

Home Life Carers Limited

HomeLife Carers

(Barnstaple)

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

About the service

Homelife Carers (Barnstaple) is a domiciliary care service, supporting adults in the community who require assistance with personal care. This included people living with dementia, physical disabilities, mental health needs and sensory impairments. 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. At the time of our inspection there were 148 people using the service.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt safe and supported by staff in their homes. Comments included, "They (staff) are all lovely ladies, they are very warm and caring. They are all very helpful and always ask what I need doing" and, "Oh yes, definitely. He is in bed all the time and they (staff) make sure he feels safe in bed. They are excellent."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. Medicines were managed safely. Effective infection control measures were in place.

People confirmed that staffing arrangements met their needs. They were generally happy with staff timekeeping and confirmed they always stayed the allotted time. Staffing arrangements matched the support commissioned and people were matched with staff who had the skills to meet their individual needs. Where a person's needs increased or decreased, staffing was adjusted accordingly.

There were effective staff recruitment and selection processes in place to keep people safe. People received effective care and support from staff who were well trained and competent.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service.

People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. People commented: "I think generally the people I have seen are exceptionally caring and attentive. On the whole dad is very lucky with the carers he has", "Yes, they are very kind and I look forward

to their visits" and, "Yes, they joke with him and are cheerful. You can feel their hearts are in their jobs."

Staff spoke positively about communication and how the manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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

Rating at last inspection

This service was registered with us on 18 October 2019 and this is their first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

HomeLife Carers (Barnstaple)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector, an assistant inspector and an Expert by Experience with experience of care of older people. An expert by experience is a person who had 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The manager was currently in the process of registering with the Commission.

Notice of inspection

We gave the service 48 hours' notice of the inspection. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Inspection activity started on 25 May 2022 and ended on 6 June 2022. We visited the location's office on 25 May 2022.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five members of staff, which included the manager and regional manager.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included seven staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regards the management of the service.

After the inspection

After our visit we sought feedback from people using the service, relatives, staff and health and social care professionals to obtain their views of the service provided to people. We received feedback from 10 people using the service, eight relatives, six staff and two health and social care professionals. We continued to seek clarification from the provider to validate evidence found. We provided initial feedback to the service on 8 June 2022.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and supported by staff in their homes. Comments included, "They (staff) are all lovely ladies, they are very warm and caring. They are all very helpful and always ask what I need doing", "Oh yes, definitely. He is in bed all the time and they (staff) make sure he feels safe in bed. They are excellent" and "Yes, he has confidence in them, as do I. It's always two staff members. They do a good job of hoisting him."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally, such as to the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the safeguarding adults' policy and procedure and where to locate it if needed.
- The service gave people information on adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments had been carried out for moving and handling, falls and skin care.
- Risk management considered people's physical and mental health needs, and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available from other services to increase a person's independence and ability to take informed risks.
- People's environmental safety was also ensured. The service was working with the local fire safety officer to try and encourage people to receive a free fire safety check in their homes. This could also lead to them receiving free fire equipment if needed.

Staffing and recruitment

- People confirmed that staffing arrangements met their needs. They were generally happy with staff timekeeping and confirmed they always stayed the allotted time.
- Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. The manager explained staffing arrangements matched the support commissioned and people were matched with staff who had the skills to meet their individual needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.

- Where a person's needs increased or decreased, staffing was adjusted accordingly. The manager commented, "If people's needs change, we need to change with them." We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The manager explained that regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. Contingency plans were in place to deal with adverse weather conditions and the Covid-19 pandemic.
- A professional commented, "Homelife will always try and accommodate the clients wishes of visit times and keep in mind if a client wishes to change times. They are also more than willing to ask and request if a client requires more/less visits and longer visits. Their priority seems to be person centred care."
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. People commented, "The carers help me with my medicines" and "They help with the cream on my back. I have no issues."
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The manager and other members of the management team checked medicine practice whilst working with staff in the community and via records. This was to ensure staff were administering medicines correctly.

Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. Everyone said staff were following good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.
- Homelife Carers (Barnstaple) circulated regular updates to staff on preventing infection and COVID-19, along with any new legislation/guidelines that would affect the way they worked. This ensured they followed best practice in order to keep people safe.

Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Where incidents had taken place, actions had been taken in line with the service's policies and procedures. The involvement of other health and social care professionals was requested where needed, to review people's plans of care and treatment.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People said they thought the staff were well trained and competent in their jobs. People commented, "They (staff) know how to care for me and are willing to accommodate my wishes" and, "They all have a definite procedure. I've never thought they lacked understanding of what they are doing. I know they get regular training because I hear them talk about it."
- Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a probationary period, so the organisation could assess staff competency and suitability to work for the service. Also, to check whether new staff were suitable to work with people.
- Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling, equality and diversity and a range of topics specific to people's individual needs. For example, diabetes management, dementia awareness, catheter care and continence management. Staff had also completed nationally recognised qualifications in health and social care, including the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- A staff member commented: "When I first started, I had training in the office for three to four days and we learned about things like Parkinson's, dementia, diabetes, manual handling, safeguarding, food hygiene and infection control. Then I did shadowing for quite a few shifts. All the staff have been so helpful and they don't just show me things, they explain what they are doing and then how it is going to help the service user."
- Staff received supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the manager. The manager was currently in the process of ensuring a regular timetable of supervisions was in place to ensure staff received a rolling supervision programme.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care.

- People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis. For example, GP, district nurse and occupational therapist. A professional commented, "Excellent carers working with people with complex needs. They are flexible, adaptable and always keen to feedback any issues. The communication is good and enables a two-way conversation about people's care and support needs." Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005).
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care. For example, a best interest meeting had taken place to discuss a person's care package.

