

# Home from Home Care Services Limited

# Home From Home Care Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

At the time of this inspection the service was registered to provide care from the address 12 West End, Holbeach, Lincolnshire PE12 7LW. However, the provider had moved their location and had applied to de-register this location and register at 34 Lime Walk, Long Sutton, Lincolnshire PE12 9HG. We undertook this inspection at the new location and the information in their report relates to the care provided from 34 Lime Walk.

Home From Home Care Limited provides care for people in their own homes. The service can provide care for adults of all ages including people with a physical disability, sensory needs and a learning disability. It can also provide care for people who have mental health needs and who experience an eating disorder. At the time of our inspection the service was providing care for 16 people all of whom were older people. The service covered Long Sutton, Sutton Bridge, Sutton St James, Holbeach and surrounding villages. The service is run by a company that has two directors. One of the directors is also the registered manager. In this report we refer to this individual as being, 'the registered person'.

At our inspection on 9 and 15 October 2015 there were five breaches of legal requirements. We found that there were not enough staff to enable visits to be completed at the right times and medicines were not always safely managed. In addition, suitable steps had not always been taken to obtain consent from people about decisions that affected them and to ensure that decisions were always taken in their best interests. We also found that the arrangements for resolving complaints, obtaining feedback from people who used the service and monitoring quality were not robust.

In relation to the breach concerning obtaining feedback and monitoring quality we took enforcement action and told the registered person to meet the legal requirement involved by 31 December 2015. We then completed a focused inspection on 22 March 2016 to check that the shortfall had been addressed. We found that the legal requirement had been met.

After the inspection on 9 and 15 October 2015 the registered person wrote to us to say what actions they intended to take to address the other four breaches of legal requirements. They said that all of the necessary improvements would be completed by 22 February 2016.

At the present inspection we found that the improvements necessary to meet the four remaining legal requirements had been made. There were enough staff to complete most visits in the right way, medicines were managed safely, decision making promoted people's best interests and there were effective arrangements for resolving complaints.

However, further improvements were still necessary to ensure that people safely received all of the care they needed. This was because background checks had not always been completed before new staff were appointed.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse and people had been reliably helped to avoid the risk of accidents.

Staff had received the training and guidance the registered person said they needed, they knew how to care for people in the right way. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. Staff promoted equality and diversity by ensuring that the care they provided responded to people's individual lifestyles.

Good team work was promoted and staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice guidance.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Background checks had not always been completed in the right way before new staff had been employed.

Staff knew how to protect people from abuse and people had been helped to stay safe by avoiding accidents.

There were enough staff to complete most of the planned visits on time so that people could reliably receive the care they needed.

Staff assisted people to manage their medicines safely.

### Is the service effective?

**Good** ●

The service was effective.

Staff knew how to care for people in the right way and had received all of the training and support they needed.

People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

### Is the service caring?

**Good** ●

The service was caring.

People said that staff were kind and considerate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

### Is the service responsive?

Good ●

The service was responsive.

People had been regularly consulted about the care they wanted to receive.

Staff had provided people with all the care they needed.

Staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives.

There were arrangements in place to quickly and fairly resolve complaints.

### Is the service well-led?

Good ●

The service was well-led.

Quality checks had ensured that people reliably received all of the care they needed.

People had been invited to contribute to the development of the service.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

# Home From Home Care Services Ltd

## **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 registered person was 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.

Before our inspection visit we reviewed information we held about the service that included notifications of incidents that the registered person had sent us since our inspection on 22 March 2016. We also spoke by telephone with five people who used the service and with three of their relatives. We did this to obtain their views about how well the service was meeting people's needs. In addition, we spoke by telephone with six members of staff who provided care for people in their homes.

We visited the administrative office of the service on 3 August 2016 and the inspection team consisted of a single inspector. The inspection was announced. The registered person was given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with the registered person and the office manager. In addition, we examined records relating to how the service was run including visit times, staffing, training and quality assurance.

# Is the service safe?

## Our findings

At our inspection on 9 and 15 October 2015 we found that there was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that there were not enough staff and staff were not organised in the right way to enable planned visits to be reliably completed on time. We were told that there were too many staff vacancies. In addition, we noted that rosters were poorly organised because they did not suitably take into account the amount of time it took staff to travel from one visit to the next. We were also told that there were too many changes of staff which reduced people's ability to get to know the staff who were calling to their homes. After the inspection the registered person wrote to us and said that they had improved staffing arrangements so that people could be confident that they would reliably receive visits at the right time. These improvements involved staff vacancies being filled. They also involved rosters being revised so that they allowed sufficient travelling time and helped to ensure that the same staff usually completed each person's visits. The registered person said that the improvements would be completed by 22 February 2016.

