

Homesdale (Woodford Baptist Homes) Limited

Homesdale Domiciliary

Care Agency

Inspection report

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04 July 2017

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14 August 2017

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This unannounced inspection took place on 4 July 2017. At our previous inspection on 20 August 2015 the service was rated 'Good'.

At this inspection we found the service remained 'Good'.

The service provides personal care to people in the London borough of Redbridge in a charity run sheltered accommodation scheme. On the day of our visit there were three people using the service for personal care.

On the day of our visit a registered manager was in place. 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.

People told us they felt safe, secure and trusted the staff that supported them. Staff had attended safeguarding training and were able to recognise and report any allegations of abuse. They were aware of the risk assessments in place to protect people from avoidable harm.

People told us they were treated with dignity and respect and that their wishes were respected. We found care plans to be person centred and reflective of people's current social and religious preferences. They were reviewed regularly and detailed people's physical and emotional support preferences.

There was an effective complaints procedure that was understood by staff and people who used the service.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice.

There were enough experienced staff to support people. People told us staff came at the requested time and that there were no missed visits.

Staff underwent robust recruitment checks and a comprehensive induction when they began to work at the service. They received mandatory training and any specific training including the MCA 2005. In addition they received annual appraisal and regular supervision to ensure they developed and kept up to date with practice.

People, staff and relatives thought the service was well run by an approachable registered manager and told us they would not hesitate to raise and concerns. The management ensured the quality of care delivered was monitored and improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe. People told us they trusted staff who supported them. Staff had undergone safeguarding training and were aware of the policies and procedures in place to protect people from avoidable harm.

Medicines were managed safely by staff who had undergone appropriate training.

Risk assessments were in place to protect people from avoidable harm.

People were protected from the risk of infection because appropriate guidance was followed.

There were safer recruitment practices.

Is the service effective?

Good ●

The service remains effective. People told us they were supported by staff who had been trained to support them effectively.

Staff were supported by means of annual appraisal, regular supervision and training.

Staff understood their role in ensuring people were protected from unnecessary restraint and had attended MCA 2005 training.

People were supported to choose and eat food that met their nutritional and cultural specific requirements

Is the service caring?

Good ●

The service remains caring. People told us they were treated with dignity and respect by staff polite and caring staff.

Staff were aware of people's preferences and ensured they supported people accordingly.

Is the service responsive?

Good ●

The service remains responsive. People told us staff listened to them and came at the agreed visit times.

Care plans were person centred and included people's physical, emotional and spiritual needs. These were known by staff and used effectively to deliver care.

People were aware of the complaints process and told us they would not hesitate to make a complaint.

Is the service well-led?

The service remains well led. People and their relatives knew the manager by name and thought she was approachable.

There were effective systems in place to ensure the quality of care delivered monitored and improved.

People, their relatives and staff told us their views were listened to and acted upon when possible.

Good ●

Homesdale Domiciliary Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This afternoon inspection took place on 4 July 2017 and was announced on the morning of the inspection.

The inspection was completed by an inspector.

Prior to the inspection we reviewed notifications. A notification is information about important events which the service is required to send us by law. We contacted the local authority about their views of the quality of care delivered by the service. We also reviewed the 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 spoke with one person on the day and by telephone with another person and two relatives. We spoke with two staff and the registered manager. We reviewed two care records, two staff files and one medicine administration record.

Is the service safe?

Our findings

People and their relatives told us they felt safe and trusted staff. One person told us, "They are very kind and gentle with me. They make sure the door is locked and that I have panic alarm with me in case of emergencies." Another person told us, "Yes, I think I am very safe." A relative also confirmed, "My [relative] is in safe hands. They always call me if anything is not right which is very reassuring." Staff told us they always ensured people had their safety pendant where applicable and that doors were completely shut before moving to the next person in order to maintain people's security.

People were protected from abuse and avoidable harm because they were supported by staff, who were able to recognise and report signs of abuse. Staff had attended safeguarding training and were able to explain the steps they would take to protect people from harm. The safeguarding policy was reviewed and accessible to staff. Staff told us how they used body maps and incident and accident forms to report any injuries or incidents. Incidents and accidents were monitored by the registered manager and any identified themes or learning was shared with staff in the staff communication book and at meetings.

