Time-Out Care Services Ltd

Homecare Plus

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

This announced inspection was carried out on 3 October 2016. Homecare Plus provides support and personal care to people living in their own home in Nottingham. On the day of the inspection there were 48 people using the service who received personal care.

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

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were usually supported by a regular staff member or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed.

People were supported by staff who understood their health conditions and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were supported by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

Improvements were being made to improve the quality of the service and to address the frustrations some people experienced. There were systems followed which identified areas of good practice and where improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide them with safe care and support that maintained their independence.

People were supported by a sufficient number of staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were cared for by a staff team who were trained and supported to meet their varying needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and wellbeing and to have sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People were supported by staff who respected them as individuals and responded to their individual needs.

People were provided with opportunities to be involved in

making decisions about their care and support which they could change if they wanted.

People were shown respect and courtesy by care workers visiting them in their homes in a way that suited them.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

Is the service well-led?

Good

The service was well led.

People's views and experiences were listened to and acted upon. Practical improvements were being made to the service's infrastructure to enable greater efficiency and improved customer service.

People used a service where staff were motivated through encouragement and support to carry out their duties.

Homecare Plus

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 3 October 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and commissioners who fund the care for some people using the service, and asked them for their views.

During the inspection we spoke with 16 people who used the service and five relatives. We also spoke with seven care workers, three team leaders and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for six people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Good

Is the service safe?

Our findings

People felt safe using the service and told us they were treated well by the care workers who visited them. One person who used the service told us they, "Feel safe, the carers (who visit me) are very good people and give nothing to worry about." A relative told us their relation was visited by care workers every day and that they were, "Happy with them and feels safe with them. They take good care of [relation.]"

Care workers were able to describe the different types of abuse and harm people may face, and how these could occur. A recently employed care worker told us their induction had included a session on safeguarding people from abuse and what to do if they had any concerns that someone may be at risk of abuse or harm. One care worker told us they had informed a team leader when they were concerned a person was at risk of financial abuse. They said this had been passed to the local authority and, "Was sorted." Another care worker told us about a concern they had raised about someone's living arrangements and said appropriate action had been taken about this.

Staff confirmed they had received training about safeguarding and there was a record of a discussion about this having taken place in a recent team meeting. Team leaders and the registered manager spoke of acting on concerns that had been raised with them and referring these to the local authority. Records were kept of any safeguarding concerns and what action had been taken. These showed the local authority, who leads on any safeguarding concerns, had been informed when a concern had been identified. People's care plans included guidance for care workers to follow to help ensure people's safety, for example reminding people to lock the front door as they were leaving, and to encourage people to check the identity of any [official] visitors.

People told us having care workers helped them maintain their independence. One person said, "I do as much as I can myself, I don't let them do everything because when they are not here I have to do things myself." People received their care and support in a way that had been assessed for them to receive this safely. One person told us they, "Feel confident with the support."

Care workers spoke of how they ensured people were safe during their visits. This included checking the environment for any risks, ensuring they used protective clothing when providing personal care and that people's homes were left secure at the end of the call. One care worker said, "I check the windows and doors are locked so the property is secure." Care workers also told us they checked any equipment they used was in good working order and had been maintained as required. One care worker said, "I was shown how to use the equipment, I wouldn't want to touch any of that if I wasn't trained."

We saw there was information contained in people's care plans about how to provide them with their care safely. This included explaining how equipment people needed to have a bath was used and how people should be supported with their mobility. There were assessments completed on people's home environments to ensure their care and support could be provided to them safely in their care files. Team leaders told us they completed these assessments before any care was provided.

There were sufficient staff employed to provide people with care and support which met their needs. One person said their care call took place at the time it was planned for, "Most of the time." Other people told us that care workers were usually on time although there had been occasions when their call had been late. People said if their care worker turned up late they stayed for the right amount of time and got their tasks done. One relative said it was, "Very rare they (care workers) are late, they call me if they going to be."

Care workers told us that they were able to cover all the care calls they were allocated to complete. They told us there was travelling time allowed between calls but there were occasions when this was not sufficient. This may be due to delays in public transport or other unexpected hold ups. Care workers who used public transport told us if there were delays the agency provided a taxi for them to travel to their next call. One care worker said, "That helps." Another care worker told us, "Travel time causes a lot of frustration." They said they had sat and discussed these with a team leader when they were having problems with this. Another care worker said the amount of travel time allowed between some calls had been changed when they raised this. Yet another care worker said, "They (team leaders) try their best with travel time."

