Homedotcare Limited

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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

HomeDot Care Limited is a domiciliary care service providing personal care to people living in their own homes. At the time of our inspection there were 152 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
Staff did not always arrive on time for their calls and stay the agreed time. Staff recruitment had not always ben consistently robust.
People and their relatives told us that most staff were kind and caring. Risks associated with people's health and care needs were assessed and written guidance was available for staff on how to keep people safe.

People received their medicines safely as prescribed. This was an area which had improved since the last inspection.

Staff had a good understanding of how to recognise and to prevent pressure ulcers and how to raise concerns if they felt a person was being abused. The service gave staff booklets on these topics to ensure they had information to hand to tell them what to do. The service understood the importance of infection prevention and control and had measures in place to help keep people safe from risk of infection.

The service monitored the safety of people who were particularly vulnerable. Care workers were trained for their role. They told us they felt supported by the service.

People were supported with meals and to access other services such as health services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were generally happy with the support they received from this service and had been involved in the planning and delivery of care. The service checked regularly whether people were satisfied. The service learned from incidents and mistakes and made continuous improvements.

There was some good personcentred practice, examples included a food and cleaning supplies bank, activity library and birthday and Christmas gifts for people who had no family.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 November 2021). The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
The inspection was prompted by a review of the information we held about this service. The inspection was also prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk and emergencies and management of medicines. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led key questions of this full report. The provider had taken action to mitigate the risks. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HomeDot Care Limited on our website at www.cqc.org.uk.

Recommendations
We made two recommendations relating to staffing. One was to ensure the timeliness of care calls and the other was to ensure recruitment checks are robust at all times.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not consistently safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by two inspectors, a pharmacist specialist and an Expert 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. They made calls to people using the service and their relatives to ask their views on the service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included

complaints and safeguarding alerts. We sought feedback from the local authority professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 3 people who used the service and 10 relatives of people using the service about their experience of the care provided. We looked at the feedback that people using the service gave to the service. We spoke with 16 members of staff including the registered manager, general manager, medication/compliance manager, care coordinator, 3 field care supervisors, and 4 care workers in person. We also spoke with 5 care workers on the telephone.

We reviewed a range of records including 6 people's care records (assessments, care plans, risk assessments, daily records of care provided and call records). We checked 6 people's medicine records. We checked medicines governance records and staff medicines training records. We looked at staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures, complaints and audits were also reviewed. We also reviewed the service's electronic call monitoring records for 57 people for 1 month.

Requires Improvement

Is the service safe?

Our findings

This means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Sufficient numbers of staff were deployed to meet people's needs. Recruitment was not consistently robust.
- We looked at 4750 calls for 57 people for the month of November. There were some areas for improvement.
- 78% of calls were delivered on time. 22% were more than 15 minutes late including 3% which were more than 45 minutes late. 15% of the calls were short calls. A short call is when less than half the planned time is delivered. Some staff only stayed 75% of the agreed time. Sometimes this was because the person told them to leave as they had completed all the care tasks.
- Calls requiring two care workers sometimes had staff arriving at different times. We discussed this with the registered manager who said that they were improving this known problem by employing staff to work in teams so they could travel to calls together where a person needed two care workers.
- We gave the detailed information to the service so that they could look into the concerns and address them. We found they had monitoring systems in place that could identify and address the concerns.

We recommend the provider ensures the timeliness of calls in accordance with best practice.

- People's feedback was generally positive when we asked if staff arrived at the time, they wanted them and stayed the right length of time. Comments included: "Yes, mostly they come at 9am. Some come early, one person did, and I told them the call is at 9 o'clock, she's not done it since." "Sometimes they do, sometimes they don't. 7.30am they come." "Sometimes they come a little bit early or late, but it would be better if they were specific because they like specific times." "It's supposed to be 45 minutes. Most of them stay 45 minutes but occasionally they stay over the time" and, "Oh yes, that's always the case. They are very good, there's never a problem on that side."
- The provider had policies and processes in place to ensure that the staff recruited were assessed as suitable to work with people. However, these processes had not always been followed and completed as required.
- All staff had criminal records checks and evidence of proof of identity and authority to work in the UK. Most staff had references to confirm their conduct in previous employment in care.
- Recruitment records seen showed good practice except for two members of staff. One had no employment history recorded and no references on their file. The other only had one suitable reference.

We recommend that the provider ensure best practice with regard to staff recruitment checks.

