Home Sweet Home Care Agency Ltd

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Inspection report

Unit 12
Brook Street
Driffield
North Humberside
YO25 6QP

Tel: 01377255005

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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

Our inspection of Home Sweet Home Care Agency Limited took place on 30 January 2018 and 1 February 2018 and was announced. This was the first inspection of the service since registering with us on 25 October 2016. The service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older people, younger adults, people with a learning disability or autistic spectrum disorder, people with physical disabilities and people living with dementia. At the time of our visit the service provided personal care to 41 people.

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

The 'nominated individual' undertook a management role at the service and was present at the time of inspection. A nominated individual is a person named as the main contact for an organisation.

There was a positive culture within the service; people were treated with dignity and respect. People's care plans showed that there was a strong commitment to person centred care and risks to people were assessed and managed. People were supported to make their own decisions; this was encouraged and reflected in their care plans. Care plans demonstrated that the principles of the Mental Capacity Act (MCA) 2005 had been applied.

Staff had access to training and plans to enhance the training provision were in place. The registered manager carried out competency checks and spot checks to ensure staff were competent in the role they were carrying out. However, the provider was unable to evidence that all staff had undertaken medication training and competency checks. Records in this area required improvement to ensure all staff were competent to administer medicines.

Staff understood what action to take to safeguard people from abuse; however, they required further training in this area. This training had already been arranged by the provider.

People's nutritional and hydration needs were catered for. Staff supported people with their choice of meals and care plans contained information about people's dietary preferences.

The management completed investigations into incidents and accidents. Investigations were thorough and comprehensive and lessons learned were reflected upon and recorded. This meant that the likelihood of future similar incidents was reduced.

People were protected from the risks of infection through the provision of personal protective equipment.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. There were no active complaints at the time of the inspection.

There was a range of quality audits in place completed by senior care staff, the registered manager and the manager. These were up to date and completed on a daily, weekly and monthly basis. All of the people we spoke with told us they felt the service was well-led and that they felt listened to and could approach management with concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received their medication safely.

Recruitment checks were in place but recording needed to be more robust.

People were safeguarded from the risk of abuse but staff required further training to increase their confidence in this area.

People had individual risk management plans in place to keep them safe.

Is the service effective?

Good

The service was effective.

People's needs were assessed and they were supported by staff who had the skills and the knowledge to assist them.

Staff received regular supervision and appraisal which they said they found supportive.

Care plans took into account the principles of the Mental Capacity Act 2005.

People were supported to maintain good health and had access to healthcare professionals and services.

Staff encouraged and supported people to have meals of their choice.

Is the service caring?

Good

The service was caring.

Positive feedback was received from people who used the service and their relatives. They commended the caring nature of the staff.

Staff understood people's needs and were able to provide

person centred support.

People's rights to privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People received person centred care which focused on their individual needs.

People, and their relatives, knew how to raise concerns and were confident the registered manager would listen.

People were supported with community activities.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who understood the responsibilities of their role. Staff felt well supported by the registered manager.

There was a strong commitment to continuous improvement with quality assurance systems in place.

The provider listened to, and acted on, feedback from people, their relatives and members of the staff team.

Home Sweet Home Care Agency 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 2018 and 1 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of two adult social care inspectors and telephone calls to people and their relatives who use the service were made by one 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.

Before the inspection, we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

We visited the office location on 30 January 2018 and spoke with the registered manager, the nominated individual, one senior care worker and five care workers. We visited three people who used the service in their own homes. Telephone calls to people and their relatives were made on 1 February 2018. We spoke with 11 people who provided feedback about the service they received.

The care records for three people who used the service were looked at. We also looked at other important

documentation relating to people who used the service such as incident and accident records and medication administration records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, actions were taken in line with the current legislation.

A selection of documentation relating to the management and running of the service was looked at. This included four staff recruitment files, training records, staff rotas, minutes of meetings with staff, complaints and quality assurance audits.