Care workers told us they were advised to check their rotas each week to ensure they could make the calls as planned. Care workers also spoke of support they had been given regarding travel time, which included advice over bus routes and arranging for a taxi to take them between calls. There was a system in place to monitor any missed or late calls. These records showed the reasons for these were identified and if any action was needed to prevent these from reoccurring.

The registered manager told us there were some major changes underway at the service, which were being introduced to improve their scheduling of people's visits. They said these would address issues regarding the amount of time allocated for travelling between calls. The changes involved a new electronic scheduling programme, the allocation of staff responsibilities and some changes to staff working patterns. The registered manager also said that making these changes would support the growth and development of the service they provided. The registered manager and one of the team leaders attended a recruitment event during our visit and had spoken with a number of attendees who had shown an interest in applying for positions with the service.

The majority of people said they were usually visited by a regular individual or team of care workers, although some people told us they had been visited by a number of different care workers. We looked at some records of visits and the majority of these were attended by regular staff. Care workers told us they usually visited the same people, although they did visit other people when their care workers were off work.

A team leader showed us how care workers were allocated to work with people who used the service. The registered manager told us the diversity of the staff team enabled them to consider people's individual characteristics when allocating which care worker would support them. This included people's gender, culture and religion. Team leaders told us how a care worker had been allocated to work with one person who used the service who spoke the same language.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. The provider informed us on their PIR they undertook the required recruitment and right to work checks on all new staff and recruitment files we saw confirmed this.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines as prescribed. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently. There were assessment forms which could be used to help determine if a person was able to manage their medicines administration safely if needed.

People who required support to take their medicines told us they were provided with this. The majority of people we spoke with did not receive any support with their medicines, but one person told us this was done properly and on time. The registered manager told us they had clear guidelines regarding what support people would be provided with, and there were certain medicines they would not support due to these having more complex administration requirements.

Care workers were clear about what support people needed with their medicines and described following safe practices in the administration of these and making appropriate records. One care worker we spoke with had come to the office for some medicines management training. A team leader showed us a medicines competency form they used to assess staff competency at administering people their medicines, once they had completed their medicines training. Although there were some care workers who had not yet had their competency assessed the team leader told us they were working through a plan so that all staff had been assessed, which the registered manager sent to us following our visit.

There was information in people's care plans about the medicines people took and details of other arrangements concerning supporting people with their medicines. For example who was responsible for ordering and collecting these. Medicine administration records (MAR sheets) were returned to the office monthly and checked to ensure people received the support with their medicines as planned. A record was made of any error that occurred with people's medicines, such as the care worker not signing the MAR sheet. Any care workers who were involved in any form of error completed a reflective learning form, where they looked back at how the error had occurred and what they needed to do to ensure this was not repeated.

Good

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A person who used the service said, "They seem confident and trained to me." A relative told us care workers who visited their relation, "Seem to know what they are doing. I think they are trained and do it alright."

New care workers underwent an initial induction period which included undertaking 'shadow' shifts where they observed an experienced care worker support a person. Some people commented that a new care worker had attended their call to shadow the care worker undertaking it. A recently employed care worker told us their induction prepared them for their role, they said it, "Covered what the job entails, it is what I have had to do." They added they would have liked a longer period of shadowing as this was, "Not an easy job, but my confidence has grown." We looked at the record made of the care worker's time spent shadowing and this was longer than they recalled. A memo to staff included a quote from one recently started care worker who had said, "I have been with Homecare Plus for six weeks now and I have settled in and I am gaining confidence. The training I received from Homecare Plus was very good and I have used this training when I am supporting service users."

Care workers were provided with the training they required to carry out their duties, which included studying for the Care Certificate. This is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. They told us the training included refresher and update training to ensure their knowledge was kept up to date. One care worker said they felt the training was good and they received, "The training we need to meet people's needs." Another care worker agreed with this, but added they thought some workshops about dementia would be useful for all care workers. A third care worker said they would like some training on certain healthcare conditions that people they supported had. We informed the registered manager of these suggestions who said they would see what could be arranged. We saw some staff training files that included Care Certificate workbooks, completed reflective learning logs and training feedback forms.

