Home Care Preferred Ltd

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Inspection report

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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

We undertook an announced inspection of Home Care Preferred Limited on 14 August 2018. Home Care Preferred Limited provides a range of domiciliary care services which include live-in care and support, administration of medication, food preparation and housework.

CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection the service provided care to 98 people, of which 54 people received 'personal care'.

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.

Our previous inspection of the service on 30 July 2015 rated the service as Good with no breaches of Regulation. During this inspection on 14 August 2018, we found that the service remained Good.

The majority of people who received care from the service were unable to communicate with us verbally. We therefore spoke with people's relatives. People who used the service and relatives told us they were satisfied with the care and services provided and spoke positively about the service. People told us they were treated with respect and felt safe when cared for by support assistants and this was confirmed by relatives we spoke with. They spoke positively about them and the management at the service. The provider refers to care workers as "support assistants" and therefore for the purposes of the report we have referred to them as "support assistants".

Procedures were in place to protect people and keep them safe. Staff knew how to identify abuse and understood their responsibilities in relation to safeguarding people and reporting concerns. There were safeguarding and whistleblowing policies in place.

Risks to people's and staff safety were identified and guidance was in place to manage and minimise risks of people being harmed and protect them. We found risk assessments were comprehensive and included personalised guidance for support assistants to follow to keep people safe minimise the risk of people being harmed.

The service carried out appropriate checks so only staff who were suitable to work with people using the service were employed by the service.

Appropriate arrangements were in place in respect of medicines management. Medicines administration was recorded electronically and we noted that all records were up to date.

People had been visited by the service who carried out an assessment of their needs prior to them receiving care. People received personalised care and the service was responsive to their needs. People were consulted about how they would like to receive their care and their preferences were supported. People's care plans were up to date and included information staff needed about how best to support them. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care support plans included information about people's life history.

The service had an electronic system in place to monitor care worker's punctuality. People told us their care workers turned up on time and they received the same support assistant on a regular basis and had consistency in the level of care they received. Management at the service explained that consistency of care was an important aspect of the care they provided.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff spoke positively about their experiences working for the service and said that they received support from the registered manager.

People's dietary needs were understood and supported by the service. People received the assistance and support that they needed to ensure their nutritional needs were met.

Staff had a good understanding and were aware of the importance of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. Feedback from people indicated that positive relationships had developed between people using the service and their support assistants and people were treated with dignity and respect.

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. It also included information about their philosophy of care, principles and values which included, "Quality, Passion, Integrity, Choice, Dignity, Independence and Equality."

The managing director explained that an important aspect of the service was to get involved with the community. The service was responsible for organising various community events such as social club events and music events which included a comedy night fund raiser, dementia awareness talks and a charity Gala.

The service had a complaints procedure and there was a record of complaints received. Complaints we examined had all been responded to appropriately.

People and relatives spoke positively about the management of the service. There was a clear management structure in place which was made up of the managing director, registered manager, senior management, care coordinator, team leaders, administrative staff and support assistants.

Systems were in place to monitor and improve the quality of the service. We found the service had a comprehensive system in place to obtain feedback from people about the quality of the service they received through review meetings, telephone monitoring and home visits. The service implemented their own 'quality assurance schedule'. This provided a structured system for obtaining feedback from people and relatives and ensured that this was consistently carried out for all people. It included a courtesy telephone call within 48 hours of a person's first visit, a client survey within two weeks, a review within six months and client survey at 12 months.

The service undertook a range of audits of the quality of the service and took action to improve the service

as a result. Audits had been carried out in relation to care documentation, staff files, medicines and training.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Home Care Preferred Limited

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, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. After the inspection, two experts by experience telephoned people and relatives to obtain feedback about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We carried out the announced inspection on 14 August 2018. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. At the time of the inspection, the registered manager confirmed that the service was providing care to 98 people, of which 54 received 'personal care'.

Before the inspection we reviewed information we had about the service in our records. This included information about safeguarding alerts, notifications of important events at the service and information from members of the public. The provider also completed a Provider Information Return (PIR). The 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. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed 8 care records, 7 staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with three people who used the service and 16 relatives of people who used the service. We also spoke with ten members of staff including six support assistants, two team leaders, the registered manager and managing director. Following the inspection we obtained feedback from one care professional.

