

Mr & Mrs Ryan Godwin

Homecare Services

Inspection report

Glenfield Works
67 Burnley Road East, Waterfoot
Rossendale
Lancashire
BB4 9AR

Tel: 01706228399

Website: www.homecareservices-rossendale.co.uk

Date of inspection visit:

11 August 2016

15 August 2016

Date of publication:

09 September 2016

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

The inspection took place on the 11 August 2016 at the agency office and was completed by contacting people using the service and staff with telephone interviews on 15 August 2016. The first day was announced. This was to enable the management team to make themselves available to participate in the inspection.

Homecare services is a domiciliary care service. The agency's office is located in the centre of Rossendale in Lancashire. The service provides flexible personalised care and support for people who require additional support to live independently within the community. The agency provides support to people currently residing in East Lancashire and surrounding areas.

The service was last inspected in October 2014 and was found compliant in all areas inspected.

At the time of the inspection there was a registered manager at the service. 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.

We gathered verbal feedback about the service from people who used the service, families and staff. All the feedback that we received was positive. We also reviewed service questionnaires completed by people using the service and again noted no negative comments. People expressed their satisfaction with the service they received and how it was provided. People were complimentary about all the care staff, informing they were treated with dignity, kindness and respect.

The provider had robust processes in place to ensure a safe environment was maintained for people using the services and the care staff. People told us they felt safe and their homes were left secure by care staff following a visit. Safeguarding procedures were in place and followed, care staff showed an appropriate level of knowledge around the subject and were aware of who to contact should they have any concerns. Safeguarding training was also provided to all staff.

People told us they had never experienced a missed visit and never felt rushed with their care routine. Care staff indicated they were never expected to 'overlap' visits and were allowed the allocated time period assessed to support people correctly and safely. People told us if care staff were, "Running late" they would receive a call from the office to inform them. We looked at staffing rotas and time sheets and noted sufficient numbers of staff were employed to deliver safe and effective care to people using the service

Recruitment procedures were thorough and robust. Care staff told us their induction process contained the correct amount of detail to provide them with the knowledge to carry out their care role effectively. People spoken with confirmed that care staff were, "Good at their job." Staff files we looked at contained relevant information and appropriate checks on staff character, this ensured the provider was following a detailed

and safe recruitment selection of all care staff.

An appropriate level of training was offered to all care staff. This ensured care staff were equipped with the correct knowledge to support people effectively. All people spoken with were very positive about staff knowledge and skills and felt their needs were being met appropriately.

The service had processes in place for the appropriate administration of medication. Staff were adequately trained in medication administration. People told us they received their medication when required and on time.

Each person using the service had care plans and risk assessments individual to their own personal need. These documents gave clear information about people's needs, wishes, feelings and health conditions. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with these changes.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provided legal safeguards for people who may be unable to make their own decisions. The management team also demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

We had positive feedback from people using the service, relatives and staff about the management team. People told us they were happy to approach management with any concerns or questions.

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 told us they felt safe. They were cared for by staff that had been safely recruited and had received appropriate induction and training.

Staffing levels were appropriate and enabled the service to meet people's individual needs and risk effectively.

Staff were aware of their duty and responsibility to protect people from abuse and followed a correct procedure if they suspected any abusive or neglectful practice.

Is the service effective?

Good ●

The service was effective.

People received care and support that was tailored to meet their and were supported by staff who were well trained and supervised.

Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People were supported well with their health and wellbeing. They were supported with their health care needs when necessary.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and their privacy and dignity was respected by staff they described as being respectful and who understood their needs.

People's care and support was provided according to their wishes and preferences and were encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review.

Staff were knowledgeable about people's needs and preferences and the agency offered a flexible service that responded to any changes in people's requirements including emergencies.

People were encouraged to raise concerns and their concerns were dealt with effectively.

Is the service well-led?

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The service had a clear set of values which were promoted by the management team and care staff.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Good ●

Homecare Services

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 was 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 11 and 15 August 2016. We gave the provider 48 hours' notice as this is a small service and we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 102 people receiving care at the service.

Before the inspection the provider 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 the plan to make.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we spoke with eight people who used the service or their main carers. We spoke with two staff members, the registered manager and the assistant manager. We looked at the care records of four people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at four staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

Is the service safe?

Our findings

All the people we spoke with told us they were happy with the standard of care the agency provided to them. Comments included, "They are all very nice, I cannot find fault with anything," "The care is absolutely brilliant and they are all so extremely helpful." People told us that care staff always ensured their properties were secure when leaving. One person said, "They always lock up and make my house secure." Care staff gave examples of how they ensured a person's home was left secure, for example, "Scrambling key codes." People considered the care staff to be, "Very professional" and "Well organised."

