

Homebird Care Ltd

Homebird Care Head Office

Inspection report

88 Beech Lane
Liverpool
Merseyside
L18 3ER

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17 June 2019

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27 August 2019

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

Homebird Care Ltd is a domiciliary care service which delivers personal care to people living in their own homes as part of a supportive living model, specialising in supporting people living with a learning disability and mental health conditions. The provider had expanded and had recently moved headquarters to 29 Hope St, whilst still keeping 88 Beech Lane as the location. We attended 29 Hope St for the purpose of the inspection, at the request of the registered manager. The registered office is based in Liverpool city centre in well equipped offices above a community hub. At the time of our inspection, 19 people were receiving services based across six houses. 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 we spoke with told us the service was safe. The service had policies and procedures around safeguarding, whistleblowing and discrimination. Staff told us they received safeguarding training and knew who to inform if they had any concerns. People's care and support was assessed before they started to receive care from the service. The service had sufficient staff to meet people's needs and where possible people were supported by regular staff team who knew people well. Medicines were managed safely. Safe infection control practices were in place.

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. One person had a Court of Protection in place and staff were aware of what this meant. People were asked for consent before care was offered. People's confidential information was kept secure. Staff worked closely with other professionals to support people using the service. Staff had received an induction and training was ongoing. Staff reported, and records confirmed regular supervision and appraisals were taking place.

People told us they were treated with kindness and were positive about the staff's attitude. People said, "I couldn't ask for better staff." People were involved in their care plans and review meetings where they wanted to be. Advocacy services were highlighted in homes and people's privacy, dignity and independence were supported by the service.

People received person centred care and support from staff who knew people well. People's communication needs had been assessed and staff knew how best to communicate to people. People were involved in social and leisure time and there was a range of activities available. People knew who to raise a concern and the service had policies and procedure in place.

The service had an experienced registered manager in post and there was a clear organisational structure. Audits were taking place in a variety of different areas to support the quality of the service. The service

engaged with people and staff through regular house meeting, questionnaires and team meetings. We saw partnership working with health and social care professionals which supported peoples needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 October 2016).

Why we inspected

This was a planned inspection based on the previous rating

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are our the well-led findings below.

Homebird Care Head Office

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 team consisted of two inspectors.

Service and service type

This service provides care and support to people living in five 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 the service 48 hours' 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We spoke with five members of staff including the registered manager, assistant manager, home manager, care co-ordinator and a care worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also checked 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 registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe, they told us, "I feel safe". They had a team of care staff who regularly supported their needs.
- Staff had received training in safeguarding and how to protect people from discrimination. Staff knew who to report issues to around safeguarding.
- Records showed that the registered manager had followed protocols to report potential safeguarding incidents.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare were assessed, monitored and reviewed.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of measures for staff to follow to keep people safe.
- Fire assessments and environmental risk assessments were completed.

Staffing and recruitment

- During the inspection, there were good levels of staffing at the homes visited and rotas checked confirmed this. A consistent staff team in the homes was provided. The service had developed a team of staff to cover any gaps in staffing levels, people told us they were happy with the regular staff team.
- Staff recruitment was mainly safe there was evidence of recording interviews and we saw references and Disclosure Baring Service (DBS) checks had been completed before staff started work. The DBS helps employers make safer recruitment decisions. The registered manager told us where one person required a risk assessment in relation to their recruitment checks that this would be completed.

Using medicines safely

- People told us medicines were given safely in a timely way. People said they could speak to staff about their medicines. Medicines were received, stored, administered and disposed of safely.
- Staff told us and records supported they had received medicines training and competencies checked.

Preventing and controlling infection

- The homes were clean and tidy. Staff had received training on infection control and basic food hygiene. Protocols and procedures were in place for preventing and controlling infections.

Learning lessons when things go wrong

- Lessons learned had been established to support future learning. Accidents and incidents were recorded and lessons learned were fed back to staff at team meetings.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law, supporting people to live healthier lives, access healthcare services and support

- People met with staff before they started to use the service to discuss their care and support needs. This ensured their needs could be appropriately met.
- We noted people's assessment were person - centred and confirmed people who used the service or their nominated individual had been involved in their development.
- Staff worked closely with community health professionals as needed to support people's needs.

