

SR Homecare

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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

The inspection took place on 16 October 2017 and was announced. When the service was last inspected, and report published in July 2016, there was a breach of one of the legal requirements. The provider had not submitted notifications they are legally required to send to us. The overall rating for the service was good. At this inspection we found the provider had addressed this shortfall and we found no breaches of regulations at this inspection.

SR Homecare is based in Bristol and provides personal care and support to people living in their own homes. At the time of our inspection 47 people were receiving personal care.

A registered manager was in post. 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.'

Where people were supported with medicines, we found they were managed safely. Risk assessments and risk management plans were detailed and fully completed.

Safe recruitment procedures were followed before new staff were appointed. Appropriate checks were undertaken to ensure staff were of good character and were suitable for their role. Staff were very positive about the induction, support, guidance, training and supervision they received.

People's care records were personalised, with clear evidence of people's involvement and that choices and preferences were taken into account.

Audits were in place to identify shortfalls and actions were completed to make any necessary improvements.

People were cared for in a kind and respectful way. People were supported to maintain their health and the service liaised with other external health professional when needed.

People who used the service, relatives, external health professionals and staff all spoke highly of the leadership and management of SR Homecare.

The registered manager showed how they responded positively to feedback and made service improvements. They worked in collaboration with other professional bodies and within the local communities to enhance and improve the quality of service for people living in their own homes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were safe and protected from abuse because staff knew how to identify report and act on any concerns they may have.

People were protected because risk management plans reduced or mitigated the risks associated with their care and with their environment.

Arrangements were in place to make sure where they needed support, people received medicines appropriately and safely.

People received care from staff they knew and trusted.

Good recruitment practices protected people from the employment of unsuitable staff.

Good ●

Is the service effective?

The service was effective.

Staff received an induction when they started in post. Staff were supported with regular staff supervision, and their performance was regularly monitored.

People were protected by the principles of the Mental Capacity Act.

When required, people were supported to eat and drink.

People had access to, and were appropriately referred to health professionals.

Good ●

Is the service caring?

The service was caring.

People were supported by staff who were kind and who delivered care in a kind, respectful way.

People's dignity and privacy was maintained.

Positive relationships had developed between the registered

Good ●

manager, staff, and people who used the service and their relatives.

Is the service responsive?

The service was responsive.

People were involved and assessments, monitoring and reviewing of care and this was accurately recorded.

Care plans were personalised and detailed and people and relatives where appropriate, were involved in reviews of care.

There were arrangements in place for people to raise their complaints and opportunities for people to provide feedback on the service they received.

Good ●

Is the service well-led?

The service was well-led.

People were protected by the provider's auditing and monitoring systems.

People and relatives felt able to express their views and provide feedback.

There was a registered manager in post and robust arrangements to provide consistent leadership, direction and guidance for staff.

The providers worked with and provided support in the local community.

Good ●

SR Homecare

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 an updated rating for the service under the Care Act 2014.

The inspection was carried out by one 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 service.

The inspection visit took place on 16 October 2017 and was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency and we wanted to make sure that staff would be available at the office to assist us with our inspection. We also wanted to give the provider time to seek agreement from people and their families that we could contact them and obtain their views and experience of the service.

Before the inspection we reviewed information we held about the service such as from statutory notifications. A statutory notification is information the service is legally required to send to us about significant events.

On the day of our visit and the following day, we spoke with 6 people and 5 relatives of people who used the service.

We spoke with the registered manager and 9 staff that included the rota and training coordinators, recruitment officer and care staff.

We read the care records for three people and reviewed medicines records. We checked staff recruitment files, rotas, induction, 'spot checks,' supervision and training records. We reviewed records relating to the management and monitoring of the service, such as policies and procedures, accident and incident records, quality assurance audits and checks, records of staff meetings and feedback from people using the service and their relatives.

Is the service safe?

Our findings

People told us how they felt safe with the care staff who visited them in their homes. They told us that even on the rare occasion when a carer was unable to provide the planned visit, for example, if a carer was sick, they still received the service they needed. One person who received two visits each day told us, "(Staff) always turn up. Sometimes the boss has come out." People and relatives commented positively on the reliability of the staff who supported them. Comments included, "If they are running late, they text me" and "Nothing worries me about the service."

The registered manager and the staff we spoke with told us how they believed it was so important for people to know they would receive their visits when they were planned and they would also know the name of the member of staff. One member of staff told us, "We build such a bond with our service users and they tell us they are assured and have confidence in the service we provide because they have the same group of carers." Another member of staff told us, "[Name of registered manager] doesn't want us (the service) to get too big and we always want our clients to know who their carer is."

