

Premium Touch Ltd

# Home Care Preferred Exeter

## 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

Homecare Preferred is a domiciliary care agency providing and support to people in their own homes. At the time of the inspection they were providing care and support to 33 people in and around Newton Abbott area.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were positive about their experience of using Homecare Preferred. People said they were responsive to their needs, were kind and caring and understood individuals needs. One person commented, "The Carers will often pick up something on the way to me if I need them to. They are very kind and seem to understand me. They certainly now get my dry sense of humour as I enjoy some banter." Several people also commented on how responsive the carers were on ensuring healthcare needs were being met. One person told us "They (Carers) know I suffer with COPD and one day they said they were really not happy with my breathing and called the GP who called out a Paramedic for me. I probably wouldn't have, so I appreciate that."

People confirmed they felt safe and well cared for. Several people talked about how staff went the extra mile and did additional things to help. One person for example, said, "They are always asking if there is anything else they can do to make me more comfortable. I have never been so well looked after."

Relatives said the service was supportive and communicated well with them. People and relatives said they were aware of how to make any concerns known, that there was good communication from both the visiting care staff and the office staff. Some relatives were particularly impressed with the flexible and responsive approach the service took in providing care and support to their loved ones. One said, "The Carers do whatever they can to make things easier for us both. Two of them got hold of the hospital transport number when Mum had an appointment for a check-up and then one of them went with her. They were there six hours. I couldn't have done that."

Individuals needs were fully assessed prior to a service starting so that risks and preferred routines were included as part of their overall care plan. Environmental risk assessments were also completed to ensure staff could deliver support in a safe environment.

People were supported to take their medicines safely and where needed support was given to help people maintain good nutrition and hydration. Again, people praised the flexible approach cared staff took. We heard one example of where a care staff bought fish and chips and ate with the person to encourage them to eat.

There was sufficient staff with the right skills and support to meet the needs of the people the service currently supports. Staff recruitment was robust, and staff undertook an induction process of training and shadowing more experienced staff until they were confident to do the role themselves. Staff confirmed they were supported to do their job safely and effectively. One said, "I feel the Agency is very professional, induction and training was external and very in depth, unlike some. We email regularly regarding changes, medicines, safeguarding etc and records are updated quickly."

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 practice.

Systems and processes were in place to review the quality of care and support provided. This included seeking the view of people using the service as well as the staff team. Staff said they felt valued and their views were listened to. Staff and people spoke highly about the open and inclusive approach the registered manager and senior team took.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection- This service was registered with us on 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the fact the service had been registered for over 12 months and had not yet been rated.

You can see what action we have asked the provider to take at the end of this full report.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Home Care Preferred Exeter

## 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 completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 short 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.

Inspection activity started on 10 November 2021 and ended on 22 November 2021. We visited the office location on 10 November 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 inspected the service and made the judgements in this report.

We reviewed information we had received about the service since they had registered with us. We sought feedback from the local authority and professionals who work with the service.

During the inspection-

We spoke with the registered manager and two senior care workers during the office visit. We spoke with eight staff via phone calls. We spoke with eight people who used the service and six relatives of people using the service. We reviewed two staff recruitment and training files. We also looked at three care plans and associated risk assessments. 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 training data and quality assurance records. We asked for feedback from four professionals and received a response from two.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and well cared for. Comments included, "I feel completely safe in their care, and it means I can stay independent and don't have to ask family or friends to do personal things for me. It would be too embarrassing."
- The registered manager understood their responsibilities to report any concerns and had an up to date guide and policy for staff to refer to.
- Staff had safeguarding training as part of their induction process and this was discussed as part of regular supervision.
- There had been one complex safeguarding alert which was fully discussed as part of the inspection. The registered manager worked in liaison with the local authority safeguarding team to ensure the issues were fully investigated.

Assessing risk, safety monitoring and management

- People were kept safe as the service made sure all risks were assessed, monitored regularly and if needed mitigated with specialist equipment. For example, where risk of moving and handling had been identified risk assessment and care plan information contained what equipment, such as standing aid and hoists, were to be used to keep the person safe.
- One relative said, "We have only been having them (Agency) for five weeks, but they did the full risk assessment at the beginning and seem to communicate very well with the nurses that also come in regularly to look after Dad."
- Prior to staff providing care and support the registered manager or senior care worker always completed an environmental risk assessment. This ensured staff were aware of any issues they may need to know when visiting the person. For example, if the pathway was dark, where the key safe was located and who to expect when you visited the home, including any pets.

