Homebird Care Ltd

Homebird Care Head Office

Inspection report

88 Beech Lane
Liverpool
Merseyside
L18 3ER

Date of inspection visit:
25 October 2016

Date of publication:
15 December 2016

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

This announced inspection of Homebird Care Ltd took place on 25 October 2016.

Homebird care Ltd is a domiciliary care service, which delivers personal care to people in their own homes as part of a supported living model, particularly specialising in supporting people living with mental health conditions. The registered office is situated in Aigburth, Liverpool.
At the time of our inspection 14 people were receiving services based across five houses and the service employed 30 staff.

There was a registered manager 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.

People who used the service told us they felt safe because they knew the staff and managers well.

Staff were able to describe what action they would take if they felt someone was being abused or disclosed abuse to them. The people using the service told us they could approach the managers of the service if they felt they needed to discuss any safeguarding concerns.

People told us and rotas evidenced that there was enough staff on duty and employed by the service to be able to keep people safe. The service had an electronic rota system which 'logged' staff in when they came on shift.

Risk assessments were detailed and referenced specific areas of risk complete with management plans to help the staff to support that person.

People received their medicines as prescribed and safe practices had been followed in the administration and recording of medicines.

Staff were supervised regularly and had an annual appraisal. Staff training was in date and covered a wide range of topics in accordance with the provider's training policy. We saw that new staff were inducted appropriately and inductions were in line with The Care Certificate.

Staff were recruited safely and checks were carried out on staff before they started work at the service to ensure they were suitable to work with vulnerable people.

The registered manager and staff we spoke with were aware of their roles in relation to the Mental Capacity Act 2005 and associated legislation.

Consent was well documented in people's care plans for individual tasks and this was signed by the people themselves.

People had access to medical professionals such as GP's, CPN's opticians and chiropodists when they needed them. Staff had recorded the outcomes of these visits in people's care plans.

People were supported to do their weekly shopping and staff ensured people had balanced meals and ate a varied diet.
Staff were able to demonstrate that they knew people well, and people were complimentary about the staff team.
Staff and people using the service were able to give examples of how people's diversity and choices were respected.
Care plans contained person centred information about the individual.

There was a complaints procedure in place, and people told us they would have no problem raising a complaint if they needed to. There were no complaints to view.

People and staff were complimentary about the registered manger and the provider in general, and said they would recommend working for the company.
Staff were aware of the provider's whistleblowing policy and told us they would not hesitate to report any concerns or bad practice.

Systems were in place to monitor the standard of the service and drive forward improvements. This included a number of audits for different areas such as health and safety, medication, care planning and training.
There were clear and transparent action plans when the audit process identified areas of improvement.

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.

People told us they felt safe and had their care delivered by staff who had been safely recruited and selected to do so.

Risk assessments were in place and were being reviewed monthly or when required. Risk assessments were detailed and easy to follow.

Arrangements were in place for the safe storage and administration of medication. Staff were trained to enable them to support people with their medication needs

Is the service effective?

Good

The service was effective.

Staff told us they enjoyed their training and we saw from looking at the training matrix and certificates staff had attended regular training.

Supervision records showed that staff underwent regular supervision with their manager.

The service was working in accordance with the principles of The Mental Capacity Act 2005 (MCA) and other associated legislation to ensure people were exercising their rights to make choices and decisions regarding their care.

People were supported to shop for individual items of food and were supported to prepare meals and snacks when required.

Is the service caring?

Good

The service caring

People said that the staff cared about them and were very obliging. We observed staff speaking to people with respect.

Staff were able to describe how they promoted people's dignity and respected their privacy.

People told us they were routinely involved in decisions concerning their care and support.

Is the service responsive?

Good

The service was responsive.

Care plans contained a level of personalisation which took into account people's likes, dislikes and background information.

People said they knew how to complain and would have no hesitation complaining. We saw complaints had been addressed

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

There were quality assurance systems in place which included monthly audits by the registered manager as well as weekly compliance monitoring by the registered manager.

Feedback was gathered in an appropriate way for the size of the service.

Homebird Care Head Office

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 inspection took place on 25 October 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that staff would be available to speak with us, and the registered manager or someone in charge would be available.

The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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 also looked at the statutory notifications and other intelligence which the Care Quality Commission had received about the home. At the time of our inspection, the service was delivering support to 14 people using a supported living model of care. The service employed 30 staff.

During the inspection, we spent time with four staff that worked at the service, and visited four people using the service to gain their views. We spoke to the registered manager and the provider.

We looked at the care records for four people using the service, four staff personnel files and records relevant to the quality monitoring of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe. One person said, "I do feel safe. If anything was to happen there is always someone here." Someone else told us, "There's always someone around." Another person said, "I always feel safe."