Medicines were managed safely by staff that had been assessed as competent. One relative said, "They help [person] with their tablets. I have had no problems so far." We looked at medicine administration records and found they were completed properly. Medicines were stored in a secure place within people's homes. Staff told us any changes in medicines were noted and implemented.

There were robust recruitment systems in place which ensured that only staff that had undergone appropriate checks were employed. The recruitment process included attending an interview, identity checks, two verifiable references and disclosure and barring checks. There was a policy in place to ensure risk assessments were completed where barring checks highlighted past offences.

People told us they were happy with the staff that supported them and that care was delivered by a consistent core staff team. One person told us, "I see the same set of staff. They have got to know me very well." We looked at rotas and found care was delivered by a regular staff team. There were no missed visits in the last six months.

Risks were managed appropriately. Risk assessments of people's environment were completed regularly to ensure appropriate steps were taken to mitigate any identified risk. People were involved in decisions about any risks they may take and this was outlined within the risk assessments we reviewed. Risk assessments included mobility, bath, choking, mental health and falls. Where equipment was used such as commodes and moving and handling aids, staff had attended training and were aware of how to use, clean and report if the equipment was faulty.

Staff were aware of the procedure to follow in an emergency and had attended first aid training. They told us they would call for an ambulance and wait until they arrived as well as notify the office and the next of kin. Staff had attended fire training and were able to tell us the process to follow within the sheltered accommodation premises.

People were protected from the risk of infection because appropriate guidance was followed. Staff told us and we saw that they had access to personal protective equipment which they used when delivering personal care. They told us this was always made available. They were aware of the procedure to take to dispose of soiled incontinence products as well as laundering people's clothes.

Is the service effective?

Our findings

People told us staff were able to support them effectively. One person said, "Staff are very good. They know I find it difficult to lift one of my feet so they help me to dress up carefully minding my weaker limbs." A relative told us, "Staff are really good, they call me if they notice anything." We spoke with staff and they could explain to us people's support needs in great detail.

Staff told us they were happy with the training and support they received from the registered manager. They had annual appraisals where their opportunities for development were discussed and action plans developed. In addition supervisions were completed at least six times a year to ensure staff were up to date with practice and able to discuss any work related issues. When staff started they shadowed an experienced staff as part of their induction program and had the opportunity to read care plans and policies and familiarize themselves with people's support needs.

People were supported to maintain a balanced diet when it was in their care plan to do so. One person told us, "They help me with breakfast and my hot drinks." Staff were aware of people on special diets such as diabetics or people on puree diet. Care plans also outlined this as well as people's food and drink preferences. They noted and report to the manager if people were not eating well and this was in turn referred to the GP and dietitian where required.

People and staff told us that sometimes they did joint visits with district nurses especially for people requiring wound care to enable effective care delivery. A district nurse visited on the day of the visit and told us the service was very good at listening to advice and very cooperative. We saw records to confirm involvement of healthcare professionals were required.

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. We checked whether the service was working within the principles of the MCA. We found staff had attended relevant training and were aware of how it applied in practice. They told us they always gave people choice and were aware of the use of advocates where people were unable to make specific decisions.

Is the service caring?

Our findings

People and their relatives told us staff were caring and polite. One person told us, "100% good care from friendly staff. I am very happy as they are very gentle and kind." Another person said, "Staff are very good. They make every effort to make me comfortable." A relative told us, "[Person] reports that staff are very good. They always call to let me know of any little changes." A second relative told us, "They are so good and kind to [person]." Staff told us of examples of where they went the extra mile to help people out such as calling their family for them or running extra errands where people were short of supplies. Staff spoke of purpose fondly and told us of their preferences and how they supported people to maintain their religious and cultural preferences.

