

Home Life Carers Limited

# HomeLife Carers (Exeter)

## Inspection report

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Date of inspection visit:  
08 June 2022  
15 June 2022

Date of publication:  
15 July 2022

## 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 (Exeter) is a domiciliary care service supporting adults in the community who required personal care in the Exeter, Tiverton, Okehampton and Torbay areas. The service provided care to people living with dementia, physical disabilities, mental health needs and sensory impairments.

Not everyone who used the service received personal care. The Care Quality Commission (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 163 people using the service who received personal care.

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

People said they received safe care from the staff at the service. One comment we received was, "I feel safe with them, it tends to be the same carer on every visit. I'm used to them. It's a very warm relationship."

Staff demonstrated an understanding of safeguarding and were able to identify what might constitute abuse and the reporting process they needed to follow to escalate concerns. People's individual risks were identified and care was planned in a way to reduce identified risks. Risk assessments were reviewed.

Feedback was mostly positive about the timeliness of care appointments, however we received mixed feedback from people about regularly receiving a rota and staff gave mixed feedback on travel time between care appointments. This was communicated to the registered manager. Staff recruitment was safe, and no concerns were raised around infection control practice.

People's care needs were assessed and care was planned accordingly. Staff received induction, training and ongoing supervision and appraisal. People were supported with food and drink based on their individual needs.

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.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. There were systems and policies in place to respond to complaints if required.

Staff told us people were caring and all the feedback we received was positive. One relative commented, "I can only say they are brilliant. They are friendly and caring." A person we spoke with told us, "She [staff member] is wonderful, she is like an angel, I can't say any more. She is wonderful, very caring."

Staff told us they were happy in their jobs and were keen to make a positive difference in people's lives.

There was positive feedback received from people and staff about the service management.

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](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 12 May 2021 and this is their first inspection.

The last rating for the service under the previous legal entity was Good, published on 4 February 2020.

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.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led.	<b>Good</b> ●

# HomeLife Carers (Exeter)

## 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 a registered manager in post.

#### 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 the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 June 2022 and ended on 15 June 2022. We visited the location's office on 8 June 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 two members of staff, which included the registered manager and regional quality lead. We reviewed a range of records including records relating to the care and support provided. We reviewed additional records which included 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 regarding the management of the service.

### After the inspection

After our visit we continued to seek feedback from people using the service, relatives and staff to obtain their views of the service provided to people. We also contacted four healthcare professionals. We received feedback from 17 people using the service, four relatives and a further six staff members. We continued to seek clarification from the provider to validate evidence found.

# 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.

### Assessing risk, safety monitoring and management

- People's individual risks were assessed and risk management or mitigation measures were recorded. When risks to people were identified, for example in relation to falls and medication, they were regularly reviewed.
- The feedback we received from people indicated that staff generally worked with the same people. This meant staff were familiar with people's needs and support plans to manage risk. One person commented, "They [staff] actually know my needs very well."
- Risk management measures evidenced that measures to manage risk were as least restrictive as possible. People confirmed this and told us they did as much for themselves as they could. One person said, "They're [staff] very, very good. They bring it [mobility equipment] to me, I lift myself up and they wheel me wherever necessary."
- People's environmental safety was assessed and recorded in their care records. This ensured that risks to people within their homes were identified and also that staff were aware of any internal or external risk and hazards.

### Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with told us they felt safe. One relative said, "[I feel] 150% safe. The girls that come just can't do enough; they are absolutely brilliant." A person told us they felt, "Extremely safe, I can talk to them if I have any difficulty."
- The provider had appropriate policies and systems and processes to manage safeguarding concerns.
- Staff were aware of their responsibilities in relation to the identification and escalation of safeguarding concerns. Staff received periodic safeguarding training updates.
- Comments we received from staff included, "I would ring the office and if I could not [ring the office] I would call Devon County Council and make the alert. The information is in the handbook for staff."
- There were systems operated by the service management that ensured any safeguarding concerns were investigated and escalated to the relevant third party agencies.

### Using medicines safely

- People required variable support with their medication from staff at the service. For example, some required full support from staff and others were completely independent.
- People we spoke with confirmed they received the support required from staff and no concerns were raised. One person said, "They give me the medication and I take it. It's all documented." Another person said, "I can do that [medicines] myself, sometimes they might prompt me."
- The provider had medicines policies in place. Staff received medication training with periodic updates and

their competency was routinely assessed.

- There were governance systems in operation to help ensure medicine management was safe and met people's needs.

