

Homelife Care Limited

# Homelife Care Limited Crowborough

## Inspection report

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Crowborough  
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06 November 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Homelife Care Limited Crowborough is a homecare agency providing hourly support to people within their own homes. At the time of the inspection 68 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe with staff and received care at the times they expected to. Staff were knowledgeable about how to reduce risks and how to respond if they suspected any abuse occurred. People received their medicines safely and staff followed best practice in relation to infection control.

People received an assessment before they received care and staff worked alongside healthcare professionals, changes in people's health were shared with healthcare professionals in a timely manner. People told us staff prepared foods for them in line with their preferences and dietary needs and people had care plans in place for nutrition. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's feedback about staff was positive and we saw examples of staff taking action to promote people's wellbeing and make them feel good. Care was delivered in a way that encouraged people to be independent and staff were knowledgeable about how to do this. People said staff were respectful when entering their homes and they received care in a dignified way.

Care was planned and delivered in a personalised way and care plans were frequently reviewed. People were supported to engage in activities in their communities and staff found ways to reduce isolation for people. People knew how to complain, and any issues raised with the provider had been logged and responded to.

People and staff spoke positively about the management of the service. There were systems in place to monitor and assure the quality of the care people received. Staff were recognised for good practice and there were systems to ensure important information was communicated to staff. The service worked with external agencies to ensure people received holistic care.

### Rating at last inspection

The last rating for this service was Good (published 17 January 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Homelife Care Limited Crowborough

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector, two assistant inspectors 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 November 2019 and ended on 6 November 2019. We visited the office location on 5 November 2019.

#### What we did before the inspection

We reviewed information we held about the service including feedback received by CQC and statutory notifications the provider had sent to us. Statutory notifications are reports of important events, such as deaths or injuries, which providers are required by law to tell us about. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with five people and three relatives. We spoke with the registered manager, a care co-ordinator and five care staff.

We reviewed care plans for six people including records related to medicines risk and personalised care planning. We looked at three staff files, including recruitment checks and records related to staff training. We looked at a variety of checks and audits and records of staff meetings and communications.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to protect them from abuse.
- Staff had received training in safeguarding and were knowledgeable about how to identify and raise any concerns they had.
- The service regularly shared information with the local authority. For example we saw evidence of staff responding appropriately to potential concerns about a person.

Assessing risk, safety monitoring and management

- People received safe care.
- People told us they felt safe with the staff who supported them. One person said, "I've never had a need to be concerned about safety."
- People had risk assessments in place for risks such as falls or skin breakdown. Where risks were identified, plans were drawn up to inform staff about how to support people safely.
- One person had a history of falls and their care plan recorded how staff should support them to move safely within their home, including equipment and personalised information about their mobility.

Staffing and recruitment

- Staff were deployed in a way which ensured people received care at the times they expected it.
- People said staff were on time and they had not missed any visits. One person said, "We are happy with the time we have, and they complete everything and ask if there is anything else before they go."
- There was a system to schedule calls and we saw this considered travel time and location of staff and people. Staff said they did not feel rushed and were given adequate time to travel between visits.
- The service provided care within a set geographical area, staff told us this made care calls easier to plan and schedule. Records showed there were not any missed visits and there was a system to track that calls were attended on time.
- When new staff were recruited, the provider carried out a variety of checks on their backgrounds and character to ensure they were suitable for their roles.

Using medicines safely

- People received their medicines safely.
- Records relating to medicines were accurate and up to date. Care plans contained information about medicines people were prescribed and when staff should administer them. Staff kept accurate records of when medicines had been administered and these were regularly checked by management to ensure their accuracy.

- Staff had received training in managing medicines and described best practice to us. People said staff administered their medicines to them as expected.

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- Staff were trained in infection control and were able to describe actions they took, such as hand washing before and after providing personal care to people. Management regularly observed staff practice to check they took appropriate actions in this area. The service had a stock of personal protective equipment (PPE), such as gloves, and management made sure these were available to staff when in people's homes.

