

The Homecare People Limited

The Homecare People Ltd - Wokingham

Inspection report

The Overhangs
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16 June 2016

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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

This inspection took place on 14, 15 and 16 June 2016 and was announced. We gave the manager prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

The Homecare People Ltd - Wokingham is a domiciliary care agency providing care and support to mostly older people who live in the community. At the time of our inspection there were 26 people using the service and receiving personal care.

The service did not have a registered manager. A registered manager is a person who has registered with the CQC 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 provider was in the process of recruiting a new manager who would apply to become the registered manager.

Staff training records indicated which training was considered mandatory by the provider. Not all staff were up to date with their mandatory training but the deputy manager was in the process of booking the training for them. Staff did not always receive regular supervisions. However, they felt supported to do their job most of the time and could ask for help when needed.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. The service always looked at improvements to ensure people received the best support. Staff felt they worked well together which benefitted people. Staff felt management worked with them as a team most of the time though the communication and openness could be improved at times. This was recognised by the provider and action was being taken to address this.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

There were safe medicines administration systems in place and people received their medicines when required. People's health and wellbeing was monitored and appropriate action was taken when required.

People were supported by sufficient staff to meet their individual needs. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

People were treated with respect and their privacy and dignity was promoted. People said their care and support workers were good and supported them in the way they wanted them to. Staff were responsive to the needs of the people they supported and enabled them to improve and maintain their independence

with personal care. Risks to people's personal safety were assessed and plans were in place to minimise those risks.

People received support that was individualised to their specific needs. Their needs were monitored and support plans were kept under review and amended as changes occurred. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

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. Staff could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. People felt safe and would report any concerns to staff.

There were sufficient numbers of staff to keep people safe and meet their needs at the right time. Medicines management was in line with the provider's procedures.

The provider followed their recruitment process to employ fit and appropriate staff.

Good 

Is the service effective?

The service was effective. People benefitted from a staff team that had the knowledge and skills to support them.

Staff could quickly identify any changes in a person's condition. Staff communicated with relatives and other professionals to make sure people's health was monitored and any issues responded to. People were supported to eat or drink appropriately to maintain their health.

Staff and management acted within the requirements of the Mental Capacity Act 2005. People were protected and supported appropriately when they needed help with making decisions.

Good 

Is the service caring?

The staff were caring. People were treated with kindness and respect. People told us they were very happy with the staff and support they provided.

People's privacy and dignity was respected. Staff responded well and in a caring way when visiting people or if they needed help or support. People were encouraged and supported to be as independent as possible.

People were encouraged to express their views about the support they received and any comments regarding the service.

Good 

Is the service responsive?

Good ●

The service was responsive. Staff supported people with their needs and wishes. Visits were carried out at the time specified in the care plan.

Staff were knowledgeable about people's daily needs and how to provide support. Support plans recorded people's likes, dislikes and preferences.

People knew how to make a complaint if they wanted to. They were able to share any concerns and were confident they would be listened to. There was an appropriate complaints system.

Is the service well-led?

Good ●

The service was well-led. The service had systems to monitor the quality of the service and make improvements. The provider took actions to address any issues and reduce the negative affect on people's lives and the service.

Staff were working to ensure people were comfortable and happy. Staff felt supported most of the times and able to challenge poor practice.

The service was interested and committed to listen to all people's comments that would help improve the quality of the service.

The Homecare People Ltd - Wokingham

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 14, 15 and 16 June 2016. It was carried out by one inspector and was announced. We gave the manager prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We carried out home visits on 16 June 2016. Before the inspection the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the provider had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with three people using the service, four relatives and received feedback from eight support workers. We also spoke with the manager, the deputy manager, care supervisor and the nominated individual.

We looked at five people's health and care management records including support plans, risk assessments, daily records, and medication administration records. We also looked at the recruitment files of eight support staff and staff training records. We saw a number of documents relating to the management of the service including quality audits, meeting minutes, complaints records and incident and accident reports.

Is the service safe?

Our findings

People felt safe in their homes and liked the staff who supported them. People could speak with staff if they were worried. Comments included, "Oh gosh, yes [feel safe], wonderful bunch, no complaints what so ever" and "Yes, absolutely [feel safe]." People and their relatives felt supported and well looked after by staff. They told us, "I can always call the office" and "I tell the staff and I've got the office number; I can always phone them".