There were safeguarding policies and procedures in place. Staff had received training and understood their responsibilities with regard to safeguarding people from harm and abuse and for reporting any concerns. All of the staff we asked told us how they would recognise different types of abuse and were able to tell us the actions they would take to keep people safe.

One member of staff told us how they worked with and felt very much part of the local community. They said the office was easily accessible and well known and the local police community service officers visited the provider's office on a regular basis. They told us this gave the opportunity to discuss any potential local safety issues that may affect the people they supported. Another member of staff told us about the network meetings they attended that were organised by Bristol City Council and included housing associations, police, churches and schools. They aimed to look at ways to make improvements in the local community. The member of staff commented to us that improvements in the local community meant there would be improvements for the people who used SR Homecare.

Risk assessments were completed and risk management plans were in place. They were updated on an annual basis or in response to identified changes. The records included risks associated with mobility and falls, moving and handling, and use of equipment such as hoists. A relative told us about one person who required the use of a hoist to help them move. They said, "They really know what they are doing. We do not know what we would do without them." The provider's moving and handling trainer completed all risk assessments and plans for people who needed to use equipment to help them move or transfer.

The registered manager had considered potential risks to people and to staff associated with the environment. For example, a risk due to uneven paving outside another person's property had been identified to heighten staff awareness of the potential trip hazard.

People's medicines were safely managed. The care records provided guidance and information for staff.

Care staff were trained to administer medicines and their practice was regularly checked by senior staff to make sure their practices remained safe and in line with the provider's policy. This included making sure the care staff followed the person's care plan on how they liked to take their medicines. Staff completed the medicine administration records to confirm the medicines had been taken.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. We spoke about staff recruitment with the recruitment officer. They showed us the interview checklists and assessments they completed for prospective new members of staff. They told us how they checked employment histories and that any gaps in employment were discussed during the interview process.

The recruitment files we inspected showed that appropriate checks had been carried out before staff started work. Clearances from the Disclosure and Barring Service (DBS) had been obtained. A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References had also been sought from previous employers and in particular, when past jobs had been with another care provider.

We spoke with the staff employed as rota coordinators. They told us how they worked hard to make sure people received their calls when they wanted them. They also told us how they tried to accommodate changes to visit times when these were requested. They were all trained and up to date, so they could 'step in' and undertake visits when needed. One of the rota coordinators told us that some, but not all, people or relatives liked to have copies of the staff rotas. These were provided in the format requested, by email or post.

Business continuity procedures were in place to make sure the safety of staff and people using the service could be assured in the event of an emergency situation, such as adverse weather conditions.

We spoke with staff who told us they were provided with adequate supplies of personal protective equipment (PPE). They told us they had received training so they were aware of what they needed to do to help prevent or control the spread of infection. Staff said they felt safe and supported in their roles and received sufficient support and guidance to help keep them safe.

Is the service effective?

Our findings

People received an effective service from staff who understood their needs and promoted their independence. People spoke positively about the staff who supported them. They told us that staff were well trained and able to meet their needs. One person told us, "The staff are cheerful and competent." A relative commented, "They really know what they are doing."

When new staff started in post they completed an induction programme. The programme incorporated the Care Certificate, a national training process introduced in April 2015, designed to ensure staff were suitably trained to provide care and support. Staff completed mandatory training, for example, fire safety, infection control, moving and handling, nutrition and hydration, safeguarding and Mental Capacity Act. All new care staff were supported by other experienced staff who they 'shadowed' and observed care visits being undertaken. They did this until they felt competent to work on their own. One member of staff said, "I felt able to take as long as I needed." Another member of staff told us, "I felt comfortable with SR Homecare after my interview. I've worked in care before but homecare was new to me. The training was great and I shadowed a senior (care staff). This was new territory, but I can pop into the office at any time and the office staff ask if there's anything at all they can do to help me."

Staff received regular supervision with senior staff and the staff we spoke with all told us they were very well supported in their roles. Comments from staff included, "Training and support is so good here" and, "Supervisions are good, really useful." We saw examples of supervisions that had been completed with staff. They were detailed and comprehensive. They included a business update, a discussion about every person they provided care and support to and a discussion about how they could provide even better care.

In addition to supervision meetings, staff were periodically observed whilst they providing care to people. Spot checks and observed visits were carried out by senior staff, some of which support staff were made aware of in advance, and some that were unannounced by senior staff. We read the notes from these checks and saw that actions were agreed with staff. For example, in one check it was noted, 'Paperwork filled in blue pen (should be black). No name on diet and fluid sheet.'