Good

Is the service safe?

Our findings

People who used the service told us that they felt comfortable and safe in the presence of support assistants. When asked if they felt safe around support assistants, one person said, "Oh entirely, yes. I don't really know why, but I trust them and they stick to the routine. They all seem very nice people." Another person told us, "Yes, they're all trustworthy." Relatives of people who used the service said they were confident that people were safe and raised no concerns about the safety of people. When asked if they were confident that their relatives were safe, one relative said, "Very much so. They're very, very friendly. I know [my relative] would tell me if there was something he wasn't happy about." Another relative said, "Very. We've been with Home Care Preferred for a number of months and they've worked well with us over difficult times. I think the current carer is exceptional."

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse. Contact details for the local safeguarding team were available in the office. All staff had received training in safeguarding people. Staff we spoke with were able to give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They told us that they would report their concerns immediately to management. The service had co-operated fully with safeguarding investigations and taken appropriate action to safeguard people.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed. They told us that they would not hesitate to raise any issues.

Comprehensive risk assessments were in place and these contained guidance for minimising potential risks. Personalised guidance was in place for support assistants to follow to keep people safe and minimise the risk of people being harmed. Risk assessments included risks associated with the environment, moving and handling, mobility, use of equipment, transfers, falls management, pressure sores and diabetes. These included details of who was at risk, how they may be harmed and control measures in place to reduce the risk. We also saw evidence that risk assessments were reviewed and updated when there was a change in a person's condition.

There were systems in place to safeguard against financial abuse. The registered manager explained that during the initial assessment, the service asked people and their relatives who was responsible for managing people's financial affairs and whether a Power of Attorney was in place. Where people did not have a Power of Attorney in place, the registered manager explained that the service kept a record of transactions along with receipts which are signed by appropriate staff.

Medicines were managed safely in the service. There were suitable arrangements for the administration and recording of medicines. There was a comprehensive policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines. Support

assistants had their competency to administer medicines assessed prior to them administering medicines and we saw documented evidence of this.

The service used an electronic system for recording administration of medicines. The registered manager explained that the system minimised chances of errors as it did not enable staff to log out of a visit until prescribed medicines were administered and signed for accordingly. She explained that this also ensured that medicine administration records (MARs) were consistently completed correctly.

We looked at a sample of MARs for six people for various dates between June 2018 and August 2018. MARs included details of the prescribed medicine, dosage and the level of support the person required in relation to their medicines. The registered manager confirmed that the service's policy was to only administer medicines to people when they were in a blister pack. We noted that the names of the medicines contained in the pack were clearly listed on people's MAR so that it was clear what medicines formed part of the blister pack. We found that there were no gaps in MARs we looked at. This indicated that medicines had been administered as prescribed.

The service had a system for auditing medicines and this was carried out monthly for each person who received support with their medication.

People and relatives also told us that support assistants turned up on time and there were no issues with timekeeping. The registered manager explained that the service monitored support assistant's timekeeping and whether they turned up to people's home using an electronic monitoring system. The system would flag up if support assistants had not logged a call to indicate they had arrived at the person's home or that they were running late. If this was the case, the registered manager explained that office staff would ring the support assistant to ascertain why a call had not been logged and take necessary action. Management carried out monthly audits in respect of all call logs to help identify areas for improvement and any timekeeping issues.

We discussed staffing levels with the registered manager. She confirmed that the service had enough staff to manage the workload. Support assistants we spoke with told us that they were able to manage their workload and there was sufficient travel time between visits.

We examined a sample of seven staff records of support assistants. We noted that they were carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to support assistants starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure they were suitable to care for people.

The service had a policy for responding to incidents and accidents. Arrangements were in place to report and manage incidents and accidents. The provider was aware of the importance of reviewing accidents and incidents, learning from them and taking action to address and minimise the risk of other similar events occurring.

Systems were in place to minimise the risk of infection. On the day of the inspection we saw that there were sufficient quantities of disposable gloves, aprons and shoe covers available in the office. This was confirmed by support assistants we spoke with. People who used the service told us that staff observed hygienic practices when providing care.