After the inspection, we contacted thirteen professionals who visit people who use the service to seek their views and opinions, none of whom provided feedback.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that they felt safe. One person told us, "The staff keep me very safe. I have two carers to keep me safe with my walking. The staff have a list of my meds and they give them to me on time. Where I live doesn't allow key boxes but I let them in. The carers do my shopping and give me receipts." One person told us, "I feel safe with the staff" and a relative told us, "They arrive and leave on time just about. They're efficient with cover; no call has ever been missed."

However we found that the service was not always safe.

We looked at the records of four newly recruited staff to check the registered provider's recruitment procedure was effective and safe. Evidence was available to confirm appropriate Disclosure and Barring Service (DBS) checks had been carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. Employment references were obtained and gaps in employment were discussed with the candidate, however we found that this was not always recorded accurately. The provider told us they would action improving these records in this area.

We found there were systems in place to safeguard people from the risk of abuse. This included having both a safeguarding and whistleblowing policy and procedure in place, informing staff on how they could both report and escalate concerns. The staff we spoke with were clear about what they would do and who they would speak with about concerns. However, they did not know details of the policy or feel confident in the training they had received. The registered manager had already identified this and plans were in place to access additional training for all staff. The provider was registered to attend training that would enable them to cascade local safeguarding training to the staff team.

The registered manager demonstrated competence and transparency in relation to safeguarding and reporting any necessary concerns to safeguarding teams and the Care Quality Commission.

We looked at the systems in place to manage people's medicine. For people who needed support to take their medicines, information had been included in their plan of care. We saw each person had a medication administration record (MAR) with instructions for staff on each medicine prescribed. Staff signed this document each time they administered a medicine to a person. We saw a sample of MAR's and the majority were completed appropriately. On one MAR there was an error in recording. Action was taken to address this as soon as the issue was identified. We also noted an error from a previous month. This had prompted an audit of the person's medicines by the registered manager but the audit failed to clearly demonstrate the outcome of the audit. The provider intended to make this clearer in the future. We observed one person receiving their medication and saw staff administered medicines respectfully and patiently. There were records of medicine's training and competency checks in place however, the provider needed to ensure that their records were up to date and clearly reflected all staff that had completed this. The provider told us they would address this.

We found records of accidents and incidents were reported by staff, escalated to senior care staff and investigated by the management. Actions taken following investigations were recorded and shared. Examples included introducing new paperwork for monitoring and greater communication with the staff team. The registered manager advised us that all incidents and accidents moving forward were to be captured in a central log to enable better tracking of incidents and promote further learning through lessons learnt.

Systems were in place to identify and reduce risks to people. People's care plans included detailed risk assessments. Documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these.

People and their relatives told us they were supported by regular staff members. One person said, "They arrive and leave on time, I only have one. They always make it." A relative said, "They have regular carers and they always introduce new carers first." Staff we spoke with told us they thought there were sufficient members of staff to support people and confirmed they received regular hours of work with regular people to support.

The office premises were secure and well maintained. A business continuity plan was available which provided guidance to follow in the event of an emergency. A meeting room was available for confidential meetings and a training room with training equipment and computer access which was available for staff.

People were protected from the risks of infection because all staff were issued with personal protective equipment such as disposable aprons and gloves. Staff were observed wearing these items on the day of inspection.

Good

Is the service effective?

Our findings

The service was effective. People told us, "The staff have the right skills and training. I'm happy with the way they look after me. My meals come delivered and staff warm them for me. They write everything in the book and I sign my care plan." Another person told us, "They [the staff] have the relevant skills in general. I sign the care plan and I look at it, its ok."

Staff were sufficiently trained to meet the needs of people and plans were in place to increase the provision of training provided. We saw staff training information which was organised and detailed all the training staff had received. Staff were paid to attend weekly training sessions delivered by the provider. We heard how new staff members had completed induction training which included working alongside an experienced member of staff. Staff told us that they were satisfied with the amount of induction training that they received. One staff member told us, "You can say how many shadow days you want, I had two days. We followed an induction checklist which included all the policies; I know I can access these policies at any time."

Staff told us that they felt supported by the management. Staff confirmed they received supervision every six to eight weeks from the registered manager. This was verified in staff records which included spot checks on individuals. We saw that where problems had been identified through these checks, these were discussed with staff in their supervision.