The staff we spoke with told us how they were provided with guidance, support and training to enable them to manage people's specific healthcare needs. Staff commented very positively on the training they had received to help them provide support to people living with dementia. One member of staff told us, "We had the dementia bus training. It really does make you think more about how it must feel (to live with dementia). This is a virtual experience where staff experience what it is like to have dementia."

We also saw that staff were reminded when they need to complete specific training. For example, we read a memo sent to a member of staff, 'Dear (name of staff), I have booked you onto the following training. This is part of your development and it is mandatory that you attend.' The training was for catheter care.

The training coordinator told us they had worked with the local authority and provided an 'Introduction to care' training programme for care staff new to working in the community. They told us they provided

training for other care providers. They told us this was important for them. It helped them to feel they were not only continually improving the quality of care for people supported by SR Homecare but helping to improve standards of care within the local area.

Support staff understood the importance of supporting people to make decisions and remain independent. They had received training on the Mental Capacity Act 2005 (MCA). They were able to tell us how they obtained consent from people before they provided support with personal care. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A member of staff told us, "We get to know our service users really well and even when they can't explain exactly what they need, they are able to let us know what they want."

One person had commented in a survey they had completed that care staff, 'Always ask what I want to wear.'

People were supported with their meals and drinks, and these were based on individual needs and preferences. Staff told us how they tried to encourage people to eat and drink. A member of staff told us about one person who was not eating so well. They told us how they tried to encourage the person and said, "I always leave out some fresh lemonade and a few biscuits."

Support staff reported any concerns about people's health or change in condition to senior staff.

Staff worked closely with external health professionals such as GP's, District Nurses, Parkinson's Nurse and social workers.

Is the service caring?

Our findings

Everyone we spoke with told us how caring the staff were. Comments from people and their relatives included, "They are kind and cheerful" "They respect me" and, "We do not know what we would do without them."

The staff we spoke with told us of their commitment to provide the best possible care. Staff said, "We go the extra mile, we really do," "It's all about the service user and how we can make things better for them. One of our ladies couldn't be discharged from hospital until their bed was downstairs so we organised and helped do it." Another member of staff commented, "The consistency of staff is a massive bonus in that we all know the service users, so we can recognise if someone isn't quite 100 per cent, we report it and if it's another carer on the next shift, let them know."

A member of staff told us how they supported people to be as independent as possible. One person had difficulty shaving themselves because they didn't have a suitable mirror in the bathroom, positioned at the height they needed. The member of staff told us they purchased a mirror as a birthday gift for the person and popped it in the bathroom. They told us the person was delighted and had regained independence when shaving.

Staff were knowledgeable about people's care and treatment needs, and told us how different people liked to be cared for. They told us about how they treated people with respect and how they provided a caring and compassionate service. One member of staff said, "It's important to treat people as they want to be treated. We ask service users to tell us what they would like, whether it's what they would like to wear or what they would like to eat. Even when they can't easily tell us, we take time and get to know their ways and how they show us what they want."

When we read the care plans we noted people were often referred to by different names in different sections of the plan. For example, in one person's records they were referred to using their first name, used in full, shortened in another part of the records and their full title was used in another section. However, the registered manager and all the staff were very clear about each person's preferences and how they chose to be addressed. They told us they would make changes to ensure the records fully and consistently reflected and referred to people using their preferred name.

The registered manager told us because they kept the service relatively small and very locally based, they got to know people very well. Their website stated their, 'commitment to never sending a staff member into a service user's home without prior introduction.' Staff confirmed to us they were always made aware of people's current needs. They were informed in advance of visits if a person's needs had changed. They said they always felt well prepared, updated and aware of people's needs ahead of visits, even if they had just returned from leave and a person's care needs had changed. This meant people could be confident their needs would be fully understood.

We reviewed recent compliments received from people using the service and their relatives. they included

the following, 'I look forward very much to all the carers coming in. It's nice to have a good chat and a laugh, they mean so much to me. It's better than all the medicine in the world' and, 'Our sincere thanks for the kindness and care given to me. Nothing was too much trouble.'

People were provided with important information about the service. They were given a service user guide that provided information about the provider, the service people could expect and how to make contact, including out of hours phone numbers. The guide included additional useful local contact numbers, for example, the local police, care direct, Alzheimer's Society and local hospitals. In addition, local council guidance was included, such as 'be in the know' guidance to enhance awareness of scam mail and telephone calls.

Is the service responsive?

Our findings

People received a care service that was responsive to their needs. Before a person started to receive care, an assessment was completed by senior staff to make sure people's needs could be met. Where people had specific needs, such as use of hoists or support with mobility, the moving and handling trainer also completed an assessment and where needed, provided additional support and guidance to staff. This made sure the person's care needs were understood and could be met.