The registered manager told us processes were in place which aimed to maintain consistent staffing arrangements. We looked at staff rotas and time sheets and noted sufficient numbers of staff were employed to deliver safe and effective care to people using the service. People we spoke with confirmed this by telling us that they never felt rushed. One person said, "Care staff will do extra little jobs for me if they have time." Staff informed that they were never required to overlap calls and that although their visits were constant they were never put in a position where they needed to leave a person's house before the allocated time slot.

We looked at how the providers recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at four staff files and noted each file had appropriate information in line with current guidance. We saw the required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted the services 'recruitment policy' was written in accordance with the services 'equal opportunities policy'. This would help ensure a safe and fair recruitment and selection process was followed.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively.

A selection of people we spoke with informed that they relied on care staff to prompt/administer their medicines. These people considered the care staff competent to do so and confirmed that they received their medicines daily. Medicines training was provided to all staff and was in date. Staff we spoke with showed a good understanding on how to administer medicines in line with current national The National Institute for Health and Care Excellence, (NICE) guidelines. The registered manager told us, "Spot observation are done on all care staff." This included observation of medicines administration, sample audits of medicines administration records (MARR) to ensure they were correctly completed. We found there were specific protocols for the administration of medicines prescribed 'as necessary' and 'variable dose' medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

We looked at how the service protected people from abuse and the risk of abuse. Safeguarding training was in date and there were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Staff we spoke with were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff told us they had received training and guidance on safeguarding and protecting adults. We saw evidence of up to date safeguarding adults training. In addition to this the service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Staff we spoke with told us they were confident that concerns would be dealt with appropriately should they raise any concerns to the management team. They were also aware of other agencies to contact should they wish to.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person's file detailed individual risk assessments. The assessments we looked at reflected risks associated with the person's specific needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. Risk assessments covered areas such as skin integrity, mobility, body positioning, and nutrition. Risk assessments were reviewed when appropriate and updated with any necessary additional information. Care staff we spoke with had a good understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported. They demonstrated a good understanding around encouraging people to live their lives the way they chose, but they recognised this should be done in a safe way.

Environmental risk assessments were completed when required covering aspects of the person's home such as outside areas and steps. We noted the service had a policy in place in the event of care staff being unable to gain access to people's homes. We spoke to staff about this. Staff showed a good understanding of the procedures to follow in any such event. We noted the service had clear 'emergency fire procedures' in place. These procedures provided clear guidance to staff on how to react on discovering a fire or the sounding of an alarm. This was to ensure the safety of both staff and people using the service.

People we spoke with confirmed care staff always wore their identification badges and full uniform along with disposable gloves and aprons and hand cleansing gels to minimise the risk of cross infection. Care plans included details for care staff to follow best practice for the safe disposal of continence products. We noted care staff had received 'infection control' training and showed a good understanding around infection control issues. People we spoke with confirmed care staff would leave their houses clean and tidy.

The provider had a Business Continuity Plan. This is updated as necessary. It outlined the providers aims to provide a framework for an organisational response to any disruptive events such as adverse weather conditions. It plans to maintain critical services to people in the event of any such disruption. It provides details and internal and external contact for people who will be able to assist such as the health protection unit, utility companies, police, directors and managers.

Is the service effective?

Our findings

People told us that all care staff were punctual and had never experienced a missed visit. One person said, "If my carer is stuck with an emergency the office always let me know. This has only happened once but I understand sometimes things like this can happen." Each person we spoke with expressed their satisfaction with the care agency and indicated they usually had the same carers visit. One person said, "I am reliant on the care staff and I know I can trust them they have never let me down." Another person said, "All the carers know what I want. They can anticipate my needs, they are just great." The registered manager told us, "Wherever possible I try to keep the same staff on the same runs to ensure consistency for the person, however sometimes this is not possible due to staff sickness or annual leave."

The service offered an appropriate amount of training which was relevant to the client base. Training topics covered aspects such as personal care, food hygiene, communication, privacy and dignity, moving and handling, safe administration of medicines and basic first aid. Care staff we spoke with confirmed that they received an appropriate amount of training and that they were up to date. We saw evidence of this in the staff training records. Care staff told us the service supported staff as appropriate to attain recognised qualifications in health and social care. This was confirmed by the care staff who told us the service promoted career progression and encouragement with higher qualifications. The registered manager told us, "Spot checks" were carried out on all care staff. She added, "A date on a training certificate means nothing if the person is not putting the training into practice. A spot observation identifies if the person is doing as they should."

