

Home from Home Care Services Limited

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Inspection report

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22 March 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We carried out an inspection of this service on 9 and 15 October 2015. Breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. After the comprehensive inspection we served a warning notice on the registered provider and registered manager of the service requiring them to be compliant with the Regulation by 21 December 2015.

We undertook this focused inspection on the 22 March 2015 to check they had met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Home from Home Care Services Ltd on our website at www.cqc.org.uk.

The service has a registered manager who was also the provider. 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.

Following our previous inspection the provider had reduced their provision of care. When we revisited the provider was providing care for four people.

We saw that the provider had implemented systems to monitor that staff were supported and had accessed appropriate training. Policies had been reviewed and fully supported staff to care for people safely. Systems to monitor the quality of the service had been developed and implemented, this included monitoring when care plans needed reviewing and gathering people's views of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was well led.

The provider had gathered the views of people who used the service.

The provider had policies and systems in place which supported staff to provide a quality service to people.

The provider had a quality assurance system in place which monitored the quality of care provided.

We could not improve the rating for well led from inadequate as we only reviewed areas which we had warned the provider they needed to improve. Improvements in other areas of this key question will be reviewed at our next inspection.

Inadequate 

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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.

We undertook an announced focused inspection on 22 March 2016. We announced the inspection to ensure that the provider was available to speak with us and give us access to their records. The inspection team consisted of an inspector. This inspection was completed to check that improvements to meet legal requirements had been completed by provider after our comprehensive inspection of the service on 9 and 15 October 2015. The service was inspected against one of the five questions we ask about services: Is the well led. This was because the service was not meeting some legal requirements.

The inspection was completed by a single inspector. Before our inspection we reviewed the information we held about the service, including previous inspection reports. We reviewed notifications of incidents the registered manager had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the provider and looked at the records relating to the management of the service.

Is the service well-led?

Our findings

At the inspection on 9 and 15 October 2015 we found that the service was not well led. Care workers were unsupported and systems to monitor their competencies and identify training needs were not in place. Staff records were incomplete. The infection control policy and medicines management policy were inadequate and did not support staff to provide safe care. There were no systems in place to ensure that records about the care people were reviewed and any issues identified. Records were not stored to make the information they contained accessible. People were not supported to give their views on the quality of care they received. The provider did not have a system of checks and audits in place to identify issues which could compromise the safety and quality of care people received.

At our inspection on 22 March 2016 we found action had been taken to improve the management of the service.

We reviewed four staff files and found that they were complete, indexed and we could see the information was set out in a way which made it easy to monitor. Each file had a checklist to show all the required information was recorded and available. It was clear when staff had last received a supervision and it was easy to monitor what training had been completed and what was due in the future. The provider had held staff meetings and had produced a staff news letter to update people on changes in the organisation.

All the policies for the service had been reviewed including the infection control and the medicines management policy. The policies were comprehensive and would support staff to provide safe effective care in line with the latest guidance and legislation.

We saw that the staff rota's for care calls now included traveling time and the provider had systems in place to ensure that people would receive their care at their preferred time. There were also systems in place to collect and correctly file people's daily notes and care plans we looked at had up to dates notes stored in chronological order. Medicine administration records were also available and showed that they had been checked to ensure staff had completed them correctly and that no medicine errors had occurred. The provider had purchased a new computer system and had input all the care plans on the system. All care plans had been recently reviewed and the computer clearly identified when care next needed to be updated.

We saw that the provider had contacted a number of people on a weekly basis to gather their views on the care they received. In addition they had surveyed everyone using the service to see if there were any areas for improvement. However, due to changes in the service and no action plan had been as the people who had provided feedback no longer used the service. We saw that people still using the service has been recently contacted for their views. One person contacted in January 2016 said that they were happy with the quality of care and that they got on well with the staff caring for them.