The registered manager told us they had made improvements to ensure the recruitment procedure was more robust immediately after the inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● Risks associated with people's health and care needs were assessed and recorded as part of the care planning process. These included risks associated with falls, moving and handling, specific health conditions and medicines.
● Records showed good oversight of specific risks i.e. fire, pressure ulcers, falls. The service contacted the fire brigade to visit people for fire safety advice.
● The service had produced a pressure ulcers booklet, educating staff on pressure sores, how to prevent, recognise an act on them. The oversight of pressure sore risks was an example of good practice.
● Initial training for staff covered what to do if a person may not be safe, e.g. had a bruise, no money, no heating, no food etc.
● The service kept a falls register and ensured they referred people to healthcare professionals if they were at risk of falls. There was good attention to safety in the service.
● One person's care notes included a choking risk identified but the importance of providing bite sized food had not been carried through to the care task section of the care plan. We advised the registered manager of this so they could act on it immediately.
● There was evidence of learning from incidents and improving practice as a result. Examples of this included; individual fire risk assessments, a policy to wake up a sleeping person to check on their health ('sleep protocol'), a policy to inform next of kin of when a person had to go to hospital even if person was not admitted and a new orientation training for staff.
● Systems and processes were in place to report and document accidents and incidents that may have occurred.
●The registered manager and care workers told us that accidents and incidents were always discussed at meetings to share learning and tips on how to prevent accidents/incidents from occurring.

Systems and processes to safeguard people from the risk of abuse
● Appropriate policies and procedures were in place to safeguard people from the risk of abuse.
● Staff had good understanding of how and when to report concerns about a person's safety or suspicions of abuse.
● The service had produced a booklet for staff on safeguarding which they could refer to in order to ensure they knew what action to take in any circumstance.
● Staff had training on how to recognise and report abuse and they knew how to apply it.

Using medicines safely
● People received their medicines safely and as prescribed.
● Following the last CQC inspection, the service had recruited a medicines champion to lead improvement in medicines governance. We saw that systems and processes had improved since the last inspection.
● People's medicines support needs for their individual medicines were assessed and recorded. Care plans described how staff would meet people's needs to take their medicines safely.
● Care staff were trained and assessed as competent to support people to take their medicines safely as prescribed.
● Staff made a record when providing any medicines support. Medicines administration records showed that people received their medicines as prescribed.
● People and their representatives gave positive feedback about the way their medicines were managed. Comments included; "Yes, they do it well. She has a blister pack and they take it out and put it into her cup and make sure she takes it.", "Yes, we get blister packs and the carers give the contents to her 4 times a day.

They regularly do the medication, they never forget." And "Yes, I can do it, but I get a bit muddled up so I asked for them to do it. I have a blister pack. They help me with it morning and evening. They give it and I take it. Yes, no problems."

Preventing and controlling infection

● Systems were in place to prevent and control the spread of infection.

● Care workers had completed training on infection prevention and control, COVID-19 and how and when to use personal protective equipment (PPE).

● Staff confirmed that they had a continuous supply of PPE. People's feedback was mixed about whether staff always wore a mask as required. Staff confirmed that senior staff carry out spot checks which included checking they were wearing PPE correctly in a person's home. Records confirmed this was the case.

Good

Is the service effective?

Our findings

This means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The service carried out an assessment of people's needs to determine whether the service could effectively meet their needs. The assessment involved the person and their relatives or representative.
- Information from the local authority care plan and the service's assessment was used to develop people's care plan and risk assessments.
- People and relatives gave mostly positive feedback about staff doing their job well and providing good care. Staff were able to explain to us the care needs of the people they supported and their explanations matched the information in the care plans.

Staff support: induction, training, skills and experience
- Care workers completed training and support to effectively deliver care to people.
- Since the last inspection the service had introduced a requirement for all care workers to complete the care certificate (a nationally recognised qualification) before providing care to people. This was good practice. Staff described their training as "very good" and "good."
- Where staff were new to care the service had introduced an orientation training programme to supplement the mandatory training all staff completed. This programme included information about British culture, common food products and meals and how to prepare them, different cultural practices and how to use the service Apps and key safes.
- The training also covered how to respond in an emergency. We asked some new staff if they knew who to call in an emergency and what to do if they found a person unwell. They knew what action to take and said the training had been helpful.
- One care worker said, "They have given me all the training I need."
- Staff went out with other staff to learn how to support a person before they started working with people on their own.
- Staff did not have first aid training and the registered manager arranged this immediately after the inspection for all staff.
- The service developed training cards on the CQC key lines of enquiry which helped staff to understand the standards expected.
- Staff told us that they felt well supported in their role and had received training, spot checks and supervision. They said the service listened to their feedback and they enjoyed working for this service.
- The service welcomed care workers to come into the office during their working day for a break or to eat their lunch in between calls. There was a 'carer of the quarter' initiative to motivate staff.
- Staff told us they received support with personal issues as well as professional support and those who had

worked for other agencies said they were supported better in this agency.
● Staff comments included; "I am blessed to work here" and, "They listen when you have any complaints or problem and find solutions to any problem. I love that about them."