Supporting people to eat and drink enough to maintain a balanced diet

- Those people who needed assistance with meal preparation were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks.
- Staff recognised the importance of good nutrition and hydration. Staff had received training on nutrition and hydration in order to confidently support people with meal planning and preparation.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff were kind and caring. People commented: "I think generally the people I have seen are exceptionally caring and attentive. On the whole dad is very lucky with the carers he has", "Yes, very kind and I look forward to their visits" and, "Yes, they joke with him and are cheerful. You can feel their hearts are in their jobs."
- Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed, kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.
- The service had received several written compliments from people using the service, relatives and professionals. These included: "I am very impressed with the care that (carer) gives to patients. (Carer) is very informed about her patients and is able to inform the community nurses of any issues or changes with patients", "Sincere thanks for the brilliant care provided by (carer) whilst she was looking after (relative). Her personality, positive approach and genuine desire to do the very best for (relative) made her visits a happy time full of laughs and conversations. (Carer) is a great credit and asset to your company" and, "Thank you so much for all you have been doing over the last month. I know it must have been incredibly difficult. Thank you for sorting out rotas. You have no idea how it has really taken away a lot of anxiety and worry. I have seen a huge improvement over the last two weeks."

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

- Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained it was important that people were at the heart of planning their care and support needs. People confirmed they had a care plan, which was discussed with them and no care was given without their consent. People commented, "The person that set it up I have known for years and they made sure everything was right for me. If I wanted a copy I would only have to ask" and, "Yes, I was asked and involved with a field supervisor who goes through any changes."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. People commented, "They (staff) are very good, respectful and trustworthy" and, "I really appreciate how they come to my home, respect it and follow my care plan routine. They are very positive in attitude."
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care, and explaining what needed to be done

so that the person knew what was happening.

- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. One person commented: "Yes, they (staff) come in and do what I want them to. They would do more, but I want to be as independent as I can be. They would do anything for me. They are wonderful. They always ask if I need anything before, they leave, and I can't speak highly enough of them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs. People felt they were involved with organising their care plan, describing how they had met with a senior member of staff at the start of their care package, in order for them to understand their needs.
- Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate.
- Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care, including cultural and religious preferences. A person commented, "They (staff) know I am a witness of Jehovah and they respect that."
- Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as issues with, their physical and mental health. People's likes and dislikes were taken into account in care plans. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences.
- Care plans were detailed and included personal preferences, such as how people liked their personal care delivered. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. One staff member commented: "Everyone has got a care plan. I like to go through all the people I have got the day before I go out. I try and read things when I have a day off to ensure I am up to date. The care plans are very detailed. They contain the little things which matter to people." This demonstrated that when staff were assisting people, they would know what kinds of things they liked and disliked in order to provide appropriate and consistent care and support. Daily notes showed care plans were followed.

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.

- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained communication details explaining how people communicated their wishes. For example, when a person had not understood something staff had asked, staff were guided to speak more slowly and break down the information given

into smaller chunks.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. Through on-going discussions with staff and members of the management team. People were made aware of the complaints system when they started using the service. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people had the information they needed to raise a concern or complaint.
- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.
- The majority of complaints received over the past twelve months related to late visits or changes to the rota. The service had identified that this had been an issue and was working to make improvements. The manager told us, "I remain active within the care side and I also take the on call. This gives me a good insight in each of these areas. It also gives me a chance to speak to some of the carers and service users in person in their natural environment. I have also taken the approach to involve the carers more in the coordinating side of the business. They are asked to complete a 'run form', this allows them to plan their care run in a way that is beneficial to themselves around travel, and what is suitable for the service users as they are more aware of their preferences. This also improves the consistency of carers."

End of life care and support

- People were supported at the end of their life. The manager said, in the event of this type of support being needed, they worked closely with the community nursing team; GPs and family to ensure people's needs and wishes were met in a timely way.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis to monitor the quality and safety of the service provided. These checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments had been updated and relevant health and social care professionals involved.
- Spot checks were also conducted on a random but regular basis. These enabled the manager to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.
- The service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service's policies.
- The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about communication and how the manager worked well with them, encouraging team working and an open person-centred culture. Staff commented, "It is well managed. When I have been to the office, (manager) is approachable and friendly. Yes, I would be confident any issues I take to (manager) would be resolved" and, "Yes, I think it is well managed. I think the managers in HomeLife are very good. (Manager) makes sure everyone is happy. It's a very open-door policy and we can always ring them or go into the office. Even if (manager) cannot help there is always someone in the office willing to help you."
- Staff confirmed they were kept up to date with things affecting the overall service via team meetings, memos and conversations on an on-going basis.
- The service sought feedback from people who use the service to identify areas for improvement. People confirmed they had completed questionnaires about the service and felt this was a worthwhile exercise to address any niggles. For example, issues with times of visits. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and

the care being provided.

- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Homelife Carers (Barnstaple).

Working in partnership with others

- The service worked with other health and social care professionals to meet people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and community nurses. Regular reviews took place to ensure people's current and changing needs were being met by all the professionals involved in their care.
- A professional commented, "We regularly speak with (member of office staff) regarding care packages. She is extremely professional, efficient, knowledgeable & helpful. They are more than willing to try and fit unsourced care packages in if they have capacity to do so in all areas. The coordinators will always look at rotas to establish any capacity. (Manager) is always helpful and will take time out of her busy schedule to speak to us if required at any point."