Good

Is the service effective?

Our findings

People who used the service and relatives told us that they had confidence in support assistants and the service. One relative said, "The carers are well-trained and make sure [my relative] is safe." Another relative told us, "They train people before they see the clients and if they have a new person, they have a more experienced carer with them first. They're very supportive."

Staff completed an induction when they started working for the service. Staff we spoke with spoke positively about their induction and said that it had been interesting and helpful. The induction programme was extensive. The topics covered included information on health and safety, administration of medicines, communication and equality and diversity. The induction also included information about the organisation and people using the service.

Staff spoke positively about the training they had received. One member of staff said, "The training is wonderful. It really helped me to do my role." Another member of staff told us, "The training has been excellent." Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included first aid, moving and handling, safeguarding adults, food hygiene, infection control and fire safety. However, we noted that some staff required refresher training. The registered manager confirmed that those staff that required refresher training had this booked. Training was provided by an external organisation and was in line with the Care Certificate. The Care Certificate are a set of standards, which care staff should abide by in their daily working life when providing care and support to people. The service also ensured that staff completed competency assessments in various areas to ensure they had the necessary knowledge and skills.

The registered manager explained that they introduced newly employed support assistants to people using the service whilst they were accompanied by their usual support assistant. This ensured that people were given time to become familiar with new support assistants. During this time, staff showed new support assistants how to provide people with the care and support they needed, so that staff carried out personal care and other tasks safely and effectively. This gave them an opportunity to observe assisting a person with their care needs and other tasks several times before they carried them out themselves. The registered manager told us that they also observed and assessed staff carrying out care duties before they worked alone.

All staff said they worked well as a team and received the support they needed from management. The registered manager explained that staff received at least two supervisions and an appraisal every year combined with team meetings and communication via telephone and email. She also explained that the service carried out 'wellbeing calls' to staff to check how they were and ask if they needed anything. This was confirmed by support assistants we spoke with. We noted that the service's electronic management system enabled them to monitor completion of supervisions and appraisals. We noted that some supervisions and appraisals were outstanding. The registered manager confirmed that these would be completed and were scheduled.

People's healthcare needs were understood by the service. Records showed that the provider had liaised with healthcare professionals to ensure people received effective and responsive healthcare. People were supported to maintain good health and have access to healthcare services and received on going healthcare support.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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. Staff we spoke with told us if they were concerned about a person's capacity to make a decision or consent to care they would report it to the registered manager. The registered manager had knowledge of the Mental Capacity Act (MCA) 2005. She knew that people's capacity to make decisions about their care and treatment could change.

Staff had received training in the MCA and records confirmed this. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests. There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans detailed information about people's mental state and levels of comprehension and outlined where people were able to make their choices and decisions about their care. Care plans contained 'Consent to care' section which people using the service signed to state that they agreed and consented to care as outlined. Areas in which a person was unable to give consent, records showed the person's next of kin were involved in making decisions in the person's best interests.

Relatives spoke positively about food arrangements and said that support assistants always offered people choices with their meals. They also confirmed that support assistants cooked some meals from scratch and this was confirmed by the service. The service respected people's cultural requirements and such information was clearly detailed in their care records.

People's care plans included personalised information and guidance about people's nutritional needs and dietary preferences. They included guidance about the support and encouragement that people needed with meals and drinks. Support assistants were aware of the importance of encouraging people with healthy eating and ensuring that people had adequate nutrition. The registered manager explained that if support assistants had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. Support assistants we spoke with said that if they had any concerns, they would contact the office immediately. They also advised that in such instances, they would complete a food and fluid chart so that they could monitor this. Where people were at risk of malnutrition, this was clearly documented in their care record and a risk assessment was in place.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that they felt the service was caring and spoke positively about support assistants. When asked if they were well looked after, one person said, "Very. Before I had them they looked after my [relative] and they always asked after me as well and would help me look after him. The help given when he was so ill was always very kind and helpful and I feel well looked after." We questioned relatives about whether they felt support assistants were caring, one relative said, "Very. If it's [my relative's] birthday for instance, they'll drop in to give her a present: and Home Care themselves have sent flowers." Another relative said, "Yes, they are, very much so. They're very patient with him. They don't just do things for him; they give him time to respond."