People told us they were treated with dignity and respect. Staff told us how they supported people during personal care and ensured they were covered as much as possible to preserve their dignity. One person said, "Staff are quite respectful. They talk to me and ask me what I would like them to do. We work well together and it helps having familiar faces to help me wash." Staff explained how they respected people's wishes. For example, they asked people's preferences and gave them choice of what they wore and where they wanted to spend their day. They were aware of the need to maintain confidentiality. They told us they would always ensure people's records were kept safe and would not divulge any personal information without a person's consent.

People were supported to maintain their independence. One person told us, "They try and let me wash my face and the bits I can reach." Staff also encouraged people to be independent by encouraging them to take a few steps if they could, leaving personal belongings and drinks and snacks within reach and preparing breakfast or drinks with people if they were able.

Staff had attended some training for end of life care though they were not currently supporting anyone on an end of life pathway. They were aware of the need to support people and their families during the last few days of life and told us they always gathered information in advance on what people would like their last days to be like. For example, if they wanted specific music to be played or a specific book or poem to be read to them.

Is the service responsive?

Our findings

People and their relatives told us the staff listened and acted on people's needs. One person told us, "They are here nice and early as they know I like to get up early. I always have [been an early riser]. The odd time they are running late they always apologise and make up the time." A relative said, "They are quite flexible and adjust visit times to suit whatever we have going on that week." On the day of our visit we noted all staff were aware of one persons' schedule being changed for the week as their regular program with a relative could not take place as the relative was away.

Before people started to use the service an assessments of their needs was completed together with the person and their next of kin. Care plans were then developed with specific visit times and support preferences clearly out lined. Care plans outlined physical, emotional and spiritual support needs. They specified personal care preferences such as if a person preferred a shower or bath and what assistance they needed with mouth care. Past medical history and any allergies were also highlighted in order to keep people safe. Care plans were updated monthly or as and when people's condition changed.

People told us they did not have any complaints but said they would be confident to express any complaints to the registered manager. One person told us, "I have nothing to complain about at the moment. If I did, however, I would not hesitate to mention it to staff or the manager or my [relative]} would do so on my behalf." The complaints process was in people's service user guides. Staff told us they would always refer complaints to the manager but would also take immediate remedial action where possible.

People told us they were supported on time to enable them to attend activities they chose. One person was supported with personal care at specific times on the days they visited their day centre. A relative confirmed, "Yes, the staff are really good with all the routines and ensure [person] is ready to go out on time." Another person said, "The manager takes me to church with others in a minibus once a month. I really look forward to that. Some of my church colleagues come and visit."

Is the service well-led?

Our findings

People, their relatives and staff told us they thought the service was managed in an open and transparent way. Staff told us they could talk to the manager at any time as they were available within the premises. People knew the registered manager by name and told us that they were "friendly and approachable". One person told us, "Things run very smoothly here. I can't fault the manager and the [the [staff]at] at all." A relative told us, "They are very obliging. I am very happy with the care [person] receives." Staff told us they were happy with their rota and felt they understood people's needs.

The registered manager had notified us of all relevant incidents and accidents as required by law. Staff were aware of their roles and responsibilities. Most of them had been working at the service for a long time and told us there was great team work and support from the manager. One staff member said, "I have worked here for almost 10 years and the atmosphere and support from the manager is unbelievable. I am very happy to be working here." They told us the manager was always on hand to assist and sometimes visited people to check that they were receiving care according to their preferences. One person told us, "The manager pops in now and again to check how things are going."

There were robust monitoring systems in place to ensure people received safe care. These included audits, monitoring visits from the provider and asking for feedback from people, their relatives and other healthcare professional. The latest relative's feedback survey dated May 2017 was positive with relatives saying they were satisfied with the current care package, amount of time allocated and felt their relative was safe, listened to and respected. The manager ensured any identified action from audits and feedback was actioned and fed back to people and staff.

We looked at the records and confirmed the service continued to work well with other healthcare professionals to ensure that the care delivered was meeting people's needs. We saw feedback from a survey dated May 2017 where other healthcare professionals said they would recommend the service. Other records relating to people's care and health and safety checks were up to date and reviewed regularly with the exception of some policies which were in the process of being reviewed.