#### Staffing and recruitment

- Most people we spoke with were happy with the service they received. People were generally happy with staff timekeeping and all told us they had a consistent staff team.
- The registered manager explained staffing arrangements matched the support commissioned and the service aimed to minimise the amount of different care staff people had to increase continuity in care.
- One person said, "[I get] more or less the same carers every day." A relative commented, "We get a consistent group. Mum gets to know them, the same people most of the time."
- People that required support from two staff members told us they received the correct level of support. For example, one person told us, "They arrive at the same time mostly. If someone is delayed, they get ready and prepare. Normally speaking they all arrive together."
- We received mixed responses from staff in relation to the allocated travel time between appointments. Some commented positively that they felt there was sufficient time, however others did not agree. We communicated this information to the registered manager.
- There were effective recruitment and selection processes in place. 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.

#### Preventing and controlling infection

- Staff had received training in infection control to ensure good hygiene practices were delivered during care and support.
- Everyone said staff were following good Personal Protective Equipment (PPE) guidelines in relation to the COVID-19 pandemic. One person said, "We are always laughing about that; they change their gloves so often."
- 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. Staff told us that PPE was always available to them.
- There were systems to ensure that staff compliance with PPE and infection control practice was monitored.

#### Learning lessons when things go wrong

- There were systems in place to ensure that learning could be identified where incidents or accidents had occurred.
- There were governance systems in place to monitor reported accidents or incidents to establish patterns or trends.
- Learning was identified following a review. For example, the review would identify if any safety issues were evident as a result of the incident, the immediate actions taken, and lessons learned. The review findings were shared with staff when needed

# 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.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support was reviewed.
- The service carried out pre-assessments in partnership with the funding authority before they started receiving a care package. This was to ensure people's needs could be fully met.

Staff support: induction, training, skills and experience

- People said they were cared for by staff who were well trained. One person said, "I'm very confident with the group I have at the moment, they know me very well." A relative told us, "I believe they do [get training]. Mum is happy with the care she is receiving. She would say if she wasn't."
- Staff had completed an induction when they started work at the service, which included training. The induction was aligned to the Care Certificate which is a recognised set of minimum industry standards for care staff. The induction formed part of a probationary period which was used to assess competency and suitability.
- We reviewed the training records for staff which evidenced staff received training. Staff received training on a range of subjects including safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling and equality and diversity.
- Training specific to meeting people's needs in areas such as diabetes management, dementia awareness, catheter care and continence management was also provided for staff.
- Some staff we spoke with told us they would like more practical training in addition to the electronic training currently provided. This was communicated to the registered manager.
- There were systems in place to provide staff with supervision and appraisal.

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.
- The service had a working relationship with other healthcare professionals and communicated with them when required.
- People spoke positively about healthcare access and support they received from the service. One person commented, "They say they can read me like a book. They offer to ring the doctor for me."
- The feedback we received from other healthcare professionals was mainly positive. One commented, "I have always found them to be very helpful and efficient. I know that have had to hand back some cases due

to staff shortages, but no more than some other care agency."

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 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.

- At the time of our inspection, the registered manager told us there were no people subject to any Court of Protection orders.
- People told us that staff sought their consent prior to any care or support being delivered. One person said, "They just ask me what I want, and they carry on, we work together."
- People's capacity to consent had been assessed as part of the care planning process and this was recorded. Staff understood the principles of the MCA and how it impacted on their work.
- There was a system to record if people had a registered Lasting Power of Attorney (LPA) in place. The registered manager told us that reviewing LPA documentation formed part of the initial assessment process.

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

- People received different levels of support with food and drink depending on their individual needs and preferences.
- People's care plans detailed their food and drink preferences where relevant to ensure they received consistent support.
- Staff supported people with food preparation and with eating if this was assessed as being required.
- People and the relatives said they received the right level of support with food and drink. One person told us, "They get breakfast, they do it well."

# 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

- Without exception, all of the people we spoke with commented very positively on the staff that supported them in their lives.
- The comments we received from people and their relatives included, "Unbelievable [the staff]. The carers are the only people who get a reaction from her. She laughs with them; she loves it and remembers her when she comes. They have an amazing rapport with her." Another said, "If I was their mother, they couldn't do any more for me. They are so good."
- Staff were clearly passionate about the role and wanted to make a positive difference to the people they supported. One staff told us, "I love my job. I love it as much as I did when I first started. I like being able to help people and make the clients smile. I know if I get them to smile or giggle I know I have done a good job."
- The service had received several written compliments from people who had called in to feedback on the care they have received. One person's compliment read, "[Persons name] called me to say thank you for the amazing service she is receiving." Another compliment we reviewed was a person's relative commenting positively on how staff had understood how to care for someone following the start of a care package.

