

HomeCare Plus Limited

# Homecare Plus Limited

## Inspection report

Patrick House  
Gosforth Park Avenue, Gosforth Business Park  
Newcastle upon Tyne  
NE12 8EG

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Tel: 01912169090

### Ratings

|                                 |                         |
|---------------------------------|-------------------------|
| Overall rating for this service | Good ●                  |
| Is the service safe?            | Good ●                  |
| Is the service effective?       | Inspected but not rated |
| Is the service caring?          | Inspected but not rated |
| Is the service responsive?      | Inspected but not rated |
| Is the service well-led?        | Good ●                  |

# Summary of findings

## Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

### About the service

Homecare Plus Limited is a domiciliary service providing personal care to people living in their own homes throughout Tyne and Wear and Northumberland. Services were provided to adults with a wide range of health and social care needs including physical disabilities, learning disabilities, mental health needs and dementia. At the time of our inspection there were 253 people receiving a 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

People were provided with care and support in a safe environment. Safeguarding procedures were embedded within the service and incidents and accidents were reported and analysed.

There were enough suitably recruited staff on duty. Staff were kind and caring and the care provided was centred around people's individual needs.

Infection control procedures were being followed and any issues arising were addressed straight away. Enough masks, aprons and gloves were available for staff to use.

People and staff reported the service was well led. We did receive some mixed comments on poor communication which was raised with the management team to investigate.

Medicines management procedures were in place and were updated during the inspection due to some issues we found. People did not report any concerns with their medicines. We made a recommendation to further review medicines management procedures.

There were quality assurance systems in place to monitor the service and care being provided. Some records and quality assurance processes would benefit from further review. The provider was in the process of updating records. We have made a recommendation to review quality assurance systems.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 21 February 2018).

#### Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homecare Plus Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.  
Details are in our safe findings below.

Good 

### Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

### Is the service caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

### Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good 

# Homecare Plus Limited

## Detailed findings

### Background to this inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 23 September 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

#### Inspection team

This inspection was carried out by one inspector, a medicines inspector, CQC support services and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it was part of a pilot and we needed to ensure staff were present in the location office to support this new way of working virtually.

Inspection activity started on 23 September 2020 and ended on 19 October 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We communicated with 33 people and 12 relatives, mainly by telephone but also via email and a computer conferencing system. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the head of quality/health and safety adviser, office manager, company trainer and two coordinators. We contacted 64 office and care staff (of which 20 responded).

We reviewed a range of records. This included nine people's care records in depth and multiple medication records. We looked at six staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted four professionals who work in partnership with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse by staff who had been trained in recognising safeguarding concerns. Policies were in place to support this, including the safeguarding, whistleblowing and gift policies which the provider had embedded with staff.
- The registered manager robustly investigated and reported any concerns appropriately to external agencies.
- People felt safe. One person said, "I don't have any difficulties with staff. They are very attentive, and they are always careful about what they do."

Assessing risk, safety monitoring and management

- Risk has been assessed and risk procedures were followed by staff to minimise harm to people. We identified some people's records which would benefit from further information and this was addressed straight away. The registered manager was working on more in-depth risk assessments in relation to people's specific health conditions.
- Reviews took place to monitor the quality of safety.

Staffing and recruitment

- There was enough staff to meet people's care and support needs. No missed calls were recorded, and people confirmed this. One person told us, "I always know by my rota what times the carer is going to call, and this makes me less worried about who is visiting me." A small number of people reported not receiving their rotas. The registered manager confirmed they would look into this matter.
- Consistent staff teams and regular timings of calls were promoted, although this had not always been possible due to the current pandemic, sickness or holidays. A small amount of people had commented negatively on this aspect of their care calls. We raised this with the provider who said they continued to strive to address this.
- Safe recruitment procedures were followed.

Using medicines safely

- Medicines management procedures were in place to support staff administer medicines safely and on time. Everyone we spoke with confirmed there had been no issues with their medicines. One person confirmed, "Always on time with my medication." Although we were satisfied no person came to harm, in some cases, people's medicine records needed to be reviewed. The registered manager sent us an action plan to confirm the actions they had taken to rectify this.

We recommend the provider fully review medicine management procedures in line with best practice

guidance.

- Medicines given 'as required' had protocols in place to help staff understand when these medicines were needed.
- Staff had received suitable training and had their competencies checked regarding the administration of medicines.
- Medicine errors were investigated and reported as required.

#### Preventing and controlling infection

- Staff were trained and regularly kept updated with best practice infection control and prevention procedures. All staff had increased their knowledge in relation to the coronavirus pandemic. One person said, "They wear their masks, gloves and aprons and they sanitise their hands as they enter the house. They also wash and clean everything they've used and put it away."
- The provider ensured staff were equipped with Personal Protective Equipment (PPE) which included masks and gloves and completed spot checks to ensure it was being used correctly. It was reported by two people that staff did not always wear masks as they should. This was addressed immediately with a further reminder to all staff.
- We were assured the provider was accessing Covid 19 testing for staff when required.