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff could explain how they would recognise and report abuse. They were familiar with safeguarding policies and with the service's whistleblowing procedures and had a good understanding of their responsibilities for reporting accidents, incidents and/or concerns.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information and guidance. Staff knew to follow contingency plans to keep people safe. In an emergency situation they knew they could call the on-call person or the office as well as emergency services. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. For example, when people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments included information about people's needs and skills. Moving and handling risk assessment management plans were not very clear how best to support the person to keep the person and staff safe when transferring with a hoist. Other assessments did not always guide staff on how the person was to make a decision about the risk and what support was needed. For example, people needed different levels of support with their medicine and some people managed their medicine independently. The outcome on the risk assessments was the same for all describing that they were unable to look after their medicine. The provider told us they have already had a discussion with senior staff that people's risk assessments would be reviewed to reflect individual risks and action required to promote people's safety. New risks individual to each person were reported to the office by staff so that appropriate actions would be taken to make sure the person remained safe.

People and their relatives were positive about the timing of visits and said staff were always on time. The provider arranged visits so the same staff would attend people, whenever possible, to maintain continuity of care and support. People appreciated the continuity and felt this had a positive effect on them or their relative. Some people and relatives said if staff were late usually due to traffic problems, they would always be informed about it. We saw three missed calls were recorded and appropriate action taken including information given to the person and/or relative of actions taken.

The service was using a new system to schedule people's visits throughout the week. This detailed different colours on a spread sheet that senior staff were able to identify which visits needed staff cover. People and/or their relatives received a copy in advance that detailed the name of the staff who would visit. They

told us they felt this was very useful and reassuring. If there were any changes, people and relatives were informed.

People told us there were sufficient staff to meet their needs. The management and the team worked together to make sure all the people they supported were visited on time. Some staff said there were enough staff to carry out their roles and they were able to care for people properly.

Peoples' medicines were managed and administered safely by staff that adhered to medicine policies and procedures. Staff did not administer medicines to people unless they were trained to do so. They were able to explain how they reported and recorded any medicine errors. Any medicine errors were reported and recorded. We saw appropriate action was taken to address the errors and records kept for it.

It is the legal responsibility of the provider to obtain information to ensure that people are not placed at risk of being cared for by unfit and inappropriate staff. Safe recruitment procedures ensured that people were supported by staff who were of good character, suitable for their role and had appropriate experience. We looked at recruitment files of staff employed recently. The provider checked staff's proof of identity, criminal record checks and health. We found some discrepancies with information regarding full employment histories and evidence of conduct in previous employments. These were noted to the provider they rectified the discrepancies immediately.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. We received complimentary comments from people and relatives about the support they valued most. For example, staff ensured the personal care people received was effective and resulted in a good quality of life. Comments included, "They are very good", "They are lovely and friendly" and "They are all very good".

When new staff started they had an appropriate induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them. This was confirmed by people and their relatives who said new staff would not just turn up. Staff had the training and skills they needed to meet people's needs. Staff were completing Care Certificate, which is a set of 15 standards that health and social care workers need to complete during their induction period. Staff were also able to obtain further qualifications such as the Quality Credit Framework (QCF).

We looked at the most current training matrix. Records showed not all staff had completed the necessary training. For example, six staff did not have up to date moving and handling training, however this had been booked for five of the staff. The deputy manager was overseeing the training to address training gaps and ensure all the staff received appropriate training on time. There had been no negative impact to people and their care at this time.

People were supported by staff who did not always have regular supervisions (one to one meeting) with their line manager. Although all staff could contact the office, the manager agreed the supervisions were not carried out as regularly as they should have been, especially since the previous manager left. They told us they always kept in touch with staff but not all of these conversations were recorded. However, they were trying to improve things. The deputy manager who had been in post two weeks had commenced supervisions and started building a relationship with the staff team.

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

Staff were aware of their responsibilities concerning the Mental Capacity Act 2005 (MCA). Staff explained it was important to communicate with the person and ensure they always had a choice and right to make decisions about their care and support. The manager demonstrated a good understanding of mental capacity considerations and presuming capacity to ensure people could make their own decisions. If there was a situation where someone became unable to make decisions for themselves regarding their wellbeing or safety, then they would support the person to make decisions in their best interest. Families and professionals would be involved as necessary. People and relatives told us they made their own decisions and were asked by staff for consent before doing anything.

