Staff were also supported to complete nationally recognised qualifications to help advance their knowledge and skills. This helped ensured that staff knowledge and skills remained up-to-date and in line with best practice.

Staff received regular supervision and appraisals. These allowed an opportunity to discuss training needs or any performance related issues. For new staff this provided an opportunity to look at their progress in settling into the job and to discuss any areas of development. Where there were disciplinary procedures in place, this gave staff and management a chance to discuss progress with resolving issues. Supervision ensured that staff remained accountable for their actions as well as learning and development opportunities.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In community settings deprivations are authorised by the Court of Protection (CoP). At the time of the inspection there was no one subject to an authorisation by the CoP. However the registered manager and the registered provider had a good understanding of those situations where an authorisation would be required.

Staff had completed training in the MCA and were aware of their roles and responsibilities in relation to this. Staff spoke about allowing people the freedom to make their own choices, and people confirmed that their freedom to do so was not restricted. For example people told us that staff were guided by them when they selected what to eat or drink during meal times, or what clothes to wear when getting dressed in the

morning. Care records also contained consent forms which had been signed by people to show that they consented to information being held about them. Where people did not have capacity to make this decision, these had been signed on their behalf by people with legal authority to do so.

Staff had received training in food safety and people told us that they received the support they needed during meal times. Their comments included, "Staff always ask me what I would like and what choices I have from in the fridge and the cupboard", "If they make me a sandwich for lunch they always wrap it in cling film so that it stays fresh" and "My carer makes sure I have a cold drink for through the night". This helped ensure that people were protected from the risk of malnutrition and dehydration.

People had been supported to access input from health and social care professionals where they needed help to do so. For example, people with increasing levels of need had been referred to their GP, the occupational therapist or the local authority for additional support. This helped ensure people health and wellbeing was maintained.

Good

Is the service caring?

Our findings

People all told us that they found staff to be kind and caring. Their comments included, "I think all the carers are very kind. They always start off by saying hello, and asking if I'm alright, and if I would like a cup of tea. That really sets the day up nicely for me", "The carers are kind and patient" and "They are good carers. We look forward to them coming". People's relatives also told us that staff were respectful towards them.

Most people told us that they had staff who they had built up good relationships with, whilst some told us that they did not consistently have the same staff. People commented that all staff were friendly, and conducted themselves professionally. Some of their comments included, "I don't always get the same carers, but saying that they're all friendly and nice people", "Most of the time I have regular carers, but sometimes at the weekend or if there's holidays I can have different carers", "All the carers are lovely", "We have a laugh, I look forward to them coming, it makes my day" and "The carers are fantastic, they're like my own girls". We fed these comments back to management who confirmed that sometimes due to sickness and annual leave it was difficult to ensure people had the same staff all of the time.

People told us that at times staff went above and beyond their normal role. Some people commented that staff would bring them extra items when shopping such as milk or bread, whilst one person's relative told us that staff sometimes spent time doing their family member's hair and nails. This helped to promote this person's wellbeing and showed kindness and compassion on the behalf of staff.

People told us that staff were respectful and maintained their dignity. Their comments included, "I'm house proud and when they leave everything is done just the same. They always take their shoes off when they come in", "If they make me a sandwich, they always leave the kitchen nice and tidy" and "Staff are brilliant, kind and respectful". People told us that they were comfortable with staff attending to their personal care needs. Staff spoke positively about the people they supported and gave appropriate examples about how they would maintain people's dignity, for instance ensuring that they remained covered, or letting them retain as much independence as possible.

Staff made efforts to prevent people becoming distressed and uncomfortable. People commented that staff helped them to relax when using equipment such as a hoist, if they became anxious. One person also commented that staff were vigilant in looking for marks or sores on their skin, and had recently alerted them and family to a red mark that had developed so that it could be monitored. Another person commented, "Staff are always gentle, and are mindful of the ulcer on my leg".

People commented that if they did not feel comfortable with a particular member of staff, efforts were made by office staff to ensure they received support from someone else. One person told us, "Sometimes you just don't feel comfortable with someone. They've done nothing wrong but that relationship isn't there". This helped to ensure people remained comfortable with the care they were receiving.

People had been involved in the development of their care records. People told us that they had been involved in discussions around their needs which had formed the basis for their care records. People also

told us that staff respected their routines and did things the way they wanted them to be done. One person commented that their wish to have their care delivered by female carers had been respected.

The registered manager was familiar with the local advocacy service and knew when it would be appropriate to refer people for support from an advocate. An advocate provides independent support to people to ensure their voice is heard where decisions need to be made about their care.

A record of those people who required a 'do not attempt resuscitation' (DNACPR) order was in place. Staff knew where the form authorising this was kept so that it could be given to paramedics in the event of an emergency. This ensured that people's end of life wishes could be respected.

Requires Improvement

Is the service responsive?

Our findings

People told us that a majority of the time staff knew what support they required and did a good job of providing this support. Their comments included, "I really like the fact that my regular carers know what they are doing and know how I like things done" and "The regular carers have been coming so long that they just know what to do and get on with it and I am very happy with that". However people also commented that they did not always have regular staff which impacted upon the delivery of the care. One person's relative commented, "When the main carer is off, my relative can have up to eight different staff over five days. When this happens, nothing goes to plan", whilst another person commented "Sometimes it does wear me out having to explain over and over again to different carers how it is I like things to be done".

We looked at the care records for 17 people and found that these were not person-centred. The information contained within these was task-led and did not contain information on people's strengths, personal histories, likes, dislikes or preferred daily routines.