#### Learning lessons when things go wrong

- Learning from accidents and incidents was shared with the staff to raise awareness and promote safer working practices. Accidents and incidents were monitored to look for trends forming.
- The registered manager gave examples of lessons learnt. One example was changing to a new electronic rota system for staff after some issues had arisen with paper copies.

# Is the service effective?

## Our findings

Effective – 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 the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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 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.

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.

- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- People's legal rights were upheld. Staff sought advice when concerned and guidance from external professionals was followed.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately. The provider was in the process of reviewing lasting power of attorney (LPA) paperwork to ensure they had copies to refer to. LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- Staff were kind and caring. Comments from people included, "They do what I want and if there's little extras that need doing, they do it" and, "Everyone has been excellent; really friendly, kind and always professional." One relative said, "I've seen them with him. They are very careful. They are very friendly and talk to him."
- People were fully supported to fulfil their care needs in the way they wished.
- Staff had a good understanding of people's individual needs, preferences and personalities.
- The provider respected diversity. For example, staff with cultural needs were able to rearrange their working pattern when needed, for example for Ramadan.

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

- People were able to give their views and share their experiences. People's preferences were documented in their care records and were able to make decisions for themselves. One relative said, "They are constantly asking her if she needs anything. They are more like friends really - they are so nice with her."
- People had access to advocacy services when this was required. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.
- Care reviews had taken place and satisfaction surveys had been undertaken. Coffee mornings had been arranged to gather feedback, but some had been cancelled due to Covid 19 restrictions.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- Care records were personalised with details of how people preferred to have their care and support needs carried out. Care records were in the process of being reviewed. Some records needed updated and this was addressed immediately. One person said, "They've been very good, and they give good care. I wouldn't change anything." One relative said, "(Person's) needs haven't changed really, but I do know to get a reassessment if I think things are changing. They are good and they will tell me when (person) seems a bit down and they notice if anything is different and they alert me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication plans in place with details of how staff should support them, for example those with a hearing impairment.
- The provider confirmed they had various communication aids available for people requiring them. This included large print and braille.

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

- Community involvement, including working and family ties were maintained where possible under the current pandemic restrictions.
- Contact from the office/management was maintained to further avoid social isolation and ensure people's needs continued to be met.

End of life care and support

- No one was currently on end of life care. The management team confirmed they would work with healthcare professionals should this occur. Healthcare professionals confirmed this, and one said, "Anyone who is placed on end of life care would be well cared for by the staff team and would have a pain free end to their life."

# Is the service well-led?

## Our findings

Well-Led – 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team showed kindness, empathy and dedication throughout the inspection process. Staff demonstrated a commitment to providing person centred quality care, which met people's needs.
- People and their representatives were confident issues would be addressed by the management team, if raised.
- The management team assisted us throughout the inspection, listened to the advice given and quickly acted upon any issues raised. They had no hesitation in participating in this DCA pilot and worked with us to try new methods of inspection techniques.

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 provider understood their obligations in relation to duty of candour, including being open and transparent when incidents had occurred.
- The provider operated in an honest manner with good integrity. When any issues were identified they worked with the CQC and the local authority to address these.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance processes were in place to help identify areas for improvement. This included spot checks and audits on various processes and procedures. During the inspection we found issues with some care and medicine records. We discussed this with the registered manager, and these were addressed immediately.

We recommend the provider further review their quality assurance procedures in light of the issues we found to ensure they are all in line with best practice guidelines.

- The registered manager and staff understood their role and responsibilities. The provider had complied with regulatory requirements.
- The provider ensured staff were well trained and aware of their roles and responsibilities. Staff had their competencies assessed to ensure they were working to the standards expected.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People had been engaged with throughout the current pandemic to ensure their needs continued to be met.
- People, their relatives and staff were effectively communicated with. Communication was achieved in several ways, including via a newsletter, email or telephone. One person said, "Every now and again I get a call to see how things are going. They are checking if you are happy. It's nice to know they're not just leaving it and hoping for the best." We received a small number of comments indicating that communication from office staff could be improved. We passed this to the registered manager to investigate.
- Staff meetings had been held, and staff supervision and support maintained, including inviting the Samaritans to speak and offer support to staff.
- The registered manager promoted training with people and their relatives, including for example, to become a dementia friend or participate in first aid training.

Continuous learning and improving care; Working in partnership with others

- The registered manager gave us examples of continuous learning and improvements to the service. This included using electronic technology to improve rostering systems and care plans.
- The registered manager had plans to introduce various initiatives. However, the current pandemic had delayed/halted some of these, including for example coffee mornings for people.
- The staff team worked in partnership with healthcare professionals and other external partners. One healthcare professional said, "Very responsive and brilliant in wanting to improve practise and getting advice from the team."
- Staff signposted people to various external organisations to support their care needs, for example with various aids and adaptations.
- Staff supported the community via various sponsored events, including for the Alzheimer's Society.