Staffing and recruitment

- There were enough staff with the right skills and experience to meet the current needs of people using the service. Some staff said they had worked longer hours than they had been contracted for and this had at times been stressful. They acknowledged that this had been their choice and were aware that the situation was temporary whilst new staff were being recruited and inducted.
- Recruitment processes ensured new staff could only start working with vulnerable people once all their checks and references were in place.

Using medicines safely

- Staff supported people to take their medicines as prescribed. The care plan information contained what

medicines people have and what support they needed to ensure they take it.

- Staff had training and support to ensure they completed medicine records to show when they had supported people with administering their medicines.
- The medicine records were checked daily as they were recorded on an electronic app. The records were also part of an audit process. This was to ensure people were given their medicines correctly and at their prescribed times.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. People and staff confirmed that PPE was being worn at all times.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and relatives confirmed staff always wore PPE

Learning lessons when things go wrong

- Quality audits and systems were established and becoming embedded. Meetings and electronic communications enabled staff to share what went well and what did not work so well for each person. Staff confirmed this process worked well. One staff member said, "I reported that my blind client was feeling unsafe on the top floor and having to come down 2 flights of stairs with only 1 handrail. They spoke to the family and within 2 days, there was a second handrail fitted on both sets of stairs and the client feels far more safe than before. I enjoy working here."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's healthcare needs were being met because the service worked in partnership with other health professionals such as the community nurse team
- People and relatives said their support was timely, effective and responsive. For example, one person said, "They (carers) know I suffer with COPD and one day they said they were really not happy with my breathing and called the GP who called out a Paramedic for me. I probably wouldn't have, so I appreciate that." A relative said, "The carers do whatever they can to make things easier for us both. Two of them got hold of the hospital transport number when Mum had an appointment for a check-up and then one of them went with her. They were there six hours. I couldn't have done that."
- The service were truly responsive to people's needs. During the office visit we heard numerous live examples of how the service liaised with healthcare and partnership agencies to ensure people's healthcare needs were fully met. This included following up on ensuring prescriptions were completed so essential medicines were delivered on time.

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

- People had detailed individualised assessments, care plans and risk assessments in line with best practice guidance. This ensured staff fully understood each person's needs and could deliver care and support safely and effectively.
- People's preferred routines were carefully detailed in their plan. For example, what was important to them and how staff should honour these so care and support was delivered in a person-centred way.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the right skills to meet their needs. For example, one relative said "The Carers are well trained I think, and some new ones have come back into the game (caring) and are re-learning things. The really good ones check what Mum's mental state is that day before they support her."
- Staff confirmed they were supported to complete training and to develop skills. One said, "I feel the Agency is very professional, induction and training was external and very in depth, unlike some."
- The registered manager said training was both face to face learning as well as online. They discussed staff training needs as part of their supervision and were open to offering whatever course would help staff to better meet people's needs.
- New staff had an induction tailored to their individual needs. If staff were new to care they were supported to complete the Care Certificate within a 12-week period where possible. This is a nationally recognised care course covering all aspects of working within care.

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

- People were supported to eat and drink where this had been identified as a need within the persons care plan.
- People's wishes and preferences were honoured. For example, plans shared what people liked to eat at each meal and how best to support them. One person commented that not all staff could prepare porridge properly but accepted an alternative. Another said they had pre-made meals so no choice, but this was how their relatives had organised their meals for them

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 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.

- No one using the service was under a Court of Protection authorising any deprivation of liberty for people.
- Staff understood the principles of ensuring consent was gained before care and support was delivered to people
- Staff had some basic training in MCA as part of their induction and more detailed training as part of ongoing training in levels 2 and 3 in care.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff were caring, kind and considerate of their individual needs. Comments included, "We have really got to know the carers and one in particular goes above and beyond and always makes sure I am ok as my own health isn't wonderful." And, "They are very kind, they will wash my hair, help me with my Stoma, strip the bed and put the washing on if I am not feeling up to it and will tidy the kitchen while they are there. I have even had one of them (carers) pluck my eyebrows and paint my toenails for me."
- People's equality and diversity were fully respected because staff understood the importance of treating people as individuals. Staff were paid per shift so at times could spend more than their allocated time with people to ensure their diverse needs were promoted and met. One staff member gave an example of where they had been given extra time to enable them to take someone out. This had given the person a morale boost, to do something they enjoyed outside of their home, but also gave their family some respite.
- Relatives confirmed staff were treating everyone with respect. One said, "The carers have taken time to get to know Mum and this means that she looks forward to them coming."

