

Family Home Care Limited

Family Homecare Ltd

Inspection report

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Chelmsford
Essex
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Tel: 01245473438

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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

The inspection took place on 30 January 2017 and was announced.

Family Home Care Limited is a domiciliary care service that provides care and support to people living in their own homes. The service operates in Chelmsford and the surrounding towns and villages in Essex. At the time of our inspection there were approximately 51 people using the service.

There was a registered manager in post who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff had the information needed to recognise abuse and keep people safe.

People received safe care that met their assessed needs and the provider had processes in place to manage risk.

There were sufficient staff who had been recruited safely and who had the correct skills to provide care and support in ways that people preferred.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and we found that the provider was following the MCA code of practice. The registered manager understood that they should ensure people had the capacity to consent to their care and support.

People were supported with their health needs. The registered manager supported staff to provide care that took people's wishes into account and staff understood their responsibility to treat people as individuals.

People were treated with kindness and respect by staff who understood their needs.

The provider had systems in place to check the quality of the service and take the views of people into account to make improvements to the service. There were systems in place for people to raise concerns and there were opportunities available for people to give their feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff had the information they needed to safeguard people from abuse or poor practice. There were processes to address people's concerns

There were sufficient staff who had been recruited appropriately and who had the skills to provide safe care.

Systems were in place for managing risk and for supporting people safely with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received the support and training they needed so they had the information to provide care effectively.

The provider had processes in place to support people when they lacked the capacity to make decisions.

People's health needs were met by staff who had clear information about people's needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect and provided care and support that respected people's dignity.

People were encouraged to express their views and these were respected by staff.

Is the service responsive?

Good ●

The service was responsive

People's choices were respected and their preferences were taken into account when staff provided care and support.

There were processes in place to deal with concerns or complaints and to use the information to improve the service. People were sure their concerns would be listened to.

Is the service well-led?

Good ●

The service was well led

Staff received support through the provider's supervision processes to provide people with appropriate care and support.

Staff worked well together as a team.

There were systems in place to monitor the quality of the service, to obtain the views of people using the service and to use their feedback to make improvements.

There was a management structure in place to provide a leadership team that worked together to develop the service.

Family Homecare 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 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 30 January 2017 and was announced. The provider was given 48 hours' notice because they provided a domiciliary care service and we needed to be sure that someone would be at the office to provide support with the inspection.

The inspection team consisted of one inspector and an inspection manager.

Before the inspection we reviewed the information we held about the service including information received, any safeguarding concerns and statutory notifications sent to us by the provider. Statutory notifications include information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This 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 used this information to plan what areas we were going to focus on during our inspection.

During the visit to the service's office we spoke with a director, the registered manager and a member of staff. We examined six sets of care records, three staff files and records related to the management of the service including training records, quality monitoring audits and information about complaints. We also received completed surveys from four people using the service, four relatives and seven members of staff.

Is the service safe?

Our findings

People using the service who completed surveys for us were all satisfied that they received safe care. All relatives who returned surveys also said that they felt their family member received care that was safe.

Care workers received training to give them the information they needed to recognise signs of abuse or harm. A member of staff confirmed that they had received training in safeguarding and were able to demonstrate an understanding of signs of abuse. They gave us an example of when they had raised concerns about a relative who was not coping with their family member's condition. The issue was reported appropriately and followed up by relevant social care professionals so that they received the support they needed.

The registered manager explained that they carried out a range of risk assessments before commencing a new care package. The initial risk assessment was based on the information provided during the assessment process and was reviewed after the service commenced providing care. We saw from people's care records that risk assessments had been reviewed within two weeks of starting to provide care and support. These included assessments relating to falls and to moving and handling.

Staff files were well organised with a checklist of contents to show what was in the file. This enabled the registered manager to see that all necessary documentation was in place before a new member of staff commenced work. The provider had a recruitment process that checked applicants were suitable for the role and records confirmed this was followed. Application forms were completed and any gaps in employment were explored so that the provider had a good understanding of the applicant's past experience. References were in place before an applicant was offered a post. Disclosure and Barring Service (DBS) checks were sought before a newly recruited member of staff started. DBS checks are carried out to confirm that people are not prohibited to work with vulnerable people who require care and support.

Newly recruited staff went through an induction process, which commenced with a four-day induction covering specific aspects of the role each day. These included Policies, procedures and personal care, keeping people safe, which included safeguarding, food hygiene and emergency procedures. The final day was training on administering medicines. Following the four day induction the new member of staff worked within a buddy system, shadowing experienced staff before working alone.

The provider had policies and procedures in place to support people with their medicines. Staff had received training in correct procedures for handling and recording medicines.

Is the service effective?