#### Learning lessons when things go wrong

- The provider had systems in place to learn lessons if things went wrong.
- Incidents such as falls were documented and staff escalated them to management. Management reviewed the incidents and took action to keep people safe. During the inspection, we observed staff coming to the office to share information about a minor incident with the registered manager. Action was taken the same day to ensure the person was safe.
- There was a system to monitor incidents, people's care was reviewed monthly and any changes to risk were considered. The registered manager monitored the accidents and incidents at the service to check for any patterns and trends.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received a thorough assessment before care started.
- People and relatives told us they received an assessment before receiving care and they were involved in the process. A relative said, "When the care was set up they came to the hospital to see [person] and start the care plan, then they came to our home to check."
- Care records contained detailed initial assessments which captured important information about people's needs, as well as information about their preferences and routines.
- Where one person's needs had recently been assessed, the assessment captured details about their medical condition and a medical device they used. There was detailed information about professionals involved in their care and their routine and preferred call times. A care plan was put in place with clear guidance for staff about this person's needs and preferences.

Staff support: induction, training, skills and experience

- People were cared for by staff who were given training and support for their roles.
- People's feedback about the competence of staff was positive. One person said, "They [staff] do seem experienced they know exactly how to [deliver my care]."
- Staff were given a variety of training courses to support them in their roles. The service had a training room where in-house training was delivered alongside DVDs and external training. Staff told us training gave them confidence in their roles. One staff member said, "Yes we have training, I did dementia training this year." The staff member described how this had improved the way they communicated with people living with dementia.
- Staff had supervision and observed practice which was used to identify any learning needs. Staff said they could ask for training if they wished.

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

- People received foods that matched their preferences and dietary needs.
- People said staff prepared food with them which they liked. One person said, "When they [staff] arrive at breakfast they will always ask what I fancy and will cook porridge or scrambled eggs, it's up to me."
- Care plans documented the support people required with food preparation, including people's preferences and dietary needs. We saw evidence of staff working with relatives and healthcare professionals where a person had lost their appetite.

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

- Staff supported people to access healthcare.
- People said where staff noticed changes in their health, they supported them to access healthcare. One person said, "The carer noticed that my eyes looked sore and said she was not happy with the look of them encouraged me to call my GP."
- Records showed that where staff had concerns, appropriate referrals were made. Staff supported people to contact their GP and we saw contact details for specialist nurses or health services were documented in care plans.
- People had care plans in place which considered their health and wellbeing. Care plans documented people's medical conditions and documented how these impacted upon care needs.
- One person had a condition which affected their mobility and there was a detailed description of how it affected certain parts of their body and affected their care needs. Another person was living with dementia and there was personalised guidance for staff about how to encourage them to engage in care.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

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

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

We checked whether the service was working within the principles of the MCA.

- People had consented to their care and they told us staff asked for consent before providing care.
- Staff had training in the MCA and were able to describe how they would request a mental capacity assessment if they had any doubts about people's ability to make decisions.
- The majority of people had consented to their care and had the mental capacity to do so. Where one person had lost capacity a long time after starting to receive care, a relative had legal authority to make decisions on their behalf. Documentation to show the relative had this authority was not in place when we visited the provider's office, but this had been obtained by the end of the inspection process.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff they got on well with.
- People's feedback about the staff who supported them was consistently positive. One person said, "They [staff] are friendly to both of us and our dog they will chat, we look forward to them coming." Another person said, "We talk about everything, they are interested and know about my family."
- Staff said before supporting new people, they had an opportunity to meet them so they got to know their needs and they were familiar to the person before providing care.
- The service took actions to promote people's wellbeing. We saw evidence that people received cards and flowers on their birthdays and people told us staff always asked if they required any extra support with additional tasks before they left.
- Relatives told us care was planned around people and relatives, to sustain important relationships. People and relatives consistently praised the caring nature of staff and how the service made them feel supported.
- Care plans recorded information about people's diversity. Assessments captured information about people's religion, culture, gender and sexuality. Where needs were identified, care was planned around them. For example, one person went to church each week and care was planned to ensure they were able to practice their faith.

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

- People were involved in their care.
- People said they were regularly asked about their care through reviews and surveys. Records showed people had a visit from senior staff on a monthly basis and any requests were responded to promptly.
- One person had asked about a change to the way they received personal care at a recent review and records showed their care plan was updated and staff provided care in line with this request.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that promoted their independence.
- People said staff enabled them to do tasks themselves and encouraged them. One person said, "They [staff] are not pushy they only help me in the shower if I need it but they are there to support me if necessary."
- Care plans recorded people's strengths and things they liked to do themselves. For example, one person was able to do their personal care themselves but required encouragement and supervision from staff. This

was in their care plan and daily records showed staff supported them in a way that encouraged them to be independent.