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

- People's views and decisions about their care and how it should be delivered was documented clearly within individual care plans. For example, ensuring staff were aware to allow time to consider people's holistic needs. One person said, "One of the regular carers realised how long it had been since I had been out the front door and offered to take me for a walk in the wheelchair. It makes all the difference to how you feel. I can't thank them enough."
- People confirmed staff were inclusive and flexible in their approach. One person said, "One carer who realised I was feeling a bit "down" that day told me that she didn't have to be at her next call for a while so stayed with me for a chat. It really helped."
- Relatives were equally confident about staff approach being supportive and enabling. One relative said, "I have been trying to clear some of my husband's clothes from the wardrobe and couldn't reach the top shelf, so the Carer today offered to do it for me. They are really flexible and just happy to support in any way they can."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was fully considered when providing personal care. This was because staff received training in this area and understood the importance of ensuring respect and dignity were upheld.
- People's independence was fully promoted. Staff spoke about not rushing people, allowing time for people to do things for themselves where possible.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care and support was personalised to suit their needs and wishes. This was because the registered manager or senior team member completed a detailed assessment prior to a service commencing. People's views and wishes were always included as part of this assessment.
- People's preferences were documented so staff could ensure these were used to plan and deliver personalised care.
- People were confident their needs and wishes were being considered and that they were given choice and control of how care was delivered. One person said, "The carers have never refused any request. They can turn their hand to most things, and I really appreciate it. I couldn't cope without their help, and it has been a difficult couple of years."

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.

- People's communication needs were considered. This was because plans included details about people's communication needs, such as if they were hard of hearing that a care worker may need to face them and speak up clearly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contacts and take part in activities of their choice where this was agreed as part of their care plan. People gave examples of where staff had gone the extra mile to get them out and about

Improving care quality in response to complaints or concerns

- People and their families were given a copy of the service complaints process with their welcome folder. This could be produced in different formats including large print if needed.
- People and relatives felt they could make any concerns known and were confident these would be dealt with. One said, "There was one male carer at the beginning, but I decided I didn't want a man helping me with personal care as I felt embarrassed, so I told the office and they stopped men coming to me. They seem to understand." Another said, "I have never had to raise any concerns, but I am confident they would sort it all out quickly. They are a nice bunch (of people)."

- Complaints were taken seriously and responded to promptly with any actions to mitigate or improve things clearly stated.

#### End of life care and support

- People were supported to remain at home for their final days where this was their wish and packages of care were supported by community nurses. We saw a care plan which had a detailed end of life section that staff had been able to complete with the person to ensure their every last wish would be followed up when needed.

# 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. This is the first inspection for this newly registered service. This key question has been rated good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People benefitted from a culture which was positive and person centred. This was because the registered manager and senior team had an inclusive ethos which empowered people families and staff to state their views and be fully involved.
- People and relatives confirmed their views were sought. One person said, "We are asked for our views." And another said, "I would say it's a very strong team with good leadership."
- Staff were encouraged to be directly involved in developing people's plans and their views were fully considered. One staff member said, "I moved here from another care agency in May as this one had a better reputation. Better in that it is not a huge faceless company and a close knit team who pull together. We get shift pay which is good and there is a lot more involvement in client care and staff morale is good."
- People's equality characteristics were fully considered when planning and delivering care and support. People's beliefs and cultural needs were sought and fully respected. The fact that staff were paid per shift as appose for hours rostered enabled the team to be flexible and spend additional time meeting people's emotional needs.

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

- The registered manager was experienced understood the need to be open and honest with people and the staff team. They ensured shared learning took place when errors were made or things did not go as well as they planned. They took their role seriously and understood their responsibility to act on duty of candour should things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People's care and support was reviewed and records audited to ensure risks were being mitigated and quality of care was checked for its person centred approach. For example, quality checks on daily records to ensure staff were writing in a caring and supportive way.
- The management team were clear about their roles and responsibilities. Senior care staff supported the registered manager to review plans risks and monitor the care delivery.

Continuous learning and improving care; Working in partnership with others

- People, relatives and staff all said care outcomes were good and where needed learning was used to

improve care. For example, one family spoke about their family member needing a consistent group of care staff as they struggled with new people and masks.

- Three professionals said the service did work in partnerships to achieve good outcomes for people. One said I found her (the registered manager) to be responsive in a timely manner, she demonstrated by her communications with me that she had the interests of the patient at the centre of all her communications." Another said, "I have recently had contact with Homecare Preferred on two different cases. They were very contactable and responsive and good at understanding individuals assessed needs. They have made a real difference to one of the two individuals. This man struggled to engage with multiple providers before but Homecare Preferred approach towards him was appreciated and I saw them enable and support him to improve his situation where previous providers had tried to do things for him rather than with him"