Our findings

People who completed surveys for us confirmed that they felt care workers providing them with care and support had the skills and knowledge to carry out their roles.

The registered manager explained that members of staff were expected to attend mandatory training and, in addition to formal training courses, they ran weekly e-learning sessions so that staff could keep up to date with good practice. Another method used to share information with staff was a weekly email containing 'hot topics'. They told us that when a person they supported developed a specific health issue, this became a hot topic so that staff were made aware of the most appropriate way to support the person. Among the hot topics discussed were strokes, stoma care and diabetes. Also, in hot weather staff were reminded of what they should be looking out for that might indicate a person was dehydrated and ensuring people were offered drinks. Staff also received instructions about food which was suitable for older persons and what foods could possibly put them at risk, for example from choking.

A member of staff told us that they thought the training was good. They said, "We get allocated a training session and we are paid for it. There are usually about eight people at a time and we get the opportunity to ask questions." Training records confirmed that staff had received training in core subjects including medication and manual handling as well as more specific training to meet individual needs such as awareness of Huntington's disease. Staff records confirmed that staff had individual training records to records what training had been completed and what needed to be renewed.

Staff understood people's assessed needs. A member of staff told us the information in the 'pen pictures' is good and gives staff the information to understand people's care needs. They explained, "The pen pictures are detailed and we get adequate time to sit and talk to people. That's what people need, time to chat and we get to know them and what they like."

Staff received an annual appraisal during which they identified areas for discussion about their individual development. Face-to-face supervision meetings were held approximately four times a year to discuss issues such as training, staff development and any issues observed during spot checks, which were carried out to monitor how staff carried out their duties. Areas covered during the spot checks included whether the member of staff arrived on time, their appearance, whether they used appropriate personal protective items such as gloves and how they communicated with the person. A member of staff confirmed, "We get one-to-one [supervision] every three months. There's always support at the end of the phone." The staff records examined confirmed that staff had received supervisions and spot checks.

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. We looked at whether the service was meeting their obligations under the MCA.

People told us that staff asked for their permission before providing care and support. They were encouraged and supported to make decisions where they were able to do so. Not all the care records we examined on the day of our inspection contained evidence that people's capacity to make decisions had been assessed. The manager told us that some people had a mental capacity assessment carried out by the local authority before the service commenced. We saw one person's care plan contained an assessment of their capacity to make decisions and this had been updated. Following our inspection the registered manager confirmed that they had updated their assessment processes and an MCA assessment was carried out before the service commenced for all packages of care. The registered manager demonstrated that they understood their responsibilities and the processes to be followed to assess people's capacity and this was now part of their risk assessment processes.

Staff had the training they needed to give them the knowledge to support people with specific health needs, such as diabetes or supporting individuals who were living with the effects of a stroke. A member of staff demonstrated good knowledge and gave us specific examples of how they assisted people with specific health conditions.

Is the service caring?

Our findings

People using the service and their relatives felt they were treated with kindness. Relatives told us that their family member's care workers were, "Caring and kind."

People's privacy and dignity was respected and maintained by care workers when they were providing personal care and support. Relatives confirmed that care workers always treated their family member with respect and maintained their dignity when providing care and support.

Staff understood how to provide support if someone became distressed or was anxious about something and they knew what to do in these circumstances to reassure the person. Daily records were completed in a thoughtful manner, using positive language. For example, there was supportive and encouraging information about people's moods and how to support the individual sympathetically.

A care worker demonstrated they knew people well and were able to explain how important it was to sit and chat with people and get to know them. This helped them to pick up on anything that may have been causing the person anxiety. It was also important to communicate with other care workers so that any concerns were shared and care and support was provided consistently. The member of staff said, "We share information."

Relatives and people who completed surveys for us said that they had not always been introduced to new care workers before the service commenced. In addition, we received feedback from some care workers who also said that they were not always introduced to people using the service before working with them. However, people confirmed that they were happy with the way staff provided care and support and they soon got to know them.

Care workers provided whatever level of support necessary but also supported people to maintain their independence. Pen pictures and care plans set out what input was needed from staff to enable the person to be as independent as they could be. People told us they were happy with the care and support they received. They said that it was the support of care workers from the agency that enabled them to remain in their own home.

Is the service responsive?

Our findings

People told us they were happy with the standard of care and that staff took their time. A member of staff told us that they had adequate time to sit and chat with people. They felt that was an important aspect of their visit and said, "That's what people need, chat." Other staff said they would like more time for this aspect of the job but it was not the service's fault. They stated, "I feel some calls are rushed but that's down to not being allocated sufficient time [from the organisation contracting the service]." A relative stated, "My family member has only been using this agency for a short while. After a bit of a rocky start I have noticed a marked improvement since Family Homecare started attending to [my family member's] care needs."