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink and maintain their chosen diet where this was an assessed need.
● Care plans recorded where people required support with meals and drinks. One person told us; "They make my breakfast, cornflakes and occasionally they make eggs on toast. Yes, it's very simple cornflakes which I like and 2 eggs on toast." Relatives said, "They give her breakfast, I give her a cooked lunch. Every fortnight they take her out to a café in her wheelchair because she likes a coffee and a cake." and "Yes, if he doesn't like something, he will tell him. My dad has taught him to make his porridge how he likes it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The service ensured processes were in place to support people to get access to health care professionals.
● The service had clear procedures in place to support people at risk of pressure ulcers and had formed good working relationship with local district nursing services to ensure good care for people.
● The service supported people by reporting any apparent changes in their health. One relative said that care workers had reported their mother was not answering when spoken to which was a hearing problem needing medical attention.
● Another relative told us, "Oh they definitely call us. One of the carers noticed she had a bruise under her eye and they immediately phoned the office. My sister was there, and she said there was nothing to be concerned about. She had a new pair of glasses and it was over the bridge. As I said, if they are concerned about anything, they ring me right away."
● People and relatives spoke positively about the support they received and felt confident that support staff would access the appropriate healthcare professional when required and especially in an emergency. One relative said, "Yes, they often ring me if they are worried about anything."
● Although medicines allergies were recorded in the medicines section of the care plan and food allergies in the food section, we advised the registered manager that allergy information should be prominent and they said they would ensure this information was recorded in the front of the care plan as well as in the relevant sections.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● The service was currently not supporting anyone who was subject to a Court of Protection application in relation to the deprivation of their liberty. Nobody using the service was deprived of their liberty.
● Care plans evidenced consent to care had been obtained from people or where appropriate their named legal representative.

● Care workers explained how they supported people to make choices and give consent taking into consideration their abilities.
● Consent records were not always clear whether anyone had legal authority to make a decision on a person's behalf e.g. lasting power of attorney or was to be involved in best interests' decisions. The registered manager said they would clarify this in people's records, so staff knew who to contact when a decision needed to be made.

Good

Is the service caring?

Our findings

This means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person told us they thought their care workers were not polite, could be a bit rough and also spoke to each other in a different language in front of the person. We gave this feedback to the registered manager who said they would immediately look into these concerns.
- Other people described care workers as "chatty" and "kind." They said they liked their regular care workers and were treated well.
- Relatives said the care workers were respectful of people's religion and cultural backgrounds. Staff we spoke with understood what people's religious requirements and different cultural preferences were.
- The service taught staff about British culture, food items and how to prepare typical British meals which staff said was very helpful.

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

- We saw from records that people, and their representatives where the person needed support, had been involved in planning their care and expressing their preferences.
- People told us they were involved in planning and agreeing their care. They also received telephone calls or visits from a field care supervisor or care coordinator to discuss their needs and preferences and also periodically to check they were satisfied or to resolve any concerns.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they protected people's privacy and dignity during their personal care. They said they encouraged people to be as independent as they were able to. One staff member told us how the person they supported would refuse personal care and how they encouraged them to accept care whilst still respecting their independence.

Good

Is the service responsive?