Care workers told us they had opportunities to discuss their work individually with a team leader and that they were kept up to date with best practice through discussions and in regular memos they were sent. Each care worker had been provided with dates of their supervisions for the forthcoming year.

People had their rights to be asked for their consent and make decisions for themselves promoted and respected. A person who used the service told us care workers, "Find out what I want them to do" and "Always ask my agreement." Another person said, "They (care workers) ask when am I ready to come up to the bathroom."

We saw signed forms in people's care plans that showed people had consented to their plan of care and a risk management plan. We also saw people had signed to show their involvement in the reviews of their care. One person had signed a form to declare they did not consent to having their photograph taken, and there was no photograph of the person included in their care file.

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.

Care workers said everyone they visited was able to make decisions for themselves, but if they felt someone was unable to they would inform one of the team leaders. Team leaders said they had undergone training on the MCA as part of their training. The registered manager told us everyone who used the service had the capacity to make decisions and consent to their care for themselves, but said they had completed an assessment of a person's capacity to make a decision previously. The registered manager said they would be doing some work with team leaders about completing capacity assessments so they were prepared if the need arose in future.

Some people said they did not require any assistance with preparing meals, others told us care workers would provide them with the assistance they needed to have a meal during their visit. This involved heating pre prepared meals up and preparing light snacks. People told us they were satisfied with the food and drink they received.

Care workers told us they provided some people with a meal during their visit, and if needed encouraged them to eat this. They told us shorter visits involved heating up a previously prepared meal but in longer visits they could prepare a meal from fresh ingredients. One care worker told us how they would provide someone who was not feeling well with extra encouragement to make sure they got the nutrients they needed. Care workers spoke about how they prepared people's meals in accordance with their cultural preferences.

Care workers also spoke of encouraging people to have regular drinks during their visit and leaving them drinks when the visit ended. The provider informed us on their PIR they worked in partnership with speech and language therapists (SALT who provide advice on swallowing and choking issues) which the registered manager confirmed to be so. We saw staff were provided with guidance about the arrangements for supporting one person with their nutritional intake when their personal circumstances had created a temporary problem for them to be able to do so.

People's healthcare needs were known and they received support with regard to their health and wellbeing. One person told us they received support to recover from an illness. They said, "They encourage me to do my leg exercises." Another person told us care workers, "Make sure I am feeling alright." A different person said, "I tell them if anything is the matter or if I have been to the doctors."

Care workers told us they supported people with their health care needs. They said they would seek advice if there was anything they were uncertain about. Care workers said as they got to know people they recognised signs that they may be under the weather. Care workers spoke of carrying out certain healthcare checks as they provided people with support, such as looking for any signs of skin soreness. Care workers said if they did identify any concerns they would document these, inform a family member if appropriate, as well as pass this information onto the office staff. The provider informed us on their PIR they worked in partnership with other healthcare professionals including district nurses and occupational therapists. They also stated on the PIR that they accompanied people to healthcare appointments including dentists, opticians, and hospital appointments.

Good

Is the service caring?

Our findings

People described the staff who supported them as thoughtful, friendly, careful and caring. One relative said that their relation, "Looked forward to them (care workers) coming." Another relative had commented on a survey form that a care worker was, "The best thing since sliced bread. They added, "Wonderful and you can see that they genuinely care for my [relation.]"

Care workers told us they found their work rewarding and that they enjoyed helping people. They spoke of making people feel better and be more comfortable. One care worker said, "I enjoy being able to make people feel better and ease their stress." The director of business development had undertaken some observations of care workers and wrote in their report that they had seen care workers doing more than they were required to for people, and showing genuine kindness. They also described how care workers had responded to people's preferences and showed cultural awareness.

The provider informed us on their PIR they provided a culturally sensitive service and that each person had an individual service user profile. Care workers spoke of recognising and respecting people's different cultures. A relative told us that although some care workers did not speak their relation's language, their relation kept talking to them and smiling. The relative added that one of the family was normally present and acted as an interpreter if needed.