At the present inspection we found that there were enough staff to reliably complete all of the visits that had been planned. Staff told us that they usually worked in the area where they lived with each care worker being allocated a number of visits to complete at particular times each day. We examined the rosters recently used by three members to plan the completion of their visits. In each case we found the rosters to have been prepared correctly because they included sufficient travel time and arranged for the same staff to call to each person.

We also examined records of 10 visits completed by staff in the three weeks before our inspection visit. They showed that all of the visits had been undertaken and that staff had remained in people's homes for the correct amount of time. The records also showed that eight of the visits had been started on time while in the case of the remaining two visits the member of staff had been a little late. The way in which most visits were being completed helped to reassure people that their care would be provided in line with their expectations. When speaking about their experience of receiving visits a person told us, "I find the time keeping to be excellent. Just a few minutes either side of the correct time. I've never had the staff not arriving for a visit and I feel I can rely on them." Relatives were also confident about this matter with one of them saying, "I do think that the service is well organised because it's usually the same staff and they turn up when they should." These improvements meant that the relevant legal requirement had been met.

At our inspection on 9 and 15 October 2015 we found that there was a breach of Regulation 12 (2) (a) (b) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that there were shortfalls in the way staff recorded the strength and dosage of the medicines they supported people to use. In addition, records did not always clearly indicate when medicines had been administered and staff had not been given the information they needed when offering people discretionary medicines that could be used as and when necessary. After the inspection the registered person wrote to us and said that they had improved the arrangements used to manage medicines so that people would be reliably assisted to use them in the right way. These improvements involved strengthening the way in which the administration of medicines was recorded and providing staff with more guidance and training. In addition, we were told that

more robust checks would be completed so that any problems with the administration and recording of medicines could be quickly addressed. The registered person said that the improvements would be completed by 22 December 2015.

At the present inspection we found that there were reliable arrangements to enable staff to manage medicines safely. Staff told us that they had received additional training and support to enable them to assist people to use medicines and we found that they knew how to do this in the right way. We noted that documents accurately described how each medicine should be used and records showed that people had been given all of the help they needed to use medicines as intended by their doctor. People were confident in this aspect of the care they received with one of them remarking, "The staff are very good to me and they make sure I take my tablets when I should. Otherwise I might forget or get them muddled up. They also check that I have enough to last me so I don't run out." These improvements meant that the relevant legal requirement had been met.

We examined the background checks that the registered person had completed before two members of staff had been appointed. Records showed that a number of checks had been undertaken. These included checks with the Disclosure and Barring Service to show that the staff in question did not have relevant criminal convictions and had not been guilty of professional misconduct. However, other checks had not been reliably completed. This was because in each case the registered person had not obtained a suitably detailed employment history and so could not accurately establish what additional checks needed to be made to ensure the applicants' previous good conduct. However, we noted that no concerns had been raised about the conduct of the two members of staff since they were appointed. In addition, the registered person said that the recruitment procedure would immediately be strengthened to address the oversight in question.

People said that they felt safe when in the company of staff. A person said, "I find all of the staff to be fine and to be honest I look forward to seeing them." Relatives were also reassured that their family members were safe. One of them said, "I'm pleased to know the staff are calling to see my family member because I live quite a long way away and I'm reassured to know that my family member isn't on their own."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. We noted that they knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Staff told us that they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

People were protected from the risk of financial mistreatment. We checked a sample of records which showed that the people concerned had been correctly invoiced for the care they had received. We also noted that there were robust arrangements in place to ensure that staff did not receive gifts or other gratuities from people who used the service. In addition, there were suitable arrangements to ensure that people received the correct change on the small number of occasions when staff went shopping for them. All of these measures helped to ensure that people were being supported to manage their money in a safe way.

Records showed that staff had identified possible risks to each person's safety and had taken action to promote their wellbeing. An example of this involved a person being assisted to have a fault on their telephone line repaired. This was necessary so that they could reliably use an emergency alarm that



enabled them to request assistance if necessary. In addition, we noted that the registered person had systems in place so that if an accident or near miss occurred steps could quickly be taken to help prevent the same thing from happening again. An example of this was staff noticing that a person was at risk of falling because it was awkward for them to use their commode. We were told that in response to this staff had assisted the person to rearrange their bedroom so that they had more space to safely move around.

## Is the service effective?

### Our findings

At our inspection on 9 and 15 October 2015 we found that there was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that the arrangements to provide staff with introductory training and to establish that they had the necessary knowledge and skills were not robust. After the inspection the registered person wrote to us and said that they had strengthened the training new staff received. They also said that suitable checks were now completed to ensure that staff had all of the knowledge and skills they needed to care for people in the right way. The registered person said that the improvements would be completed by 22 February 2016.