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

- People told us they were always involved in making day to day decisions about their care and support and that staff were supportive. One person told us, "They treat me like I'm a human being. They laugh and joke with me."
- Staff we spoke with understood the people they supported and acknowledged they were working in other people's homes. One told us, "When I go and see someone new, I go in and introduce myself and try and make them feel at ease and try and gain their trust and make them feel comfortable with me being in their home."
- People were encouraged to share their views and people received calls from the service to ensure they were satisfied. One person told us, "This week [staff name] said "How do you find the carers?". I said I couldn't wish for anyone better."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives commented positively about how staff respected them and promoted privacy and dignity. A relative told us, "When we put [person's name] on the bed from the shower, they keep her covered up. There's no embarrassment for her. They are very good."
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, one staff member said, "You always keep people covered up and pull the curtains and always

respect you are in someone else's house."

- People were encouraged to be as independent as possible, support plans detailed the level of support people needed. This included, for example, in relation to their independence with mobility and personal care.

# 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;

- Care plans were personalised. Records were unique to the individual and recorded details about each person's specific needs and how they liked to be supported.
- Care plans were reviewed. This was completed at a scheduled frequency or when a change in a person's needs was identified. People and their relatives confirmed reviews were completed. One person commented, "Recently I had a care plan review it all happened then."
- People's relatives spoke generally positive about the responsiveness of the service when they have needed to contact them. One relative said, "They are pretty good. I don't very often phone them; I don't need to as we are happy with what we have. They are polite and as helpful as they can be."
- 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 detailed in care plans.
- Staff spoke positively about the care plans and the level of detail they held. They told us it supported them to do their role. One said, "All the care plans are all on our phones. Most of the time they have all the information, sometimes they are being updated but most of the time they are pretty well together."

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's individual communication needs were assessed and recorded in care plans. Staff knew people well and responded to their individual communication needs.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people and their relatives or representatives to raise issues, concerns and compliments. This was achieved 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 and had access to the complaints procedure. The provider also had appropriate policies in place.
- None of the people we spoke with told us they had made a complaint or needed to make a complaint. However, all told us they would feel comfortable approaching the service staff to raise an issue. One person told us, "Never [had to make a complaint], I've read all the manuals, it's written in their procedures." Another person said, "Sometimes they've got the timings wrong. I've phoned up, they take notice and if it's possible

they arrange it."

- There was a system to receive, investigate and respond to complaints in place.

#### End of life care and support

- People could be supported at the end of their life. The registered manager advised us that at the time of inspection there was no person actively receiving end of life care. Should a person choose to remain at home for the end of their lives the service would work with other appropriate professionals to facilitate this.

# 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;

- There were systems in place to monitor the standard of care provided by the service. Surveys were completed annually by people or their relatives and representatives.
- The results of the previous survey were reviewed. Where people had highlighted less positive experiences, a service improvement plan was in use to try and rectify identified issues.
- There were quality assurance processes in the form of telephone calls and surveys which most people we spoke to said they had been involved in. This allowed people to comment on their care and feedback any positive information or any concerns they may have. The results we reviewed showed mostly positive feedback.
- Spot checks of staff were also conducted on a periodic basis. These enabled the registered manager to ensure staff were arriving on time and supporting people appropriately in a kind and caring way. People we spoke with confirmed that checks happened. One person said, "Yes most probably every three months [spot checks happen]. [Staff name] comes around and watches what they do. She always feeds back and asks if I'm happy and if there are any problems."
- The service had notified CQC in line with regulatory requirements. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

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 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' policies.

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

- Nearly all of the information we received about the leadership of the service was positive. One relative said, "Infinitely better than this time last year. The new management team are professional, fantastic. The carers are faultless." One person told us, "Very organised, they're happy to work round me if needed to."
- Staff told us they always aimed to achieve good outcomes for people and people we spoke with were positive about the staff. One said, "Excellent [the staff], because they will do anything for me. They watch over me and care for me, they are like a family."
- Staff told us the registered manager listened to them and all of the staff were positive about their

employment. Feedback about the service leadership was positive. One commented, "It's brilliant, I absolutely love it. The teamwork and communication are good."

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

- People were engaged and involved in the service. People were involved in choices about their care delivery and were encouraged to express themselves. This was evidenced through the people we spoke with and their care records.
- Staff felt they were kept updated within the service and told us they received calls from office staff. All of the staff we spoke with told us they wanted more team meetings to be held in person now some Covid-19 restrictions had been eased. This was communicated to the registered manager.
- People told us the service communicated with them, but we received mixed feedback from people about the consistency of receiving a rota every week showing their care appointments. This was discussed with the registered manager who told us the service were currently working with people and their families about accessing a digital smartphone/tablet application which will give more accurate information about appointment times. This work was ongoing.
- 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.

Continuous learning and improving care; Working in partnership with others

- The service worked with other health and social care professionals to meet people's specific needs. This included, for example, social workers from the local authority.
- Most of the feedback we received from the healthcare professionals we contacted was positive about their relationship with the service. One commented, "I would say that my experience of Home Life Carers is positive."
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.