We saw individual service user profiles provided care workers with information about people's individual characteristics, their likes and interests. These included details of their cultural and religious needs as well personal details, such as the type of music people liked and what their favourite radio station was. The registered manager told us they took into account any religious or cultural observances people had. They told us this had included moving people's appointments so they could adhere to the commitments of their faith. The registered manager also said that they reminded staff in weekly memos of any forthcoming religious festivals. One care worker told us, "We learn how people like things to be done" which included incorporating their cultural and religious wishes.

People told us they were involved in planning their care and support and making decisions about this. One person told us, "You tell them and they do it correctly." Another person said someone from the agency, "Came and talked with me at home. I said what I wanted." A third person said, "I was asked what I wanted. They didn't decide (for me)."

Care workers said people were involved in assessment and review meetings of their care. One care worker said people, "Have their views heard." The care worker also said they had seen changes made to people's care after they had expressed their view. There were records which showed how people were included in reviews of their care, and efforts were made to ensure these took place at a time that suited the person.

Care workers told us people said what they wanted with regard to their care. One care worker told us how one person had said to them, "I will tell you what I want you to do." Care workers also told us they asked people how they liked things to be done and provided them with choices. One care worker said, "They say

how they want it and that is how they get it." Another care worker told us, "It is important to build a relationship so they are assured you are there to care for them." Care workers also told us they passed on any requests people made to a team leader as well as encouraging them to contact office staff directly.

Team leaders told us there was no one who used the service at present who had the support of an advocate. They told us there was information about local advocacy services provided in the welcome pack given to anyone new who started to use the service. One team leader told us how a person had involved an advocate during the assessment and review of their care. The team leader said they had liaised with the advocate to ensure their availability when planning to meet with the person. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt staff treated them with respect. Comments included care workers were, "Polite and friendly", "Always well-mannered" and "Always courteous." One relative told us how care workers encouraged their relation's independence by enabling them to do as much of their personal care for themselves as they were able to.

Care workers described the practices they followed to enable people to have privacy and dignity when they supported them. One care worker said, "I make people feel as comfortable as I can with their personal care." The provider informed us on their PIR that maintaining people's privacy and dignity was part of being a caring service. Records made of observations of care visits undertaken by the provider's director of business development included the comment, "They (care workers) all respected the dignity of the client through address and how they provide PC (personal care.)" Team meeting minutes included details of a discussion held about maintaining professional boundaries including respecting people's confidentiality.

Good

Is the service responsive?

Our findings

People told us how their needs had been assessed when they started to use the service and these were kept under review. The provider informed us on their PIR they received an initial assessment of people's needs from social services and that people had, "Individual Care Plans based on the seven positive outcomes for older people." One person told us they had seen their care plan and that it was reviewed regularly. Another person said care workers, "Care about my needs" and a relative told us that, "Every two months we sit down and review my [relations]'s care."

People had a care plan that detailed their needs and how these should be met. Care workers told us that people's care plans provided them with the information they needed to meet their needs. Care workers said they also had discussions with team leaders and read people's daily notes to keep up to date, as well as listening to what the person who used the service had to say. Team leaders told us people's care plans provided care workers with the information they needed. Care workers said the care plans were informative and well-ordered and that management were 'hot' on these being kept up to date. One of the care plans we reviewed was not up to date, however this turned out to have been an administrative error as the review had been undertaken but a copy had not been added to this person's care records. This was corrected during our visit to the office.

During a discussion with some care workers they described how they referred to people's care plans to ensure people who used the service and themselves were kept safe. They told us there had been occasions where they had been asked to undertake an activity they felt presented risks, so they had explained to the person they were unable to do so as it was not included in their care plan.

Some care workers had expressed concerns about the safeness of one person's planned support. Records showed this concern had been discussed and acted upon with a request made for the person to be reassessed by a healthcare professional. This assessment had been carried out but had not led to the change in support care workers felt the person needed. The registered manager told us they would be making a further request for another assessment to be undertaken.

The majority of people told us they were happy with the care they received and felt it suited their needs. One person told us about an occasion their planned call had been late which meant they had been unable to fulfil a planned commitment. The registered manager told us they had been unaware of this and found the reason for this had been a new care worker had been unable to find the address. The registered manager said they would review the information care workers were given in future so they had the information to enable them to locate a person's property, and they would remind staff that any problems must be reported.

