

Mr & Mrs Ryan Godwin

Homecare Services

Inspection report

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Date of inspection visit:

22 January 2019

25 January 2019

Date of publication:

06 March 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

We carried out an announced inspection of Homecare Services on 22 and 25 January 2019.

Homecare Services is a domiciliary care agency which provides personal care and support to older people, younger adults and people living with dementia, living in their own houses and flats. At the time of our inspection the service was providing support to 86 people.

At our last inspection, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of our inspection 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 told us they received safe care. Records showed that staff had been recruited safely and staff were aware of how to safeguard adults at risk. There were safe processes in place for the management and administration of medicines.

Most people told us staff visited them on time and stayed as long as they should. People liked the staff who supported them and told us staff were kind and caring.

Staff received an effective induction and appropriate training which was updated regularly. People supported by the service and their relatives felt that staff had the knowledge and skills to meet their needs.

People received support with eating, drinking and their healthcare needs. Appropriate referrals were made to community health and social care professionals to ensure that people's needs were met.

People told us staff were caring and kind and respected their right to privacy and dignity. They told us staff encouraged them to be independent and did not rush them when providing support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People told us their care needs had been discussed with them and they received care that reflected their needs, risks and preferences.

People were happy with how the service was being managed. They found the manager and staff approachable. Staff told us the manager was approachable and they felt well supported.

The registered manager regularly sought feedback from people being supported and their relatives. We noted that people had expressed a high level of satisfaction about most areas of the service.

Audits and checks of the service were completed regularly. We found the checks completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service.

Further information is in the detailed findings below.

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 Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Homecare Services

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 checked whether the provider 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. This was a comprehensive inspection.

This inspection took place on 22 and 25 January 2019 and was announced. We gave the service 48 hours' notice of the inspection, so that the registered manager could contact people being supported and their relatives, to ask if they would be willing to provide us with feedback about the service. The inspection was carried out by one adult social care inspector and two Experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. As part of the inspection we contacted one community professional who was involved with the service for their comments. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service. Healthwatch Lancashire is an independent organisation which ensures that people's views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire.

As part of the inspection we spoke on the telephone with 15 people who received support from the service and six relatives. We also spoke with two care assistants, one senior care assistant, the registered manager and the manager responsible for the day to day running of the service. We looked in detail at the care records of two people who received support from the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and audits of quality and safety.

Is the service safe?

Our findings

People supported by Homecare Services told us they received safe care. Comments included, "I feel very safe with them and they're very gentle with me" and "They are lovely girls and all work in an absolutely safe manner".

Most people supported by the service and their relatives told us staff arrived on time and stayed as long as they should. However, five people told us that staff were sometimes late and the timing of their visits varied. We discussed this with the manager. She informed us that the service was in the process of implementing an electronic system which was live and would enable office staff to monitor the timeliness of visits. She explained that the system would also alert the office if the staff member was running late, for example due to heavy traffic or severe weather, which would enable them to keep people informed. One person told us that some staff had not always stayed as long as they should however this had improved recently and they did not want us to raise the issue with the manager.

Records showed that staff had completed safeguarding training and the staff we spoke with understood how to protect adults at risk of abuse. A safeguarding policy was available which included the different types of abuse and staff responsibilities. No safeguarding concerns had been raised about the service in the previous 12 months. The manager told us that if any safeguarding concerns were received and the service was found to be at fault, any lessons learned would be shared with staff.

The service had a whistle blowing (reporting poor practice) policy in place. Staff were aware of the policy and told us they would use it, for example if they had concerns about the conduct of another member of staff.

We reviewed two staff recruitment files and found that staff had been recruited safely. Appropriate checks had been made of their suitability to support adults at risk of abuse.

Risk assessments were in place for people supported, including those relating to the home environment, fire safety, medicines, nutrition and hydration, moving and the use of equipment. Risk assessments provided information for staff about the nature and level of each risk and how best to support the person to reduce the risk. They were reviewed regularly. Information was available about the support people would need from staff if they needed to be evacuated from their home in an emergency.

The manager told us that no accidents involving people supported had taken place in the previous 12 months. Staff knew how to report accidents and told us they would ensure that medical advice was sought if appropriate. None of the people we spoke with had experienced any accidents or incidents.

We saw evidence that the personal records of people being supported by the service and staff were stored securely at the service's office and were only accessible to authorised staff.

We looked at how people's medicines were managed by the service. The manager told us that ten people

received support with their medicines. A medicines policy was available to provide guidance to staff and staff who administered medicines had completed relevant training. We reviewed nine people's Medicines Administration Records (MARs) and found the information available about people's 'as required' (PRN) medicines needed to be improved. However, we noted that people told us they received their medicines as and when they should. Following the inspection, the manager provided evidence of improvements made. We also noted that MARs did not always include special instructions about medicines, such as any foods that should be avoided. After our inspection, the manager made arrangements for printed MARs to be provided by the pharmacy responsible for dispensing each person's medicines. This would help to avoid the potential errors involved in staff handwriting MARs.

