

Triangle Community Services Limited

Homecare Bournemouth

Inspection report

Retired Nurses National Home
Riverside Avenue
Bournemouth
Dorset
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Tel: 01202052070
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09 August 2017
17 August 2017

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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

We undertook an announced inspection of Homecare Bournemouth on 9 and 17 August 2017. We told the registered manager two working days before our visit that we would be visiting because the location provided a community care service for people in their own homes and we needed to be sure the staff would be available.

Homecare Bournemouth provides a domiciliary care service to people living in their own homes. At the time of the inspection there were seven staff including the registered manager, providing a service to 11 people.

There was a registered manager in post. 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 felt safely supported and there were safeguarding and risk management systems in place. Robust recruitment ensured that the staff employed were suitable to work with vulnerable people.

People told us staff were skilled and the staff confirmed they had received adequate training to undertake their role. Staff told us they were well supported and able to gain informal advice or guidance whenever they needed to.

People told us staff were caring, friendly and unhurried in their approach. Care plans were written from the person's perspective and people told us they had been involved in their care planning and reviews.

There was a clear management structure in place and oversight from the provider. The registered manager was proactive and there were systems in place to monitor the quality of the service provided.

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.

Staff were able to tell us what they would do if they suspected someone was being abused.

Risk management plans were robust and encouraged people's safe independence.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff told us they received an induction and on-going training to ensure they had the necessary skills to meet people's individual needs. They confirmed they received regular one to one supervision and felt supported.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005.

People were supported to eat and drink and their healthcare needs were understood and acted upon.

Is the service caring?

Good ●

The service was caring.

People told us staff had a caring and unhurried approach.

Staff told us the management team cared about and were interested in people's well-being.

Records were written from the individual's perspective and promoted person centred care.

Is the service responsive?

Good ●

The service was responsive.

People said staff arrived on time and stayed for their allotted time.

Staff confirmed they had enough time to support people responsively and to travel between visits.

There was a complaints procedure in place.

Is the service well-led?

The service was well-led.

People and staff told us the service was well managed.

There were systems in place to ensure the care and support people received was safe, effective, caring and responsive.

Good ●

Homecare Bournemouth

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.

The inspection took place on 9 and 17 August 2017 and was announced. One inspector visited the service on both days of the inspection.

We spoke with three people using the service to learn about their experiences and two family members. We also spoke with five staff including the registered manager.

We reviewed six people's care plans and other records related to their care. We also looked at two staff files, training records and other records relating to how the service was managed.

Before the inspection, we reviewed the information we held about the organisation including the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People told us they felt safe and family members said they felt their relative was safely supported.

People were safeguarded against abuse. Staff had all received safeguarding adults training and understood what to do if they were concerned or worried about someone. There was information about safeguarding including key contact telephone numbers available in the office. There was also guidance in place to help staff understand what to do if they were not able to gain entry to someone's home and they were worried about them.

Any risks to people were managed safely. Staff received training on risk assessing and accident and incident reporting. A staff member told us, "I always do my own risk assessment to make sure it's safe for me and for them." Another member of staff explained how they supported people to understand and make their own decisions about how they wanted to manage risks saying, "It keeps their dignity and independence. If you take that away from them it's not good." They gave us an example of one person who had a rug that could have posed a trip hazard. They said, "You respect the client but you mention to them that it's a risk. It's their home." People's records showed a range of risk assessments had been undertaken with actions put in place to reduce the risk to the person and staff.

Staff identified and reported accidents or incidents and these were investigated to understand what had happened and any actions that were required to safeguard people. For example, staff had missed a visit to one person. This was quickly identified and staff were deployed to make sure the person was ok. The investigation led to changes in policy to reduce the chance that visits to people would be missed in the future. A member of the management team told us about what had happened and the action they had taken including making sure the next day's staff were aware of the incident and were able to check on the person's welfare, to give them time to talk and offer reassurance. They said, "We learned a lot from that." At the time of the inspection staff were developing accident and incident audits to ensure they were able to detect any trends or emerging themes from accidents and incidents.

There were enough staff deployed to support people in the way they wanted or needed. Staff told us travel time was considered. One said, "They give you a gap and don't expect you to rush" and another staff member told us, "It's very person centred, you don't feel you're rushed." People told us they knew their care workers well and staff confirmed there was good continuity. They said this was important to enable people to, "Get to know you and feel comfortable with you." One person told us they had been supported by a number of different care workers, although they said they had all been competent. We drew this to the attention of the registered manager. They acted immediately by ensuring the person had one regular care worker and phoning the person to reassure them of the change they had made.