Staff induction was also thorough and robust. Care staff told us they felt this equipped them for their role. The induction consisted of policy reading, training and 1-1 shadowing. The registered manager told us that all new staff were required to complete the Care Certificate prior to their employment commencing. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. They are the new minimum standards that should be covered as part of induction training of new care workers.

Care staff told us they received supervision and appraisal in line with current procedural guidelines. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Care staff spoken with told us they received regular one to one sessions and on-going support from the management team. This had provided care staff with the opportunity to discuss their responsibilities and the care of people who used the service. Care staff we spoke with told us one to one time was useful. Comments included, "I value my supervision. I get feedback on my performance and I also have a chance to discuss anything I feel I need to," "I feel I get a lot from my supervision, I can also identify training and career progression too."

The registered manager told us that all staff receive either a phone call or text to inform them of any changes to peoples care or if they are in hospital. Care staff told us they were kept up to date about people's changing needs and this was an effective way of doing it. We noted information was also given at team meetings. Care staff told us there was a communication book in each person's house. This was used to also

leave messages.

People indicate that they were supported to maintain good health by the service and that if required the care staff would assist with arranging health appointments. People's care plans contained important information about their medical histories and any health care needs. This meant that care staff were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. We saw some good examples of the service working in partnership with community health care professionals to ensure people received the care they required.

We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional risk assessments were used when required. This helped to ensure any risks relating to poor nutrition or hydration were identified and addressed. 'Food hygiene' was part of the service's training programme, which helped to ensure care staff had the knowledge and skills to prepare food safely. We saw evidence of these certificates in care staff files.

The service had systems in place to protect people's rights. We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the time of our inspection there were no concerns about the capacity of any person who used the service to consent to their care. The service manager was able to describe action she would take to ensure the best interests of any person who used the service were protected if any such concerns were identified in the future.

Is the service caring?

Our findings

People we spoke with made positive comments about the care they received. Comments included, "The carers are very good, they are very polite and make me laugh and we always have a joke," "The carers are good with me and treat me with respect" and "They always give me choice, even though they know how I like things they still ask."

People indicated that staff respected their rights to privacy and dignity. People told us care staff entered their home as had been agreed and that staff were respectful of their personal property. Care staff gave examples about how they knocked and waited for a response before entering and allow people the privacy when attending to personal tasks by ensuring the door is closed knocking before entering the bathroom. We noted the provider had a 'code of conduct' of practice that staff were expected to follow. The registered manager told us 'spot checks' were done on all care staff. This would ensure staff were adhering to best practice guidance. Records of these checks were kept in the staff member's personal file. We saw evidence of these checks and noted comments on how well staff conducted themselves and effectively interacted with people using the service and their relatives.

All people we spoke with including relatives, felt that care staff listened to them and explained things in a way which they could understand. People had been given a, "Your homecare your rights" handbook detailing essential information such as what to standards to expect from the service and what the service expected from the person, complaints procedures and information about seeking help when making a complaint. The service also provided a statement of purpose and service user guide was also included which provided guidance and information on the standard of care the service provided.

Care staff we spoke with gave positive examples about how they ensured they treated people with dignity and as an individual. We noted training in 'equality and diversity' was offered. This ensured all staff had the knowledge and skills to value individual difference and recognise people have different needs that need to be met in different ways. People we spoke with and their families confirmed that they were treated with dignity and respect.

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded

Care staff we spoke with talked respectfully about the people they supported. They demonstrated a good understanding of their role and how to support people with a person centred approach. They gave examples of how they provided support and promoted people's independence and choice.

Is the service responsive?

Our findings

People indicated that the care staff listened to their requests and at times, "Have a spare few minutes" to sit and chat about the person's day. One person said, "I feel very listened too by the carers, they always have time for me," People informed us that they felt the care they received was based on their individual need and were aware of the care file in their homes which provided care staff with that detail. One person said, "It's great I can still have my independence and the carers ensure that. They are only here to fill in the gaps and help me with the things I am not so good at." People told us they were offered choice at every visit. One person said, "Maintaining my independence means a lot to me. The carers know this and respect that. They always offer me choices even though half of the time they know what I am going to say."