At the present inspection we found that people and their relatives were confident that staff knew how to provide care in the right way. A person said, "Yes the staff do know what they're doing and I've heard them talking about all of the training they have to do." Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. This training included staff completing a number of exercises to demonstrate their competency in line with the national standard required by the Care Certificate. An example of this was the way in which new staff had been observed when administering medicines and when assisting people who lived with reduced mobility. This had been done to check that they had benefited from their training and were competent to care for people.

We also noted that established staff had been provided with additional refresher training in key subjects such as how to safely assist people who experienced limited mobility and first aid. Records also showed that staff had regularly met with the registered person to review their work and to plan for their professional development.

As a result of the training and guidance they had received staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this involved staff telling us how they assisted people who needed to be helped using a hoist. We noted that they suitably described how to safely use the equipment including occasions when two staff needed to work together in order to correctly deliver the assistance in question. Other examples included staff having the knowledge and skills they needed to help people to keep their skin healthy, promote their continence and to achieve good standards of hygiene so as to reduce the risk of people acquiring infections. These improvements meant that the relevant legal requirement had been met.

At our inspection on 9 and 15 October 2015 we found that there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that the registered person had not always taken the steps necessary to ensure that decisions were made in the best interests of people who did not have mental capacity. After the inspection the registered person wrote to us saying that they had addressed this oversight by strengthening the way in which the service complied with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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. The

registered person said that staff would be provided with additional training. They also said that when care was being planned more priority would be given to ensuring that each person received the assistance they needed in order to ensure that decisions were consistently made in their best interests.

We found that the registered person and staff were following the MCA in that they had supported people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave examples of this when they described how staff had explained to them why they needed to deal with official correspondence so that bills did not mount up and become a problem.

Records showed that on a number of occasions when people lacked mental capacity the registered person had contacted health and social care professionals and relatives to help ensure that decisions were taken in people's best interests. An example of this involved the registered person liaising with a relative after staff had become concerned that a person who lacked mental capacity was at risk. This was because they were not managing their personal hygiene and this had resulted in an increased risk of them acquiring an avoidable infection. We noted that as a result of this action practical steps had been taken to reduce the risk. This had involved staff calling more frequently to assist the person to use the bathroom in the right way and to change their clothes when necessary. These improvements meant that the relevant legal requirement had been met.

We noted that when necessary people had been provided with extra help to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. This included staff preparing and serving food for people who might otherwise have not been provided with a hot meal. We also noted that staff kept a record of what some people had eaten and drunk during each visit so that they could respond quickly if any significant changes were noted. A relative told us how much they appreciated this part of the care their family member received saying, "I'm reassured to know that staff help my family member with their meals because otherwise I'd be worrying that they weren't eating and drinking enough."

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern.

# Is the service caring?

## Our findings

All of the people who used the service with whom we spoke were positive about the quality of care they received. One of them said, "I'm very pleased indeed with the care I get from the staff because they're reliable and helpful." Another person said, "It's important to me that I know who's coming into my home and that I can trust them. All I can say is that on both counts I'm happy with the service I get." Relatives were similarly complimentary and one of them said, "The staff in general are fine. You get on better with some than others but overall they're a good bunch."

People said they were treated with respect and with kindness. An example of this was a person who said, "There have been some changes of staff recently but the management seem to be able to find the right people to take over when others leave." Another example was a person who told us, "The staff are very happy to do little extras. One of them takes little bits of washing home if I need something done quickly and they won't accept anything for it."

We noted that the registered person recognised that it was important to support relatives when their family member died so that their life could be celebrated. This included the registered person sending a condolences card and offering to attend the funeral service. We were told about an additional kindness when a member of staff had called to see a grieving relative a month or so after their family member's funeral. They did this to check that they were managing on their own and to enjoy their memories of the deceased person's life.

We found that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. A relative spoke with us about this and remarked, "I like how the manager keeps in touch with me if my family member needs something or if they've had to see the doctor. It's much more than an old fashioned home care service where staff complete their visits and that's that"

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff were

aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was staff saying that they never used social media applications for these conversations because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely. The service's computer system was password protected and so could only be accessed by authorised staff. In addition, paper records were kept neatly in subdivided files that were secured in locked cabinets when not in use.

## Is the service responsive?

### Our findings

At our inspection on 9 and 15 October 2015 we found that there was a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that some people who had made a complaint did not consider their concerns had been addressed. In addition, we found that the registered person did not maintain thorough records to list what complaints had been received, what steps had been taken to investigate them and how they had been resolved. After the inspection the registered person wrote to us and said that they had strengthened the way in which complaints were recorded and managed. This was so that people could be confident that any concerns they had would be carefully investigated and quickly addressed. The registered person said that the improvements would be completed by 1 February 2016.