Care plans we looked at during the inspection showed that people's needs were assessed and evaluated when necessary. People's care plans gave information about their health needs and how they were to be addressed. We saw records which detailed community health professional's involvement, for example GP's, district nurses and chiropodists.

Care plans clearly identified people's capacity to make decisions under the Mental Capacity Act 2005. 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.The provider had not made any applications to the Court of Protection to deprive someone of their liberty.

We checked whether the service was working within the principles of the MCA. Most of the people currently using the service were able and were supported to make their own decisions. A relative told us, "The staff do things [my relatives] way and talk [relative] through things. We both feel fully involved in the care." One person told us, "They always ask permission to do things and we have a regular team."

The service provided support to people at meal times. Those people, who were able, were encouraged to be independent in meal preparation. The providers PIR stated that, one person's call time on an evening had been extended to one hour to allow carers to assist with developing skills for meal preparation. This person

had a meal planner for their meals within their file. Care plans contained information about people's dietary preferences including 'likes fruit to hand' and 'are a vegetarian but will eat fish'.

Good

Is the service caring?

Our findings

The service was caring. People we spoke with told us that staff were kind and caring. Comments included, "They are brilliant, [name of carer] is great, they are like family when they walk through that door" and "You can tell they enjoy their job, it's not just for money, they have an interest in it."

The registered manager told us there was a person centred approach to the support people received. Being person centred means putting the person at the focus of their own support so they receive support in the way they want and need it. One person told us, "The staff ask my permission to help. We've got a good relationship they always listen." A relative told us, "They are so friendly and caring. My relative had to go into hospital, I rang the carers and they stayed with them until the ambulance came. Right from the first contact they couldn't be more helpful if they tried."

Care plans showed that an assessment of the persons care needs was completed so the provider could be sure that they could meet the person's needs. We saw that care plans included information about people's abilities and what they could do for themselves as well as the areas they required support with.

We saw that people were provided with a 'client handbook.' Contained within in this were, for example, contact details of the office, details of the management and how to contact them, a copy of complaints policy, a copy of the statement of purpose, a copy of the person's care plan and incident forms.

People were treated with dignity and respect. Staff we spoke with explained how they always treated people with respect and maintained their dignity. One staff member told us "I always make sure that I knock before entering anyone's home or room. I also make sure that I close doors when delivering personal care." Another staff member told us, "I always talk to them whilst I am delivering care so they know why I am doing and when I am going to be doing it." People who we spoke with confirmed, "They help me with personal care, they are very good they always keep me covered and ask before doing things. They know what I need and they listen to me." A relative told us, "They wash my relative in the morning, they cover them with towels. We know staff well and they listen and follow instructions. They're very caring and kind and know what my relative needs."

Compliments received by the agency through their annual survey highlighted the caring approach taken by staff. One comment read, "All of my carers are helpful and friendly, I am full of praise for the service you provide", another read, "[name of carer] had not only looked after my relatives needs brilliantly, they have also helped me to understand more about the condition and how to communicate with my relative better."

At the time of inspection no one had an advocate in place. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. The registered manager demonstrated understanding of the role and the importance of promoting the use of advocates.

People and their relatives felt that their independence was respected and promoted. When speaking to relatives one relative informed us, "They are regular carers and they encourage [my relative] to do things for

themselves." A person told us, "I have regular carers and I am independent. The manager comes regularly, they are always on time, I'm happy."

Good

Is the service responsive?

Our findings

The service was responsive. People told us, "We have a review every so often, [registered manager] or [nominated individual] do them. I've got phone numbers so I can contact them. They will contact me to check that everything's ok. I've got the number for complaints." Another person told us, "We are involved in reviews and we have never had to make a complaint."