- People said staff were respectful when visiting them in their homes and their privacy was maintained. Staff were knowledgeable about how to promote care in a dignified way. One staff member said, "I use common sense, make sure they're in a private room, make sure I cover them with a towel and give them as much privacy as I can."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care.
- People's said they received care that was tailored to their individual needs and staff referred to care plans when required. One person said, "I've never had a problem with them [staff] not knowing what to do, if they are unsure they will read the care plan." Another person said, "The set up of my care was good the manager came to see me and then came again after a month to review the care plan."
- Care plans were personalised and contained information about people's needs and backgrounds. One person was living with dementia and had difficulty mobilising and there was detailed guidance for staff about how to provide personal care to them in a way that was considerate of these needs.
- People's care needs were regularly reviewed and changes were acted upon. People and relatives commented on the frequency of reviews as something particularly positive about the service. We noted reviews were frequent and most reviews led to some change in people's care, which showed the reviews were robust.
- One person had a recent review where it was noted they sometimes didn't have appetite to eat or refused care. This prompted changes to their care plan and support to access a service to deliver meals they may find appetising.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in an accessible format.
- Information about how to complain and raise concerns was available in large print or easy read formats. Staff also regularly visited people to deliver information verbally. The office held information about local services, schemes and activities which they shared with people who may not usually be aware of these initiatives.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend activities and maintain important relationships.
- The service encouraged people to participate in activities in the community. The provider shared examples with us of people attending a tea dance that a member of staff ran in a local community centre.
- We also heard examples of staff regularly visiting people in care homes when they went on respite stays

and staff supporting a person to get shopping with petit cash when they were not able to access their own money.

- Care routinely involved relatives to give them breaks from informal caring roles. The service involved families in planning calls to ensure informal support networks could be sustained by ensuring relatives had breaks from care they provided to people.

Improving care quality in response to complaints or concerns

- People knew how to complain.
- People were given information on how to complain and records showed complaints had been logged and responded to appropriately. Action was taken to address issues and learn from any complaints raised.

End of life care and support

- Plans were in place to ensure people received appropriate end of life care.
- People's care plans documented important information so staff were aware of how to respond if their needs deteriorated, such as whether they were to be admitted to hospital.
- The provider had a policy in place for end of life care which provided guidance on how to plan care around people's needs. We also saw evidence of work with local nursing teams and hospices to ensure a holistic approach to end of life care planning.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were benefitted from regular contact with management.
- People said management were easily contactable and regularly sought feedback from them about their care. A relative said, "I know the manager well. There has been a lot of changes with [person]'s care and communication is good."
- People had regular visits from management where they discussed their care and any changes they wished to make. These visits were used to gather feedback which was documented and used to inform any changes to care.
- Review visits were linked to audits of care records, including analysing any incidents and checking daily care records and medicine records for accuracy.
- People's views on the service were also gathered through regular surveys. The outcomes of these were documented and reviewed to identify any patterns or trends to identify improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider responded to incidents in an open manner.
- Where there had been incidents such as falls, records showed these were discussed with relatives and professionals involved in people's care.
- Services are required by law to notify CQC of certain incidents, such as injuries. At the time of the inspection there had not been any incidents that required a notification to CQC. However, the registered manager understood their responsibilities and the system which checked incidents included consideration of whether it should be shared with CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were supported by staff who felt valued.
- Staff told us they felt supported by management and recognised for their roles. Staff said the management at the service were supportive. One staff member said, "[Registered manager] is one of the best managers I've had."
- There were systems to recognise good staff practice, such as a bonus scheme. The service also bought staff Christmas gifts each year and ensured compliments were passed on and recognised.

- Staff had meetings and records showed these were used to discuss important information such as training and any issues arising from the care they delivered.
- Important messages were passed to staff through an electronic system. When there were changes to people's care or important messages that could affect staff such as traffic or adverse weather, an electronic memo system sent messages promptly to staff. Management showed us how they could remotely check staff had opened and read memos and staff told us they were called to remind them if they had not read these.

Continuous learning and improving care; Working in partnership with others

- There were systems in place to improve care and learn from issues.
- Incidents and complaints were analysed, as well as survey responses and people's feedback at reviews.
- There were regular spot checks of staff practice to identify any learning for individual staff and these were linked to training to ensure learning was passed on.
- We saw evidence of links with local voluntary organisations which had been used to identify potential activities for people. The service also worked with the local authority and fire service. We saw examples of checks of people's homes leading to fire service referrals to ensure they were fire safe.
- The registered manager attended groups to share best practice, such as local groups and the UK Home Care Association.