Care plans were then written up and agreed with the person and relatives where appropriate. Future communication preferences were agreed. For example, we saw that one relative communicated by email with the staff team. Another relative told us, "The carers leave me written notes and I reply the same way."

Information about people's background and social circumstances were recorded. The records showed that people were asked for information they wished to share. For example, people were asked, 'What would you like to tell us about your past?' One person had also shared their love of water sports and their favourite types of books. People were asked what they wanted from their care package and what their goals were.

Each person's preferred daily routine was recorded. The record also confirmed people were asked, 'How would you like this service delivered to meet your standards/needs/tastes?'. For one person their records provided detail of how the person liked to have the radio on whilst they received personal care. For another person the care plan stated the person wanted a bowl of warm soapy water to be brought to their bedside.

One person told us that in addition to being supported with personal care twice each day, they received support with activities such as shopping. The person told us they received assistance with washing and dressing, medicines and application of their prescribed creams. The person said, "Then they take me shopping by car every Friday. I simply make a list of what I want" and, "I am a fortunate man."

The care plans we read confirmed that people using the service and their relatives were fully involved in the planning, delivery and reviews of their care. Where others had legal authority to act on people's behalf, such as being granted powers of attorney, the details were recorded to confirm the level of authorised authority, for example, for one person it was recorded a relative had power of attorney for financial matters.

People and their relatives told us they would not hesitate to complain or raise concerns if they needed to. Although everyone we spoke with told us they had not needed to make a complaint they were confident any issues would be taken seriously and actions would be taken in needed. One person commented, "I have no reason to complain. I am very satisfied with my care." The care records folder kept in people's homes contained details about the complaints procedure and copies of complaints forms. The records showed that there had been no complaints made about the service in 2017.

The registered manager showed us how they sought feedback from people and we saw the results from the most recent questionnaires completed the week before our visit. The questionnaires asked questions about

the five key areas we look at when we inspect care services. The results had not been fully analysed. However, we saw positive feedback and comments such as, 'Always ask what I would like to wear' and in response to, 'Do the carers arrive at a time that suits you?' there were positive responses.

Is the service well-led?

Our findings

When we last inspected SR Homecare we found the registered manager had not submitted all notifications they are required by law to send to us. At this inspection, we found the registered manager was fully aware of their responsibilities with regard to the notifications they were required to send to the Commission.

People received a service that was well-led and managed. We received positive feedback about the registered manager who was very involved in the day to day running of the service. People and relatives made the following comments, "The manager is fantastic, she is amazing. We don't know what we would do without them" "Very good service. I give them top marks" and, "Like an extension of our family."

The staff we spoke with were all proud to work at SR Homecare. Without exception, the staff spoke very highly about the support they received, how the service was managed and the encouragement they had to always make improvements. All the staff we spoke with knew and understood the vision and values of SR Homecare and the aim of providing a really caring service.

The registered manager spoke passionately about ambition to be known as the most caring local care service. They were also clear that the service aimed to remain local and accessible for local people. One of the senior staff members told us that in the event of poor weather conditions or other significant occasions, staff were able to walk to the homes of people who used the service. They told us this was planned, and occasionally, requests for care packages were declined because the person's home may not be within walking distance for staff.

Staff meetings were held on a regular basis. We looked at the minutes from the most recent meeting held on 21 September 2017. It was clear that staff had the opportunity to participate and share their views. Discussions were held that included training, recruitment, finance, audits and rotas. There was an additional note from the registered manager that read, 'The summer months have been challenging due to staff holidays and sickness. A big thank you for all you do. It is very much appreciated.'

The registered manager took opportunities to recognise and reward staff for their achievements. A member of staff told us, "We all feel so valued here." They operated a recognition and reward scheme for staff. For example, an employee of the month was rewarded with a gift voucher and certificate. Nominations were made by other staff or by people who used the service.

There was a clear support and management structure in place. All staff were aware of their roles and responsibilities. During our visit we saw staff popped into the office on a regular basis, sometimes between care visits, to pick up supplies of gloves and aprons or to have a quick chat with the office staff.

Care and quality monitoring audits and checks were completed on a regular basis. A combination of 'spot checks' and 'observed visits' were undertaken by senior staff to check the support staff when they were carrying out their duties. The member of staff's wearing of uniform and appearance, awareness of health and safety issues and use of equipment, provision and recording of care duties, completion of practical

tasks such as meal preparation, use of equipment and medicine management were also assessed. Staff were provided with written feedback, with comments about what they had done well and where improvements were needed.

The registered manager and senior staff told us how they continually looked for ways to improve the quality of their service. They told us how they worked with and for the local community to improve the quality of local services for people. They told us they had supported and participated in a house clearance, for example, to support a person who hoarded their belongings.