We looked at how the service protected people from the risks associated with poor infection control. Records showed that staff had completed infection control training. The staff we spoke with confirmed they had completed relevant training and told us they used appropriate infection control equipment, including gloves and aprons, when they supported people. People told us that staff used appropriate equipment when supporting them.

There was a business continuity plan in place, which provided guidance for staff in the event that the service experienced disruption, for example due to severe weather. This helped to ensure that people continued to receive support if the service experienced difficulties.

Is the service effective?

Our findings

People were happy with the support provided by Homecare Services and felt staff had the skills to meet their needs. Comments included, "I am very happy with this care agency. The carers are reliable and will turn up in all weathers. I feel that these carers go the extra mile", "I think this service is effective and I'm particularly happy that my [relative's] needs are being met" and "I am happy with my care and I feel that my needs are being met by this team. They have the skills to manage my condition. I don't think I could ask for better carers". Everyone we asked said they would recommend the service to others.

Staff received a thorough induction when they joined the service and told us their training was updated regularly. Records showed that staff members' competence to deliver safe care was checked during regular observations of their practice. Staff received regular supervision and annual appraisals, when they received feedback about their performance and were able to raise any concerns. We saw evidence that the manager took action when staff conduct fell below the expected standard. This helped to ensure that people were supported by skilled staff who could meet their needs.

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences. This helped to ensure that the service was able to meet people's needs.

The care files we reviewed included information about people's needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, the support they needed and how this should be provided by staff.

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 make 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

A MCA and capacity to consent procedure was in place which included information about capacity assessments and best interests decisions. The manager told us no-one was being supported who could not consent to their care and no applications had been submitted to the Court of Protection at the time of our inspection. People told us staff sought their consent before providing support. One person commented, "They are very polite and always ask for consent before delivering personal care".

Care plans and risk assessments contained information about people's nutrition and hydration needs and referrals were made to community professionals where concerns were identified. The staff we spoke with were aware of people's preferences and special dietary requirements, such as people who were diabetic.

People's care files included information about their medical history, medicines and any allergies. Records showed that people had been referred to, and were supported by, various health care professionals, including GPs and district nurses. This helped to ensure that people's healthcare needs were met. People told us medical attention was sought when needed.

The manager told us that when people were taken to hospital, information about their care needs was shared with ambulance service staff. This helped to ensure that information about people's needs and risks was shared with other professionals when they moved between services.

Is the service caring?

Our findings

People told us they liked the staff who supported them and commented that staff were kind and caring. Comments included, "I have a close bond with my carers. They make me laugh and we have a good relationship", "I've liked all the carers. They always seem to put me at ease" and "They're all very nice and friendly girls. They're very gentle and always very kind".

Some people we spoke with were supported by a small number of regular staff and others were supported by a larger number of different staff. Most people were happy with this arrangement. Comments included, "I don't have a rota but I have a regular core of four staff", "There is no staff rota but we usually have the same carers in the mornings" and "There is no rota, I could ask for one but I'm really not bothered. I find that new staff will shadow experienced carers, usually for two visits before starting independently".

Three people told us they did not always know who was going to visit them and were not happy with this arrangement. We discussed this with the manager. She told us that the office sent out weekly rotas to many people being supported. However, she was aware that when the office had needed to change rotas, particularly due to short notice staff sickness, people had not always been informed. She advised that where changes were made to people's visits at short notice, office staff would in future try to ensure that people were informed by telephone. She explained that the new electronic system would improve this issue, as it is live and everyone being supported will be able to have access to their daily rotas.

People being supported by the service and their relatives told us that staff treated them with dignity and respected their right to privacy. Comments included, "The carers are kind and we have conversations. They seem to be interested in me and they treat me with respect, for example, they always ask how I am feeling", "The staff are kind and they treat me with respect, for example they always listen and act on what I say", "They always ask how I am. They treat me politely" and "The carers are all pleasant and caring. My privacy and dignity are respected, for example, they cover me when I am being showered".

People told us staff encouraged them to be independent. Comments included, "They never rush and I feel that I can keep as independent as possible within the constraints of my condition", "They let me wash my hands, arms and face independently" and "I never feel rushed by them and I feel that they encourage independence".

The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The guide included information about the provider's philosophy of care, a service users' charter, terms and conditions, personal data and how to make a complaint. The manager told us the guide was also available in large print.

We saw evidence that people's right to confidentiality was protected. The service had a confidentiality policy which provided clear information about staff responsibilities and staff signed a confidentiality agreement when they joined the service. People's personal information was stored securely.

Information about local advocacy services was included in the care files in people's homes. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. The registered manager told us that no-one was being supported by an advocate at the time of our inspection.

Is the service responsive?

Our findings

Most people told us they received care that reflected their individual needs and preferences. Comments included, "The staff know me and they know my preferences" and "I feel that my care is individualised and they will listen to me". However, two people told us that on occasion they had been visited by staff who were not familiar with their needs or how to meet them, for example, how to use necessary equipment. We discussed this with the manager. She advised that all staff had received the appropriate training to meet people's needs. However, she would remind all staff to contact the office if they were struggling to operate any specific equipment and one to one training with that particular product would be arranged. She also advised that in future, where people have more complex needs, the service will check with the person being supported that they feel confident for new staff members to support them, after a period of shadowing has taken place.