Care workers told us they were able to complete the tasks needed to meet people's needs during their calls. Records made of observations of care visits undertaken by the provider's director of business development included the comment, "Overall I felt the standard of care being delivered was good and the approach by staff excellent."

Some people commented about problems with the punctuality of their visits. The provider informed us on their PIR that each member of staff's punctuality was monitored through the clocking in system when arriving on a call. Records showed that any lateness was addressed, and identified if any action was needed to prevent this from reoccurring. Staff who had attended all their calls on time over the preceding month were members of the 100% club. We were made aware that the new electronic scheduling system due to be implemented shortly would further contribute to achieve greater punctuality.

People were provided with information on what to do if they had any concerns or complaints with the service. People we asked confirmed that they had been given a copy of the agency's complaints procedure. People told us when they had raised any concerns these had been acted upon. One relative told us that they felt that having raised a concern had contributed to their relation's care package now, "Running smoothly."

Care workers told us people were given information on how to make a complaint. One care worker said they knew of an issue about one person's call time which had been dealt with to the person's satisfaction.

There was a file to record any complaints made and how these had been responded to. The provider informed us on their PIR that there had been seven complaints received over the preceding 12 months. We saw that when a complaint had been received the complainant was sent an acknowledgement letter which outlined the process and timescales that would be followed. The conclusion of each complaint was recorded and any action needed as a result of this. When appropriate the complainant had been sent a letter of apology.

Good

Is the service well-led?

Our findings

We received mixed comments from people about their experiences of contacting staff based at the office. Some people described receiving a positive and prompt response, whereas some other people told us they had a frustrating experience. The frustrations people referred to were difficulty getting through to the office and office staff not having the answers to their questions. Positive comments included that office staff were, "Accommodating" and that, "They deal with things."

During our visit we observed phone calls being answered and people's question responded to although there were some problems experienced with the phone system. Some staff were also experiencing problems with their computers not working. The registered manager told us these problems could lead to some communication difficulties. Team leaders told us they made a record of all calls received when in the office as well as any out of office hours, and they always tried to resolve any issues that were raised with them. During our visit the registered manager visited one person who had requested to meet with them to discuss the possibility of making some changes to their care arrangements.

People were provided with a weekly rota of when their calls were due to take place and who would be undertaking these. The registered manager told us these were sent to people weekly by post, email or delivered by hand. Some people told us these rotas were not always accurate and others said they were informed when there were changes. The registered manager explained that changes were sometimes needed after the rota had been sent to people when a staff member was unavailable for work at short notice and that attempts were made to contact people to inform them of any changes.

Care workers spoke about the forthcoming restructuring of the service which they felt would have added benefits with clearer lines of responsibility for office based staff. The improvements also included more responsive systems which would make management information more accessible as well as providing alerts when action was needed, for example when a staff member's training was due to be updated.

Care workers told us they had attended team meetings where they could discuss service based issues. They said recent discussions included rostering and time management. Some care workers said these meetings were useful and changes were made following these whereas others said they did not feel they were as productive as they would like them to be. The registered manager told us they tried to provide a collaborative style of management where staff were involved in making changes and decisions. They said, "The best way to move forward is with agreement where staff understand the reason why we do, or do not do, something."

Care workers said they were able to come to the office and collect any resources they needed, such as personal protective equipment (PPE), which were always available. We saw some care workers collecting supplies during our visit. Care workers told us they could always contact a team leader or the registered manager for advice, including out of hours when there was an 'on call' service provided.

The provider complied with the condition of their registration to have a registered manager in post to

manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events.

The registered manager described the service provided as caring and compassionate and said they aimed to put each person they provided a service to at the centre of everything they did. The registered manager said they tried to ensure, "The right people were in the right place at the right time."

The registered manager described the auditing procedures they followed to ensure the service was operating effectively. This involved reviewing parts of each area of service each month to see if there were any areas that needed to be addressed. We saw these audits identified where improvements were needed and described the action needed to bring these improvements about.

There were systems in place to monitor and review the services provided. These include courtesy calls to people who used the service which asked the person how things were, if anything could be improved or provided. Any comments made were then added as an action to be taken. We found that where an action had been identified this had been put into place.

The results of the most recent staff survey had identified some suggestions and we saw these had been actioned. These include having a staff suggestion box, making use of social media and displaying a 'You said, we did' board in the office.