People and their relatives were involved in the development of their care plans. Plans contained detailed individualised information about all areas of support including personal care, mobility and communication and detailed what tasks were to be undertaken by staff and family members. Alongside the care plan was the 'summary of care'. This summary included a high level of detail on how best to support people, and was created with the person. This included details for example, step by step instructions on how to deliver personal care in the way the person requested. Specific details around moving and handling and also where the person liked equipment such as a walking frame or wheelchair to be left at the end of the visit. Support planning documentation was easy to read and understand, this assisted the reader to have a clear understanding of the individual's needs. Records of care provided showed that people received care as planned.

There were opportunities for people who used the service and their relatives to provide feedback about various aspects of the service, including how they felt the service was meeting their needs, through quality questionnaires. Eighteen responses were recorded for surveys sent out in June 2017. Responses to questions asked in this survey were all positive. People also told us that the registered manager and nominated individual made regular contact to check that the service was meeting their needs. One person told us, "The manager comes out regularly to check if everything's ok or if anything needs changing."

The service was responsive to concerns or complaints raised. We looked at the way the service managed and responded to concerns and complaints. Their complaints process was given to people when they started receiving a service. People said they had no complaints but knew who to speak to if they had any concerns or complaints; they were confident they would be listened to. One person said, "I've never complained but would complain to the care company if necessary." Staff knew how to respond to any complaints or concerns; they told us they would record and share the information with the registered manager.

There had been two complaints made about the service since it started. Records reviewed during the inspection showed that the provider had taken appropriate and timely action to investigate and respond to the complainants. The provider's response and subsequent actions taken, with regards to one of the complaints, demonstrated a clear commitment to person centred ways of working.

People were supported to access the local community and to pursue leisure interests in line with their care plan. We noted people were supported by care staff to attend appointments, visit the shops and attend leisure activities. One relative told us, "I'm impressed with the carers as my relative isn't Independent. When in the community they will stand with them and their sticks and walk. My relative is confident with them [the

staff]; they know what my relative can and can't do."

At the time of our inspection people were not receiving end of life care.

The provider complied with the accessible information standard through asking, recording and sharing communication needs people had. This was recorded in their care plans.

Good

Is the service well-led?

Our findings

The service was well led. People we spoke with told us, "The [registered manager] and [nominated individual] are brilliant they will do anything for you." A relative told us, "They go above and beyond they're absolutely wonderful. The manager comes round, she coordinates the care."

We found that there was a culture of openness and of support. Staff told us they felt confident that any issues they raised with the management team would be dealt with appropriately and they would have no hesitation in raising them. Staff told us that the registered manager provided them with consistent support and guidance and was actively involved in the running of the service. They told us, "I was so surprised when I came here from other care places, to see [name of registered manager] and [name of nominated individual] going out on runs to see people. It is brilliant; they really know and understand the people we care for."

Staff told us how management supported them with personal matters, they told us, "They are fantastic managers, they are always messaging to see how I am and check I am ok."

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

The registered manager and nominated individual had good communication with their staff team. Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally in supervision, team meetings and informally through discussions whilst in office with the registered manager. They told us, "They [the registered manager and nominated individual] really listen and we have input into the care plans, we all work together." Staff meetings were held regularly and minutes detailed actions to be completed. Topics discussed at these meetings included; training, rotas, annual leave, policies and procedures and person centred ways of working.

People and relatives were asked to provide feedback through a client quality assurance questionnaire. The registered manager used this to evaluate the effectiveness of the service and the level of satisfaction. These questionnaires were analysed and the results were reported back to people. Responses were received from 18 people and showed high levels of satisfaction with comments including, "It is a pleasure to be supported by staff that listen and respond positively with encouragement and practical help", and "They are very reliable and easy to get hold of if you need them. A very good service."

There was a culture of continuous improvement. A system for monitoring the service provided to people, included audits of care records such as care plans, risk assessments and daily visit records to ensure that all relevant documentation had been completed and kept up to date. This also included the review of medicine administration records. The registered manager used these audits to help monitor and drive improvements to the care that people received. We found that new ways of reviewing the care provided to people was being developed on an ongoing basis in response to people's needs and the fact that the service was

growing.

Records showed that staff at the service had positive relationships and regular contact with visiting professionals, including GP's, chiropodists, safeguarding teams and hospitals.

The registered manager understood the relevant legal requirements and had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.