The staff were aware of people's dietary needs and preferences. Some people needed support with eating and drinking as part of their care package. The level of support each person needed to eat and drink was identified in their support plan. For example, if someone needed encouragement with drinking and having a balanced diet, there was guidance available for staff. Staff were aware how to monitor people's food and fluid intake if there were any concerns regarding their diet. Some people and relatives told us they were responsible for meal preparation.

Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the senior staff reporting any changes or issues. If needed, health or social care professionals were involved. Each person had individual needs assessments that identified their health and care needs. The provider communicated with GPs, local authority, community nurses and families for guidance and support. The manager said the staff were very good at monitoring people's health and wellbeing. Staff would report any changes immediately. People were checked to make sure they were supported effectively and changes were identified quickly.

Is the service caring?

Our findings

The provider delivered care and support that was caring and person-centred that had a positive effect on people. People told us they enjoyed staff's company and the chats they were having, as well as, the support provided as part of the visit. People and staff knew each other well and had well established relationships. Staff made sure people were comfortable and relaxed in their own homes and able to share any concerns with staff should they have needed to. People and relatives told us staff knew them well and provided good support, "Staff are happy to talk about things and they are very considerate" and "I have no complaints, lovely, friendly, chat away with my [family member]."

People and relatives agreed that people's dignity was respected by staff at all times. They told us they were happy with the care they received. People felt they were treated with kindness and compassion in their care. People appeared happy and contented. People received care and support from staff who had got to know them well.

People's care was not rushed enabling staff to spend quality time with them. People and their relatives said the staff took their time to complete all the tasks and provide support that was needed. They said, "No, I am not rushed one bit, they do it all with a smile" and "They always ask if I need anything else". Staff knew people's individual communication skills, abilities and preferences. People's records included information about their personal circumstances and how they wished to be supported.

People were encouraged to be as independent as possible. People felt they mattered and were supported to live an independent life as much as possible. They told us, "Staff help me and if I can do it then they encourage me to be independent" and "They don't take away things." Staff said people were encouraged to be as independent as possible. They said, "I find out what they can do for themselves...build their confidence" and "Encourage them to do things they are able to do...and empower them at every opportunity possible." Staff understood this was an important aspect of people's lives. People and staff carried out some tasks together but people did a lot for themselves to maintain their independence. Staff were there to help if someone needed assistance. Relatives agreed people were encouraged to maintain their independence, "Staff ask [family member], and they tell her what they are going to do."

People and relatives told us staff respected their privacy, dignity and choices. Comments included, "They are very good, encourage [family member], do her nails", "Yes, they close the doors [for personal care]" and "They do know how I like things done, marvellous people." The staff ensured the privacy and dignity of people was upheld. They were positive and courteous about the people they supported and explained how they supported people in respectful way. For example, making sure doors were closed when support was provided to preserve dignity during personal care and asking for permission to do things in people's homes. Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were aware of confidential information sharing.

Is the service responsive?

Our findings

People received the care and support they needed at the time specified in the care plan. People and relatives were informed when the visits were late or changes had to be made regarding staff attending the visit. They felt the communication between them and the office was good. When staff visited, people and relatives said staff would make sure they were comfortable and happy before they left.

Staff continually checked and monitored any changes in people's needs to ensure they received the right support. People and relatives could share their issues or concerns with staff or call the office. They felt all staff were approachable, polite and supportive when they spoke to the office. Health and social care professionals were involved as necessary. The care and support provided at each visit was recorded. There was information about people's physical health, emotional wellbeing and how they spent their day. Staff monitored people's health and wellbeing responding to any changes and enabling them to make timely referrals to appropriate professionals.

People and their relatives were involved in the care planning process. People's needs had been assessed and care plans were in place. Relatives were encouraged to support people to plan their care if needed. The provider and staff were responsive to requests and suggestions. Where appropriate relatives felt supported and involved in the lives of their family members. Staff were responsive to people's needs and wishes. Each person had a support plan reflecting their needs and preferences. Support plans included practical information on maintaining the person's health and wellbeing, emotional support, their daily routines and communication needs. Staff used these plans as an important source of information to make sure the support they provided was personalised to each individual. People and relatives said staff knew them well and support was always guided by people.