We noted the service had processes in place to ensure a thorough assessment of the person's need was carried out before they began supporting them. A pre-assessment was done by the registered manager and if required the registered manager told us she would attend discharge meetings at the hospital to gather further information. The registered manager told us that people can be referred by the local authority and when this happens the service always requests a social work assessment. We noted these pre-assessments contained information about the person's needs wishes and requirements such a support needed with personal care, dietary needs and mobility. In addition to this the assessment included detailed personal history and interests.

Care files contained care plans which had been created based on people's individual needs and requirements and agreed where possible by the person or family member, this helped enable the development of the care planning process and support the delivery of care. These covered areas around mobility, medicines, dietary requirements, health issues and personal care requirements. The purpose of the care plan was to provide detailed directions for care staff to follow on meeting the needs of the person. Essential contact details were recorded as routine such as GP and next of kin.

The registered manager told us care plans were reviewed every twelve months or sooner if required. People we spoke with confirmed this happened and informed they were part of this.

A record of any care provided was completed at the end of every visit. We viewed sample records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being.

People confirmed they knew how to make a complaint and gave examples of when they had contacted the office and how it had been dealt with appropriately. Comments included, "If I ask the office staff to come and see me they will always come out," "I have had to contact the office on the odd occasion when something has gone wrong and they have always dealt with it appropriately" The service ensured that all people using the service were provided with details about how to make a complaint along with contact numbers for the management team, local authority and the Care Quality Commission.

We found the service had systems in place for the recording, investigating and taking action in response to

complaints. The registered manager told us the service had received two complaints in the past 12 months. We noted these complaints had been dealt with appropriately and within the time scales of the policy. The service held a file for compliments. All the comments we saw were thanking the service for its high standard of care and its kindness of staff. Comments included, "I am grateful that homecare services who I can rely on and trust can look after my [relative]" and "The carers are all marvellous, they are perfect gems."

The registered manager told us satisfaction surveys were sent out annually to people and their families where appropriate. The surveys asked for peoples experience with areas such as professionalism and approachability of care staff, care staff conduct, do care staff stay their allocated times, were complaints dealt with effectively. 96 surveys had been sent out and 50 replied. 49 were overall happy with the service.

Is the service well-led?

Our findings

People we spoke with indicated they were satisfied with how the service was run. People knew the management structure along with the names of the registered manager and assistant manager. Comments included, "I think they are very well organised in the office. I have never been given reason not to believe that" and "The management team deal with things extremely well, I am very pleased about that." Care staff also spoke positively about their roles as care staff. Comments included, "I absolutely love my job. I love meeting new people," "The office staff are very approachable and flexible" and "I am happy with my job and the managers are very approachable."

There was a registered manager in post at the time of the inspection. The registered manager had overall responsibility for the service. She was supported in her role by the deputy manager. It was the registered manager's role to manage the day to day operation of the service.

Throughout the inspection we found the registered manager very approachable and all documents we requested to see were easily accessible and provided to us without delay.

The provider had a wide range of policies and procedures to support the delivery of care by providing staff with clear information about current legislation and good practice guidelines. These policies were under regular review and updated when necessary to ensure they reflected any required changes. All staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

Care staff members we spoke with were well informed of what was expected of them and they showed good working knowledge of their role, responsibilities and duty of care to the people they supported and each other. Care staff indicated they had received relevant training to enable them to effectively undertake their roles.

The registered manager told us the service runs an, "Incentive for its entire staff team. If a staff member gets ten compliments then they get a day off." This is to encourage staff moral and regular feedback from people using the service about the care they receive.

We noted the provider had effective audit systems in place and these were kept up to date. The service manager told us the provider used a range of systems to monitor the effectiveness and quality of the service provided to people. This included satisfaction questionnaires, 'spot checks/observations' on staff conduct were undertaken and any issues were addressed immediately or in supervision meetings. Governance audits included medication risk assessments and manual handling. Audits were also completed on all care files and staff files/ training. The registered manager told us, "If I receive a complaint by a person I will visit them to try and resolve the issue, it may also prompt an early review for the person."

Frequent staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full. We noted that ideas from staff were listened to and actioned if appropriate. Staff confirmed these happened at regular

intervals and found them a useful arena to share ideas and concerns.

The registered manager told us she attends the "Lancashire domiciliary care provider forum" which is managed by a group of providers. The forum invites guest speakers from associations such as the Lancashire workforce development partnership, (LWDP) and the local council and is designed to enable providers to come together and share good practice ideas.

The service holds an, "Investors in Peoples" award 2014. The Investors in People status is a sign of a great employer, an outperforming place to work and a clear commitment to sustainability.