At the present inspection people told us that they were confident that the registered person would enable them to raise any concerns they had so that they could be resolved. Speaking about this a person remarked, "I've never had to complain but if there was something I'd just speak to the manager who is okay and approachable. I'm sure that things would get sorted out." Relatives were also confident about this matter with one of them saying, "I don't get the impression that the service is defensive. I know it's become much smaller recently and may be that makes it easier to give a more personal response to anyone who's got a complaint."

People and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered person aimed to address any issues brought to their attention. Records showed that since our focused inspection on 22 March 2016 the registered person had not received any formal complaints. We noted that the registered person had introduced a new management procedure to ensure that all future complaints were properly recorded to show when they had been received and how they had been resolved. These improvements meant that the relevant legal requirement had been met.

We saw that each person had a written care plan, a copy of which was left in their home. People said that they had been invited to occasionally meet with the registered person to review the care they received to make sure that it continued to meet their needs and wishes. A relative remarked about this saying, "The manager has popped in now and then to see how we're doing and to make sure that we're okay still with the care we're getting. In general, we're satisfied with it."

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. Speaking about the assistance they received a person told us, "The staff do a lot for me and I couldn't manage without them. It's different each day depending on how I am and the staff don't mind at all being flexible." We examined records of the tasks three staff had completed during 10 recent visits to three people. We found that the people concerned had been given all the practical assistance they had agreed to receive in their care plans.

Staff were confident that they could support people who lived with dementia and had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. An example of this involved a member of staff describing how they used their knowledge of the person to establish when they wanted something for which they were not able to easily ask. They said that during a recent visit they noticed that the person was unsettled. The member of staff said that they asked about a number of things that could be the cause of the person's concern. By using this process of elimination they eventually discovered that the issue was the person wanting to know when they would next hear from a particular relative. The member of staff said that the person soon became calm and relaxed once they had been reassured that the service was in contact with the relative concerned and would pass on their enquiry to them.

The registered person understood the importance of promoting people's equality and diversity and we noted that staff had been provided with written guidance about how to put this commitment into action. An example of this involved the registered person recognising the importance of consulting with people about the gender of the staff who they wished to invite into their homes when it was to provide them with close personal care. In addition, we noted that the registered person knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend someone by using their first language.

## Is the service well-led?

### Our findings

Records showed that the registered person and the office manager had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included reviewing records that were completed by care workers and returned to the service's administrative office at the end of each month. The reviews were completed to confirm that people's medicines were being safely managed and that people were correctly receiving all of the assistance they needed and wanted.

We also noted that the registered person was regularly completing 'spot checks'. These were usually unannounced and the registered person calling to a person's home while a care worker was completing a visit. Records showed that during these spot checks the registered person consulted with the person using the service and observed how well their care was being provided. In addition, records also showed that suitable action had been taken when problems had been noted. An example of this had involved a care worker being given additional training when it had been noticed that they were not always correctly using disposable gloves to reduce the risk of cross infection.

People said that they were asked for their views about the care they received as part of the everyday conversations they had with staff. A person commented about this saying, "I have a good old chat with the staff and I look forward to it really." In addition, records showed that people had been invited to complete an annual quality assurance questionnaire to give their views about how the service could be further improved. We noted that in their most recent feedback people had expressed a high level of satisfaction with the service they received. An exception to this involved a relative who voiced concerns about how some staff did not fully understand how best to speak with their family member who lived with dementia. We saw records which showed that the registered person had provided the staff concerned with additional guidance. We also noted that the registered person had made arrangements to meet with the relative concerned so that they could explore the issue further and provide reassurance.

People said that they knew who the registered person was and that they were helpful. We noted that the registered person knew about important parts of the care people were receiving. In addition, they knew about points of detail such as which members of staff were allocated to complete particular visits. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We found that staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. One of these measures involved there always being a senior colleague on call if staff needed advice during the evenings, nights and weekends. Staff told us about another measure when they described how they always read the records that were kept in each person's home. These described the care that had been provided and noted any changes which needed to be made. Staff said that this arrangement helped to ensure that they provided flexible support that responded to people's changing needs. In addition, staff said and records confirmed that there were regular staff meetings at which they discussed changes in people's care needs and any alterations they needed to make in order to meet them.



We found that there was an open, relaxed and friendly approach to running the service. Staff said that they were well supported by the registered person and senior staff. They also said that they were confident they could speak to a senior colleague if they had any concerns about the conduct of another staff member. Staff told us that this reassured them that robust action would be taken if they raised any concerns about poor practice.

We saw that the registered person recognised the importance of ensuring that people who used the service benefited from staff acting upon good practice guidance. An example of this was the way in which the registered person had encouraged staff to subscribe to a national scheme that is designed to ensure that people who receive care at home have their dignity respected and promoted. We found that this national guidance was reflected in the knowledge and skills staff brought to their work and helped them to promote positive outcomes for people who used the service.