The provider and staff sought feedback about the support and service from people. They asked and checked people during visits and encouraged people to contact the office if people wanted more support or to raise any concerns. People felt staff always checked they were alright and comfortable. People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved, for example, community nurses were supporting people to look after their health. Staff shared any information about people which was recorded on the online system. Staff were encouraged to visit the office to have a chat and if there was anything they needed.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been three complaints in the last 12 months and these had been investigated thoroughly. People's concerns and complaints were encouraged, investigated and responded to in good time. Staff knew how to respond to any complaints and issues, and report to the senior staff in a timely manner. We also looked at compliments the service had received from people, relatives and professionals. The provider shared positive feedback with staff and informed them that their work was appreciated.

Is the service well-led?

Our findings

The service did not have a manager at the time of our inspection. The last manager left a few months ago. The provider was in the process of recruiting a new manager. After our inspection we were informed they have appointed a new manager. In the meantime, the finance and HR director was acting as the manager of the service. They were supported by the nominated individual and the staff team. The provider had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People and relatives were complimentary about the care and support and felt their care during visits was managed well. The service's aim and objectives were to provide people with person centred, high quality support and care. The manager and staff ensured people, and what was important to them, was at the centre of their work. After talking to people and relatives we could see people were respected, consulted and involved as per the aims and objectives of the service.

The service promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive. Some staff though felt this was not always the case. The provider recognised that due to the lack of consistent presence of a manager they had some work to do to ensure good communication and openness, as well as promote confidentiality and maintain a senior staff team that staff were able to trust. The new deputy manager had started recently and we were told they had already made a number of positive changes. The provider was actively searching to recruit a new manager who would help move things forward with the rest of the team.

Quality assurance systems were in place to monitor the quality of service being delivered. These included audits of the files, staff spot checks and observations. Additionally senior staff would call people and relatives for feedback about the services provided. We reviewed the records held for these checks. People and the relatives told us the staff were always checking if everything was alright. They were happy with the service they have received.

The provider sought feedback from people and their relatives to help them monitor the quality of service they provided and pick up any issues or prevent incidents. People's experience of care was monitored through daily visits, care reviews, regular contact with people and their relatives and surveys. The provider was planning to send out a survey at the end of this year thus they could not provide us with any feedback at this point. The survey carried out last year had identified a theme that people were not always sure how to raise an issue or a complaint. This had been addressed to ensure appropriate information was available. People and relatives were encouraged to always call the office if they needed anything which they confirmed to us, as well. The acting manager supported staff to visit people especially if they were short staffed, which also gave them an insight into how people were supported and picked up any issues or concerns.

The acting manager reviewed all reported incidents and accidents related to falls, health and any errors made when providing care. All the information was recorded and actions taken to address any concerns.

With the new electronic recording system, if there was an incident or accident, staff ticked a box which alerted the office. The staff would ring the office and come in to record the details on a form as soon as they could. The system would not let the staff close the visit record until all tasks have been completed and ticked. This way the service could reduce the risk of missed information or action to take.

The provider was aware their current challenges were around recruitment. The provider was looking at various ways to find the right people. Current staff were encouraged to get involved into recruitment process. They were rewarded if they recommended someone and the person was then employed by the service.

The provider also told us about improvements and achievements they had made. The service was using a new online system to record and keep all the information about people who use the service. Staff told us this was a good change and was still developing to ensure it worked well. The provider was also reviewing the structure of the business. The newly recruited deputy manager was part of the change to ensure the service worked effectively. The provider was also exploring about different way to check the quality of their service that would involve other community services managers.

Staff meeting minutes and records showed that the staff team discussed various topics related to the service and ensured people were supported appropriately. The team worked well together. The manager and staff were interested and motivated to make sure people were well looked after and able to live their lives the way they chose. All staff agreed it was useful to time to discuss any issues, meet people and just spend time together.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff worked together as a team and motivated each other to provide people with the support and care they wanted. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. Staff said there were of opportunities to discuss issues or ask for advice. All staff agreed the service was working hard to ensure people received great care and support in a timely manner.

The provider encouraged open and transparent communication in the service. They continuously spoke to staff, asked if there was anything concerning them, and showed they were listening to staff and people. The management team worked with people, relatives, staff and other health and social care professionals to ensure best practice was always present in the service. The provider valued how staff worked well together recently as they agreed it was not easy to ensure people were visited on time to provide the care they needed. They said, "Staff are doing a fabulous job! They are thanking each other for doing great job." People and relatives were very happy with the support and care they received, "Staff are always pleasant, I have nothing to complain about", "They are very good, we talk and have a laugh. I recommended them to my friend" and "Staff go the extra mile when needed, and they always look happy."