People's care plans included information about their background, life history, language spoken and their interests. This information was useful in enabling the service to understand people's needs and history and provide suitable support assistants who had similar interests. The registered manager explained that where possible, support assistants were matched with people with similar types of interest and background so that they had things in common and could have conversations.

There were arrangements for involving people in their own care. Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The registered manager explained that the service aimed to provide high quality care which respected people's individual needs and abilities whilst also promoting people's independence and personal dignity. The registered manager told us that the focus of the service was on respecting people's wishes and listening to their choices. The registered manager explained that one person's cultural wishes were for support assistants not to wear shoes in the house. She explained that in order to respect this, support assistants always wore shoe covers when in this person's home. Another person followed a Kosher diet and support assistants only prepared Kosher food for this person and had also undertaken relevant training to ensure they met this person's needs.

The registered manager explained that she always ensured that staff discussed people's care with them and tailored their care according to what their individual needs were. We saw documented evidence that people's care was reviewed regularly with senior staff of the service. The views of and feedback of people were reported. People and their relatives who spoke with us confirmed this happened. Records showed that there was frequent communication with people's relatives about people's care and the service.

Relatives we spoke with told us told us that people were encouraged to be as independent as possible. One relative explained that a support assistant encouraged their relative to make a cup of tea and sandwich when they could. Another relative explained that a support assistant helped their relative to write a shopping list so that the person was encouraged to make their own decisions about what food they wanted.

Support assistants had received training on equality and diversity and they were aware of the importance of respecting people's culture and religion. The service had a policy on promoting equality and valuing

diversity. Support assistants were aware of the importance of treating all people with respect and dignity regardless of the background or personal circumstances. They were aware of how to protect people's privacy and could describe to us how they did this. When providing personal care, they said they ensured that where necessary doors were closed and curtains were drawn. They said they would also first explain to people what needed to be done and gain their agreement. People confirmed that they had been treated with respect and dignity and care workers protected their dignity. One support assistant told us, "I always reassure people. I always ask people for their permission. I respect their dignity. They have the right to say yes or no." Another support assistant said, "I always include people and talk to them. I ask them what they need. I think about how I would feel in their position." Another support assistant said, "I always talk to clients openly. I speak respectfully and never ignore them. I ask what they would like."

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about their philosophy of care, principles and values which included, "Quality, Passion, Integrity, Choice, Dignity, Independence and Equality."

The managing director explained that an important aspect of the service was to get involved with the community. The service was responsible for organising various community events such as social club events and music events which included a comedy night fund raiser, dementia awareness talks and a charity Gala.

We discussed the Accessible Information Standard [AIS] with the registered manager. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. The registered manager explained that the service provided person-centred care and therefore aimed to meet people's individual needs. She explained that due to one person's health condition, this person preferred to receive information via text instead of letters, therefore the service ensured they communicated with the person in this way. Another person was provided with enlarged print so that they could read documentation. The service ensured they provided information in accessible formats and languages when needed by people using the service. People's care plans included guidance about how to support people with communication and sensory needs.

Good

Is the service responsive?

Our findings

People and relatives told us that they were satisfied with the care provided by the service and said that the service listened to them and was responsive. One relative told us, "When had an issue, they were very responsive. Very kind manner." Another relative said, "Very responsive; they try to accommodate Mum's preferences whenever possible. They've never not met those preferences." Another relative told us, "[My relative] is very well looked after by her primary carer who lives with her. During the recent very hot weather, the carer was supported by the management on ways to keep her cool and even relocated her to another room. Another example is when my [relative] was coughing, the management advised calling the doctor which was good because she was in the early stages of a chest infection."

One care professional we spoke with told us that the service was receptive and worked well with the advice and guidelines she had provided them with.

Relatives we spoke with told us that they were kept informed of developments with regards to people's care. One relative said, "There isn't much for them to keep us informed about actually, but I'm sure if there was, they would inform us. We get feedback from the carers." Another relative told us, "They do in two ways. We have weekly emails which go to a number of family members to keep us informed, but they will always telephone me if they have concerns." Another relative said, "Yes, we get weekly notes which can be quite interesting. We find out things about Mum that we didn't know!"