People told us they were involved in decision-making about their care and support needs. A relative told us that, with their family member's consent, they were consulted as part of the process of making decisions relating to their care and support.

As part of the assessment process the registered manager visited people. They told us that they get information from other sources such as any assessments carried out by the local authority or from relatives requesting support for a family member. On occasions when they have received an urgent referral, the registered manager said in cases where a person was to be discharged from hospital, they would visit the hospital and carry out an assessment.

The registered manager explained that it was important that they met the person so they could confirm the information they had received and gather any additional information. Relatives and people using the service confirmed that they knew the registered manager but would have liked to be introduced to care workers before the service started. A relative stated, "My only comment would be that there are a number of different carers attending. It would be nice if new carers would be introduced prior to attending as I do know my [family member] finds it difficult having to deal with new [carers]." A person using the service stated, "I have only been using this service for a short period of time but they are a welcome relief after [previous experiences]. My only concern is the arrival of carers that are new to me."

We saw from people's care records that there was a 'pen picture' in place. This document gave a summary of the person's needs and was given to staff. A care worker told us, "We get a pen picture [of the person] so we know what they need." We saw from the care plans that they did not always match up to the pen pictures in terms of the level of detail, for example about personal care preferences. The registered manager and staff spoken with demonstrated a good knowledge of people's preferences and gave examples of the person centred care that care workers provided. Following the inspection the registered manager told us

The registered manager demonstrated a good knowledge of people's needs, likes, dislikes and preferences. The pen pictures reflected this knowledge and the information was person centred. The care plans at the time of the inspection were more formal than the pen pictures and did not reflect the same level of personal detail. Following the inspection the registered manager told us that they had reviewed the care plans and made improvements in the way the care plans were written to ensure they reflected the same level of person centred detail that were in the pen pictures.

People told us that they knew who to contact at the service if they needed to and they confirmed that they knew how to make a complaint about the service if necessary. A relative also confirmed that they had the information they needed to contact the service if necessary.

The registered manager explained that they dealt with minor concerns informally and when a complaint was received this was addressed following the provider's complaints procedures. Records confirmed that concerns and complaints were followed up and the outcomes recorded in people's care records. We saw that complaints had been addressed following the provider's policy and procedure. One relative told us that they had raised an issue with the management team relating to the service received by their family member and the outcome was that the care package was discontinued because the service was unable to meet their needs in the way they required.

Is the service well-led?

Our findings

People using the service and relatives made positive comments about how the service was managed. A person using the service stated, "I have only been using this service for a short period of time, but they are a welcome relief after [previous experiences]." A relative stated, "My [family member] has only been using this agency for a short while as [they had a previous unsatisfactory experience]. After a bit of a rocky start, I have noticed a marked improvement since Family Homecare started attending to [my family member's] care needs."

Staff also expressed overall satisfaction about how the service was managed and the support they received. A member of staff stated, "As an experienced care worker in domiciliary, residential and NHS settings, I can honestly say that the service I work for now is the best I have served. There are some issues that have to be addressed but relatively minor in my opinion."

The registered manager explained that they felt it was important to be visible and know what people wanted from the service. A member of staff stated, "I like the fact that the manager personally goes out to see the customer to introduce [themselves]."

A member of staff spoken with told us, "There is always support at the end of the phone." Staff could contact the office during the day and after five o'clock the office telephone was redirected to the mobile on call number. Senior staff and the registered manager covered the on-call on a rota basis. The registered manager said that the management team were also available to cover visits if a care worker went off sick. Only one member of staff was not completely satisfied with some aspects of how the service was managed. This included having to print off their own time sheets and going to the office to collect pay slips.

Staff felt they received sufficient support from the management team. One member of staff told us, "I haven't been with the company long but the support I have received from the owner is absolutely great." Staff told us that they felt that colleagues also supported one another. They stated, "There is a good team spirit here and we do try hard." Another member of staff told us, "It is a small team, there is so much support. I absolutely love my job, there's not much to complain about."

The provider made resources available for the effective running of the service. The service had an online software system in place to manage many aspects of running the service. The system monitored the time staff spent on visits and the management team were able to produce rotas using the system. The management team explained that the system helped them to manage resources effectively. Staff told us that there was sufficient personal protective equipment available such as disposable gloves.

The provider had processes in place to monitor the quality of the service and to seek feedback from people using the service. People who used the service confirmed that they had been asked what they thought about the service. We saw that the management team carried out surveys as well as seeking regular feedback through telephone calls or asking people to fill in feedback forms. The result of feedback was analysed and the results shared with staff. The registered manager explained that, where possible, they would make

changes and any concerns were addressed.