Our findings

This means we looked for evidence that the service met people's needs.
At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was aware of people's different communication needs.
- Information such as the service complaints procedure was available in different formats. We saw an easy read and braille version.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's relatives said they were generally satisfied with the service. One relative said, "The care workers are very good, and we are satisfied. It's the attention to detail they give her and how she likes to be helped and a couple of them speak her language. The main carers are very reliable, and I trust them. The main thing is that we have a regular carer to build up the relationship,we have to know who is coming in."
- We checked the care records of 6 people in detail and saw that where they had not been satisfied with a care worker or with an aspect of their care, the service had spoken with them and made changes to meet their needs and wishes.
- The care coordinator visited people to get to know them and understand their needs. This helped them to give the right advice and guidance to care workers.
- Staff had opportunity to get to know people they supported well. They were able to describe their regular clients' needs and wishes in detail.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw some person-centred innovative practices. One example was culturally diverse colouring books made by the service and an activity library, where staff could borrow items for the people they supported such as jigsaw puzzles, knitting materials and games.
- Staff encouraged people who enjoyed the colouring books to give a picture to the service which were then displayed in the office.
- Where people lived alone and had no family, the service provided them with a birthday card and gift and a hamper at Christmas and Easter.
- Where it was part of a person's care plan staff would support them with social activities.

Improving care quality in response to complaints or concerns

● People and their relatives told us they were satisfied their concerns are addressed. One relative told us they had made complaints about the service, but they thought the service had listened and that more recently they had received calls from the service checking they were satisfied, and things were alright.
● Two people told us they had made complaints. One said the service responded well and the other said that nothing changed. We followed this up and saw that the service had made changes to try to please the person.
● We found examples of improvements made following a complaint or concern.

End of life care and support
● Some people had end of life plans; others did not have sufficient information about their wishes at the end of their life. The registered manager said they were working on end of life care plans.

Good

Is the service well-led?

Our findings

This means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a registered manager, general manager and management team all with clearly defined responsibilities who supported each other. They all had a clear understanding of regulatory requirements.
- We found some concerns about time and length of call and staff recruitment which are reported on in the safe section of this report. We made 2 recommendations for improvement. We discussed our findings with the registered manager and general manager who looked into the concerns straightaway. We were assured they would act on these issues to make improvements.
- Senior staff carried out regular spot checks of staff in people's homes to check the quality of care delivery. There were regular audits of care records, medicine management audits and telephone monitoring to check people were happy with the service. There were annual safeguarding, medicines and infection control audits by the registered manager. Other records included a falls and pressure ulcer register.
- There were clear procedures to follow for events that may happen out of hours. This helped senior staff follow correct agreed procedures. The guidance was in the form of a booklet covering issues such as what to do if a person is not answering the door, refusing care, is asleep when the care worker arrives, is not at home, running out of medicines etc.
- There was evidence of a culture of continuous learning and improvement. The registered manager was able to demonstrate learning from incidents which led to improvements in safety and quality of care provided. These improvements included improved training before staff started working with people and the introduction of a "sleep protocol". This was a procedure for staff to follow if they found their client asleep on arrival and required them to gently wake the person and ensure they were well. Staff were aware of this protocol and able to explain clearly to us the action they were expected to take.
- There had been significant improvements in the management of people's medicines since the last inspection. The service had appointed a senior person to oversee the management of medicines and this had led to improvements and safer management of medicines.
- Senior staff attended training to help the service improve such as values-based recruitment and the general manager was attending training to be able to train care workers on moving and handling people.
- Staff had their own copies of CQC standards to improve their knowledge of regulatory requirements.
- During national lockdown the service had purchased bicycles for staff so they could travel to people's homes without having to use public transport. Two staff described the service as "going the extra mile."

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

● The service had a person centred culture. The care coordinators knew people well. They oversaw the care of people and ensured care workers carried out their duties to ensure good outcomes for people. We saw examples where care workers were asked to send before and after photographs of their cleaning. Managers encouraged staff to spend time talking with people or doing a short activity with them if they finished care tasks early.
● The service was mindful of the current cost of living crisis. The care coordinator monitored the food supplies and electricity for some people and asked care workers to check on Fridays that there were good supplies of food and enough electricity for the weekend to ensure the person was safe and comfortable. The service had set up a food and household supplies bank which care workers donated items to. Workers could come into the office and collect items for people they supported if they had run out of food.
● Care workers spoke positively about the way they were supported and listened to. They said the management team acted on their feedback. They said the managers were always available to support them in their role. We also saw records showing that the service acted on feedback from people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood their statutory responsibilities around notifying the CQC and the local authority of significant events, when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People were asked for their feedback about the quality of the service they received through telephone calls and visits. Feedback was generally positive. We found examples where senior staff were monitoring people's safety and wellbeing very frequently.
● People's protected characteristics were considered and addressed.
● People and relatives were involved in the care planning process.
● The service worked in partnership with a variety of health care professionals such as GPs, fire brigade, district nurses and social workers, to maintain the health and wellbeing of the people they supported.
● The feedback from the local authority was very positive about the service.