The care plans we reviewed contained information for staff about what people were able to do, the support they needed and how that support should be provided. Care documentation was reviewed and updated regularly. This helped to ensure that staff knew how to provide care that was responsive to people's needs and preferences. People told us staff followed their care plan when providing support.

People being supported and their relatives told us staff offered them choices and they were involved in decisions about their care. One person commented, "They offer me choices whenever possible, for example with my choice of clothes".

We noted that care documentation included information about people's religion and race/ethnic origin but not their gender or sexual orientation. This meant that staff may not have an awareness of people's diversity and what was important to them. We discussed this with the manager and the registered manager who told us they would amend the service's documentation to include this information.

We looked at how the service ensured that people were protected from discrimination. The people we spoke with told us they had never experienced any discrimination and they felt fairly treated by the service. Comments included, "There have never been any instances of unfair treatment, they are all very good carers" and "I've never felt discriminated against".

The service had a 'Providing non-discriminatory service policy' and an Equality Act 2010 procedure. These provided information for staff about their responsibilities relating to the protected characteristics under the Equality Act 2010, such as age, race, disability and religion or belief. This would help to ensure that staff understood the importance of respecting people's diverse needs. Staff described examples of how they had supported people in a way which ensured their religious needs and beliefs were respected.

People's care documentation included information about their hobbies and interests and their social support, including people who were important to them. Some staff told us they supported people to follow their interests and to go out regularly, for example to local shops, garden centres and the hairdresser.

The service used different types of technology to support people and staff. The manager explained that an electronic care planning and care notes system was in the process of being introduced, that staff could access through their mobile phone. The system allowed for documentation to be updated electronically and enabled the provider to monitor information, such as staff arrival and exit times and how long they were staying with people. We noted that most information, including staff rotas, care documentation and policies and procedures were stored and updated electronically. Any concerns or changes in people's needs or risks were communicated to staff by mobile phone. In addition, some staff training was completed online.

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted that people's communication needs were assessed as part of their initial assessment and were reviewed regularly. Any support they needed with their communication was provided.

A complaints policy was in place which included timescales for a response and the contact details for the Local Government Ombudsman. Information about how to make a complaint was also included in the service user guide. We reviewed the record of complaints and noted that four had been received in the previous 12 months. We found that they had been investigated and managed in line with the policy. Action had been taken when staff conduct fell below the expected standard, for example, one staff member had been disciplined for not staying the full length of visits. The manager told us that any lessons learned from complaints were shared with staff to avoid similar issues arising in the future. People supported and their relatives told us they knew how to make a complaint if they were unhappy. None of the people we spoke with had complained about the service.

We looked at how the service supported people at the end of their life. There was an end of life care policy in place and some staff had completed relevant training. The manager told us that no-one was receiving end of life care at the time of our inspection but where this support was required, she would ensure that only trained staff were involved in providing support.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post, who was also the service provider. In addition, the service had a manager who was responsible for the day to day running of the service. We discussed this arrangement with the registered manager, who acknowledged that, although he visited the service regularly and had some oversight of it, he was not involved in the service's day to day management as is required by the Regulations. Following the inspection, the registered manager told us that the manager would be submitting an application to CQC to become the registered manager for the service.

People being supported and their relatives told us they were happy with the way the service was being managed. They told us the manager and staff were approachable and they would feel able to raise any concerns.

The staff we spoke with were clear about their responsibilities and the aims of the service. One staff member told us, "I know about my responsibilities from my training, supervisions and staff meetings". Staff were happy with the management of the service and told us they felt well supported. They told us that regular staff meetings took place and this was confirmed in the records we looked at. A staff meeting took place during our inspection to update staff about the new electronic system

The registered manager told us that satisfaction questionnaires were issued yearly to gain feedback from people and their relatives about the care provided. We reviewed the outcome of questionnaires issued in January 2018, when 42 questionnaires were issued and 29 responses received. People had expressed a high level of satisfaction with most areas of the service, including staff conduct and the overall support provided. We noted that the lowest scoring issues related to staff arriving on time and staying for the full visit. We saw evidence that disciplinary action had been taken against staff in relation to these issues and the manager told us she was hopeful that the new electronic system would result in further improvements.

Records showed that the service worked in partnership with a variety of other agencies. These included social workers, district nurses, GPs and pharmacists. This helped to ensure that people received the support they needed.

We looked at the checks of quality and safety completed at the service. We noted that checks of Medication Administration Records (MARs) and care documentation were completed regularly. We found evidence that where improvements were needed, action was taken to address this. For example, where staff had not signed to demonstrate that they had administered people's medicines they were reminded of the importance of this.

We noted that the service had achieved the Investors in People award. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework.

The registered manager told us that a number of improvements to the service were planned. These included recruiting more staff, more face to face staff training and embedding the new electronic system, which would allow for closer monitoring of the times and durations of people's visits, to ensure they receive their care as they should.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

The provider was meeting the requirement to display the rating from the last inspection.