Care records contained a timetable which outlined tasks that needed to be completed by staff. There was also information around people's physical and mental health needs. However the information provided did not go into sufficient depth for staff to be able to offer individualised and person centred support. For example, one person's care record stated that they had schizophrenia and were alcohol dependent but there was no additional information to show what impact these factors had upon the person. In another example one person's care record stated that they had dementia, but there was no indication of what stage this was at or how this impacted upon them. It is important that this information is available so that staff know what level of support they need to provide to people.

We followed up on these issues with people who commented that a majority of staff knew how to support them. However they also told us that when unfamiliar staff attended to them, they did not always demonstrate a good knowledge of their care and needed guidance. This meant that those people who could not communicate their needs and wishes were at risk of having inappropriate care delivered. For example one family member told us that non-regular staff were not always aware that their relative was living with dementia. The family member had seen staff trying to prompt their relative to take their own medication, putting all the tablets in their hand, rather than giving them one by one and giving clear instruction. We raised this with the registered manager and registered provider who acknowledged that care records were not up-to-standard. As a result of this, they had already invested in a new care planning system and were in the process of redoing people's care records.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because personalised care was not always delivered to people using the service.

People's care needs had been reviewed. People initially received a six week review when they first started using the service, followed by a six monthly review, and then an annual review. In addition reviews were also completed in response to changes in people's needs, for example poor physical or mental health or following a hospital admission. People confirmed that reviews were being completed and that they were

having the opportunity to discuss their care.

Daily notes were being completed by staff which outlined what tasks had been completed, and any issues or developments that had occurred. Any important information was also fed back to office so that this could be reported to the local authority or other professionals as required.

People commented that the carers helped them to feel less isolated. One person commented, "I love the carers coming to see me. We always have a laugh and a chat" whilst another person told us, "The carers I have are all lovely and they always make time to have a chat with me before they go. They never mind doing any extra jobs and as I live on my own". The registered provider also engaged and contributed to schemes within Liverpool which aimed to reduce social isolation amongst older people. We have reported further on this under 'well led'.

The registered provider had a complaints policy in place which outlined what people should do if they had any concerns. People we spoke with were not always familiar with the policy, but told us that they would feel confident reporting any concerns to the office. A record of complaints was maintained by the registered provider which clearly outlined what concerns had been raised and what action had been taken to remedy this. The complaints record showed that people's concerns were dealt with appropriately and in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post within the service who had been registered with the CQC since December 2010. Staff spoke positively about the registered manager telling us that they felt well supported by her, and other managers within the service. People we spoke to did not always know the registered manager due to the size of the organisation, however they did know who to contact if they had any issues.

There were audit processes in place however these were not always effective or robust. For instance medication audits had failed to identify where staff had not been signing the MARs appropriately, and in two examples staff had been using codes, but without any explanation of what these meant. Audits of people's care records had failed to identify a lack of sufficient information regarding their care needs, insufficient information around risk assessments and a lack of personalised information.

An audit of accidents and incidents for people using the service had not been completed. This meant that the registered provider may not be able to pick up on trends amongst the people they were supporting, and therefore may not always be able to identify where an increased level of support was needed. However we did find examples where appropriate action had been taken to ensure the care provided was sufficient to meet people's needs following an incident. We raised our concerns with the registered manager and the registered provider who immediately started to collate this information so that these audits could be carried out.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because quality monitoring systems were not robust.

Monitoring calls were carried out by supervisors on staff during people's visits to ensure that their conduct was professional and that they were doing their job to a good standard. This also included a check on how staff administered people's medicines and whether this was being done correctly. Where any issues were identified these were addressed with the staff member and reported back to their line manager. Between January and September 2016, 70 staff had received a monitoring visit.

The registered provider had recently commissioned an external contractor to carry out an audit, and assess whether they would be compliant with the CQC's regulations, in the event of a CQC inspection. A number of actions had been identified and the registered manager and registered provider had been proactive in putting an action plan in place. For example it had been identified that care records needed to be more personalised. The registered provider was in the process of rewriting people's care records to improve them.

The registered provider held regular meetings with the registered manager and other managers within the service to discuss safeguarding concerns, staffing levels, complaints and the results from monitoring visits. The most recent meeting had discussed concerns relating to the external contractor's audit so that management were aware of the issues and what improvements needed to be made. These meetings ensured that appropriate action was being taken in response to each of the areas looked at.

The registered provider worked with staff to try and improve their work-life balance. A number of staff had recently taken part in a wellbeing course aimed at trying to reduce levels of stress at work and at home. We spoke to one member of staff who had taken part in this who told us it had been a positive experience. Staff commented that they found their line managers, registered manager and registered provider to be very supportive in helping them during times of illness, or in adapting their work-life to meet child care commitments. New staff also told us that they felt that they had received the support they needed to become competent within their role.

There was a staff handbook in place which outlined the registered provider's vision and values. Staff had a good understanding of these values, telling us that they worked to promote people's independence, dignity and wellbeing. Those people we spoke with confirmed that their overall experience of staff was positive.

An annual survey had been completed in August 2016 to establish people's satisfaction with the service. This identified that a majority felt that the service was 'good', with a minority feeling the service was 'average'. Where specific concerns had been raised within the survey, these were being dealt with by the line manager for that area to try and make improvements. The registered provider was in the process of developing an action plan to make improvements where possible.

The registered provider had good links with the community. They had made financial contributions to schemes within Liverpool aimed at reducing social isolation amongst older people over the Christmas period. They were also engaging with Skills for Care and Liverpool City Community College to try and develop health and social care apprenticeships within Merseyside. The registered provider also sat on the Health and Social Care champion board and acted as a liaison between its members and Liverpool City Council.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person must ensure that care is provided in a personalised way.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person must ensure that adequate systems are in place to monitor the quality of the service being provided.