Staff were able to describe the course of action they would take if they felt someone using the service had been harmed or abused in anyway. One staff member told us, "I've done safeguarding training. I can tell straight away if there is something on someone's mind." Training records confirmed that staff had been trained in adult safeguarding. There was a safeguarding adults policy in place which all of the staff were familiar with, that incorporated the local authority's safeguarding procedures as well as the provider's.

Staff told us that whistleblowing had been discussed with them and they would not hesitate to raise any concerns.

Risks assessments were completed in way that maximised people's independence and we saw that people had signed their risk assessments to show that they agreed with them. Risk was assessed prior to control measures being put in place and then reassessed after the control measures had been implemented. Each risk assessment included a full descriptive account of what the staff should do to help support that person. Risk management plans were included for; mental health, self-harm and missing persons.

Medication procedures were observed to be well managed. People told us they had their medications when they needed them. One person said, "I take a lot of medication. I get it on time and it is always right." We spot checked a MAR (medication administration record) against the stock balance and found this was correct. Staff confirmed and records showed that staff were trained in medication administration and had annual competency checks from a senior member of staff to ensure they were still able to complete this task.

We observed there were enough staff on duty to be able to meet people's required needs. Rotas showed that care was delivered by a consistent staff team. People told us there was always enough staff to meet their needs. We saw that the service had implemented an electronic rota system that required staff to sign in to their shift using a webcam which would take their photograph and log them in securely. The provider explained the benefits of using this system because it meant they knew the staff who were supposed to be on duty were there and it was a good way to quality assure the service.

We looked at four staff personnel records including a staff file for a newly appointed member of staff. We saw the files had the appropriate evidence of safe recruitment, this included qualifications, references and Disclosure and Barring Service (DBS) checks. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

There was a procedure in place for monitoring accidents and incidents each month to check for any

patterns or trends. This information would then be used as part of the review process for that person.

As staff were expected to carry out their duties in peoples own homes we asked the registered manager how they ensured the staff had a safe environment to work in. We saw that an environmental risk assessment was completed for each of the homes the staff visited, including any parking restrictions, when staff would have to walk to the service and any hazards in the home, such as damaged flooring or pets.

Good

Is the service effective?

Our findings

People we spoke with told us they felt the staff were skilled. One person said, "I can't fault the staff." The training matrix showed that staff were trained in a range of subject areas in line with the provider's policy. We viewed the training matrix and then matched the dates the training took place to the certificates in staff's files. One staff member told us, "The quality of the training is good. I know everything I should know." Staff were trained in safeguarding, first aid, medication, food hygiene, and mental capacity. Records also confirmed that staff had attended training in recovery star which was a specific training course designed to help staff support people living with mental health needs.

There was an induction process in place which was aligned to The Care Certificate. The Care Certificate is an identified set of standards which health and social care workers adhere to in relation to their job role. We saw this was being completed with each new member of staff, as well as two or three shadow shifts so the staff could get to know the person they were supporting.

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. This is called the Deprivation of Liberty Safeguards. There was no one subject to a Deprivation of liberty at the time of this inspection. during this inspection.

The registered manager explained the process they would follow if an application was required to safeguard someone in accordance with the principles of the MCA. This included involvement of the local authority if a DoLS needed to be applied for from the Court of Protection (CPA). The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who it claims lack mental capacity to make decisions for themselves

The registered manager and staff we spoke with were mostly aware of their roles in relation to the Mental Capacity Act 2005 and associated legislation. We checked people's care plans and saw that capacity was assessed depending on the type of decision which was to be made. We also saw that the provider had followed the 'best interest' process when people required support with decision making and the least restrictive option was chosen. We saw that most people had capacity to make day-to-day decisions and this was also clearly documented within their plan of care.

People told us that the staff support them to do their shopping and people had access to their kitchens at all times so could make drinks and snacks whenever they wanted. One person told us, "I like roasts and spaghetti Bolognese." Someone else said, "I go the shops with staff for food." Another person explained that

their housemates and they had just bought a table and chairs, as they wanted to sit down together and have meals.

People told us they were supported to attend appointments at the GP. We saw that other medical professionals were involved in people's well-being and their contact details were part of people's care plans if the staff ever needed to contact someone for assistance and support.

Good

Is the service caring?

Our findings

All of the people we spoke with praised the staff and said they felt they cared about them. Some of the comments included, "The staff speak to me well," and "They treat me more than well. They go out of their way. We have a good team here. It's a nice home."

We observed interaction between staff and people which were familiar and staff clearly knew the people they were supporting. One person said, "They [staff] understand when I am having a bad day." One staff member told us, "I always have time to speak to people. They always come first."