People's care records showed that the provider had completed a comprehensive initial assessment of each person's needs before they started to receive care from the service. People and where applicable their relatives had been involved in this assessment. Each person's physical, nutritional, mobility, medicines, communication, personal care and healthcare needs were included in the initial assessment. The registered manager emphasised the importance of assessing people's needs before they were provided with care. She told us that assessment helped them gain a good understanding of the care and support each person required, and to determine if the service was able to meet the person's needs. Speaking with people using the service and when applicable their relatives to gain an understanding of people's needs and preferences was an important aspect of the initial assessment.

People's care plans were personalised and developed from the initial assessment. Care plans were held electronically on a care management system. We saw that care plans provided detailed information for staff about people's needs, routines and goals which they had access to. These included clear guidance for staff to follow to meet people's needs and preferences. Care plans were well organised and consistent. These consisted of a care needs assessment, a support plan and risk assessments. Individual care plans addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. We found that these were individualised and specific to each person and their needs. Care support plans included information about people's preferences, their likes and dislikes. People and their representatives told us they were involved in planning the care and support provided. Care plans and agreements were signed by people or their representatives to evidence that they had been consulted and agreed to the plans. This ensured that people received care that was personalised

and appropriate.

People's care plans and risk assessments were reviewed at least six monthly by the provider with people using the service and when applicable people's relatives to ensure that that they reflected current needs. The provider told us people's care needs were also reviewed when their needs changed.

Support assistants we spoke with demonstrated a good understanding of the needs of people, their choices and preferences and any disability or medical conditions people had. People and relatives we spoke with were satisfied because people usually received care from the same support assistants. This provided consistency and ensured that people were comfortable in the presence of support assistants and they were familiar with them.

The service had a complaints procedure. The service had clear procedures for receiving, handling and responding to comments and complaints. The majority of people and relatives told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. Records showed that management investigated and responded appropriately when complaints were received and resolved matters satisfactorily.

The service had an informative website which provided information about the service, their story, values and mission statement, staff and upcoming events.

Good

Is the service well-led?

Our findings

People using the service and relatives spoke positively about the service and told us they thought it was well managed. People and relatives said they had confidence in the management of the service. One relative said, "Excellent in my experience. They organise an annual review to make sure we're happy with the service." When speaking about management, one relative told us, "Efficient, well organised."

There was a management structure in place which was made up of the managing director, registered manager, senior management, care coordinator, team leaders, administrative staff and support workers. Staff we spoke with spoke positively about the management and culture of the service. All staff said management were approachable and they felt able to raise concerns without hesitation. They told us that they felt supported by their colleagues and management.

One member of staff told us, "The support is excellent. I can always reach the office. I definitely have confidence in management." Another member of staff said, "The support is really good." Another member of staff said, "I am extremely pleased working here. They really do listen and if I raise things, things get done. I am not only pleased but extremely pleased working here. The management is efficient." Staff told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

Records showed staff meetings were held regularly and staff had the opportunity to share good practice and any concerns they had.

Systems were in place to monitor and improve the quality of the service. We found the service had a comprehensive system in place to obtain feedback from people about the quality of the service they received through review meetings, telephone monitoring and home visits. The service implemented their own 'quality assurance schedule'. This provided a structured system for obtaining feedback from people and relatives and ensured that this was consistently carried out for all people. It included a courtesy telephone call within 48 hours of a person's first visit, a client survey within two weeks, a review within six months and client survey at 12 months.

The registered manager explained that the service was in regular contact with people who used the service so that they were able to build close relationships with people and ensure people felt comfortable raising issues with management.

Records showed that spot checks were carried out to assess care support assistant's performance when assisting people with personal care in the person's home.

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, safeguarding, medicines, complaints, staff punctuality and training.

The care documentation that we looked at was up to date. The service had up to date policies and procedures in place. The policies included the guidance staff needed to follow and act upon in areas of the service such us responding to complaints and health and safety matters. People's care records and staff personal records were stored securely in the provider's office which meant people could be assured that their personal information remained confidential.

The service had a won and became finalists for various healthcare and management awards.