Staff support: induction, training, skills and experience

- Staff had received an induction and training and development along with specialist training that supported people's individual needs such as ligature training that ensured they the knowledge and skills to provide effective care to people.
- Staff told us, and records indicated regular supervision and appraisals were taking place.
- Staff were enthusiastic and told us that they were happy in their work.

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

- People told us, and we observed staff supporting people to cook healthy appetising meals.
- People were supported to shop and prepare healthy choice options. People told us they were given options and support around maintaining a balance diet.

Staff working with other agencies to provide consistent, effective, timely care

- People told us and records confirmed, staff supported people to make and attend health appointments. These included the GP, dentist, optician or hospital appointments in an effective and timely manner.

Adapting service, design, decoration to meet people's needs

- The homes people lived in were designed and decorated in an appropriate way to meet the needs of people living there.

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- One person who used the service had in place a Court of Protection and the staff were aware of this and what this meant.
- Staff asked for people's consent before they supported them. Staff told us they made sure people were empowered to do as much for themselves as they chose or could do.
- People's confidential personal information was kept secure in line with General Data Protection Regulations.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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 told us they were treated with kindness and were positive about the staff's attitudes. People told us they were treated equally and not discriminated against. They said, "I couldn't ask for better staff" and "The staff are really reassuring, I can talk to them about anything."
- Staff spoke with people in a kind and caring manner.

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

- People were supported by staff who knew their needs. Care plans were completed with people's involvement. There was evidence of people signing care plans which confirmed that had been involved in reviews.
- There was evidence of people's meetings held at the service. Records confirmed people were involved in discussions about their individual homes management.
- Advocacy service posters were seen in both of the homes we visited.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was maintained. Staff were very aware that they were working in people's homes. Staff told us how they would ensure people's privacy and dignity was promoted. Such as knocking on doors.
- People were encouraged to live independent lives and we saw people doing their own washing, meal preparation, shopping and accessing the community. We saw staff promoted people to remain independent and provided individual support where required to meet their needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 received personalised care and support from staff who knew people well. Staff were aware of people's likes and dislikes.
- People's care records were comprehensive and reflected people's preferences, daily routines and support required.

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 had been assessed and staff knew people's needs. People's care plans provided staff with information about people's communication needs.

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 involved in decisions about their social and leisure time. People enjoyed a wide range of activities and trips such as music concerts, sporting events and meals out. People were also encouraged to go on holidays with family members and maintaining relationships with family and friends.

Improving care quality in response to complaints or concerns

- People knew how to raise complaints or concerns.
- The service had a complaints policy and procedure and each home had a complaints and compliments box. The service had not received any complaints.

End of life care and support

- At the time of our inspection, no one was receiving end of life care or treatment. However, staff spoke of the bereavement support they provided to the family of a previous person who used the service.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had notified us of the recent change in head quarters. A new certificate has been issued. The registered manager ensured the ratings from the last inspection were displayed in the office during the inspection.
- The management team and staff had clear roles, a new co-ordinator role had been developed to support the management and staff team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the staff supported their needs, they knew the managers, that they were approachable and were happy with how the service was run. Staff told us they felt the management team were supportive and responsive. The service had vision and values the staff team were aware of these.
- The service promoted a positive culture which was person-centred, open and inclusive. The service ensured people received person centred care which met their needs and reflected people's preferences. People were involved where they wished to be in their care planning.

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

- During the inspection the registered manager was open and transparent.
- The registered manager understood and acted on their duty of candour, the service had policies on duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service held regular house meetings where people were involved in the decision making of how the service was run. People also had the opportunity to complete questionnaires about the service they were receiving.
- Staff told us they had regular team meetings.

Continuous learning and improving care

- A range of audits were taking place in the service that demonstrated the service was managed safely.
- Lessons learned were highlighted at staff meetings and staff were up to date with training.
- The service was trialling the hospital passport system which supported a streamlined process when people needed to go to hospital.

Working in partnership with others

- We observed the service worked in partnership with health and social care professionals.