Staff were able to describe how they ensured people's dignity was protected. One staff member said, "We knock on people's doors." Another member of staff told us, "If we provide personal care we knock before entering rooms and use the locks." One person confirmed the staff do this, they told us, "Staff knock before they come into my room."

It was evident from looking at care plans that they had been completed with people's full involvement. People had signed their care plans in acknowledgment and confirmed that care plans were often reviewed with their input. Care plans were written in a way which respected and involved the person. For example some care plans contained particularly sensitive information around a person's behaviours and past life choices, but it was evident they had been involved in completing this care plan and had given consent for the information to be shared.

Some people were receiving support form advocacy services at the time of our inspection and this information was made available for people should they require it.

We saw that personal records and information was held securely at the registered premises, most of this information was being stored electronically using a secure server. Additionally, in people's homes we saw that their information was stored securely to prevent it from being misplaced. Staff had signed a confidentiality policy to confirm they understood the services views and expectations on this matter.

Good

Is the service responsive?

Our findings

All of the care plans we saw demonstrated that person centred care was at the forefront of the individual's care plan. The initial assessment undertaken for each person was thorough and reflected their individuality and care needs both physically and emotionally. Care planning was completed in accordance with person centred practices and values. Person centred planning is a way of helping someone to plan their life in accordance with what is important to them and their individual needs.

People's care plans contained sections covering what was important to them and what successful support looks like for that person including personalised management plans in accordance with risk factors. For example, we saw that one person had a particular personal goal identified as something they wanted to achieve. We could clearly see the steps the staff and other people involved in the person's care and support would need to take in order to make this happen for the person. We saw that people's 'goals' were continuously updated and elaborated on. One person we spoke with gave us an example of how the support from Homebird had helped them to reconnect with family members and had given them confidence. This person said, "I'm dead happy here." Another person told us they had not been to their voluntary job due to feeling unwell. However, they also said that the staff had agreed to go with them to make sure they were okay.

In addition to person centred support planning, we saw that the provider encompassed person centred values with regards to some of their training. We saw that some specific training requirements had been sourced and tailored to meet people's needs. For example, we saw that one staff team had recently undergone training in self-harm to enable them offer more specialised support to a person who was at risk.

Everyone we spoke with told us that they got involved in reviews about their care and support and we could see evidence of this taking place within people's care plans.

We looked at the procedure for managing and dealing with complaints. People told us staff listened to any concerns they raised. There had been no complaints raised in the last twelve months. People were encouraged to share their experience and complain if they felt they needed to. The complaints procedure was given to people at the start of their care packages. We saw this procedure and could see it encompassed the procedure of the local authority as well as the provider.

We looked at the provision of community participation and inclusion, as people were living semi independently and accessed the community independently. People told us they could come and go as they pleased however staff were always on hand if they needed support.

Good

Is the service well-led?

Our findings

There was a registered manager in post.

Staff members we spoke with were complimentary with regards to the organisation. One staff member said, "I love it here." Another member of staff said, "They [the owners of the organisation], are nice people to work for." In addition, "The management are very approachable," and "I love my job."

Staff explained that minutes of team meetings were stored securely, along with any memos or other information the staff may need to know. The provider explained the organisation makes use of a secure networking site only for use within the organisation and this was where updates and policy changes were shared along with the link to them. One of the senior members of staff told us, "I have meetings with senior staff; we raise any changes with the managers." They also explained how there was a lot of change within the organisation, however they felt the organisation embraced this change and 'developed from within.'

We saw the statement of purpose was written with regard to the vision and values of the local authority. It was geared towards outcome based support and what people using the service had the right to expect from Homebird. This was clearly evidenced in people's support plans. For example, one objective was 'To promote people's mental health and wellbeing during a period of recovery and / or sustain wellbeing and prevent relapse.' To support this objective we saw that people's care plans contained up to date and detailed information of who to contact and what the staff would need to do if a person was displaying signs of relapse, this included what signs and symptoms the person would display and any changes in their behaviour.

Audits were undertaken regularly to access and monitor the quality of the service. We saw evidence of weekly audits being undertaken by the service manager in areas such as the environment, medication, care planning, training and staff files. In addition, there were monthly audits being undertaken by the senior manager, which checked the house manager's audits as well as any changes to policies and procedures and supervision of staff. There were clear action points documented when areas needed addressing. These action points were checked again before the next month's audit. This showed that the provider was auditing the quality and safety of the service.

Feedback surveys were being completed appropriately for the size of the service. The registered manager told us, "We mostly discuss things as and when." We did see some completed feedback forms asking about people's experience of the service. These had not been sent out yet, as most people had refused to engage and preferred talking openly during house meetings. We saw copies of these minutes and saw people used the opportunity to share feedback. We saw that staff feedback forms had been completed.

The service had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them.

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.