Recruitment practices were safe and the relevant checks had been completed before staff worked with people in their homes. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Medicines were managed safely. People's medicine support needs were assessed and planned for at the start of their service. One person's plan provided a detailed description of the support required stating, "Please ask me if I am ready to take my medication. I would like you to put my tablets in a little liquid measure pot. Please ensure I have taken them." This meant that the guidance in place helped staff understand what the person wanted and that they remained as independent as possible. Staff who administered medicines had completed the required training and their competency to administer medicines was checked on a regular basis. There were regular audits of people's MAR (Medication Administration Records) charts, and the MAR charts we reviewed had been fully completed. Quality assurance visits to people at home further ensured people had received their medicines as prescribed.

Staff were supplied with safety equipment including emergency alarms and torches. They also had the personal protective equipment such as gloves and aprons that they needed. There was an emergency contingency plan to be used for example during periods of extreme weather such as snow. Staff had used a traffic light system to enable them to understand who could manage without a visit, perhaps if they could gain family support, and who would be at risk without receiving their support. These people were highlighted so that in an emergency staff could quickly assess and plan who would require their support to maintain their safety.

Is the service effective?

Our findings

People told us staff had the right knowledge and skills to support them. One person told us, "They are good at their job" and another person said about their care worker, "She's first rate; I wouldn't swop her for anyone."

Staff told us they had received the right training to help them understand and carry out their role. One said, "The training is really good, it's always very clear and thorough and helps you to understand the importance of our role." Another member of the team told us their training had been, "Brilliant, absolutely brilliant. We had training on behaviours that challenge, it made me realise how the person with dementia feels."

Records showed staff received training in areas such as emergency first aid, health and safety, moving and handling, fire awareness, safe food handling, infection control, and dementia. Where staff identified training needs these were acted upon. For example, one team member had requested training in end of life care and this had been booked.

Staff told us they felt well supported. Records confirmed staff received regular supervision meetings and could also gain advice or guidance informally whenever they needed to. One staff member said, "It helps you to understand. You can talk things over and get advice". Staff told us the out of office hours on-call system was effective with one commenting, "There is always someone on-call; they will phone you straight back."

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.

All of the people who received a service had capacity to make their own decisions. People's consent was sought so that staff knew what people wanted help or support with. One told us, "You ask them, you talk to the person, it's important to ask the client." Records showed people had consented to the care and support they received. For example, one person had signed consent to the use of photography. They had also signed their care plan and a recent care review. This showed people were involved and consenting to their plan of care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We talked with the registered manager and they fully understood their responsibilities to alert health or social care teams when they felt there was a risk that someone could be deprived of their liberty.

Staff supported people with their nutritional needs. They described to us how they asked people what they wanted to eat or drink and followed their guidance. Staff told us about one person they had become

concerned about because of their fluid intake. They talked to the person who explained they didn't like water. Staff suggested flavoured waters which the person enjoyed and they then drank enough to maintain their hydration.

Staff understood what action to take if somebody they supported became unwell or wanted help to contact a healthcare professional. Staff had also liaised with other professionals when this was required. For example, one person needed prescribed creams. Staff had worked with the person, their GP and pharmacist to make sure these were available when the person needed them. Another person had asked staff to support them with a GP visit which they had done, and staff had also made telephone calls to GP at one person's request because of a hearing problem.

Staff had received training on supporting people with specific healthcare conditions. For example, one person had continence care issues and staff had all received training on the equipment the person used.

Is the service caring?

Our findings

People and their relatives told us staff were caring and unhurried in their approach. One person told us, "They are all very pleasant" and another person said, "They are all lovely ladies." A relative commented, "They ask how you are immediately. They are extremely pleasant to [their family member]." They also said, "They are a great help to me. They talk to you, they listen and they don't rush." A member of staff told us, "A lot of our staff go over and above and they really care; that makes a difference."

People and relatives told us that initial introductory visits were carried out so that they knew the person who would be visiting them. One relative said, "They brought her first of all to introduce her to [their family member]." Staff told us they always introduced themselves to people, asked them what help they needed and followed their guidance.

Staff knew the people they supported well and understood about things that were important to the person such as their life history, previous occupation and family. One staff told us about the importance of knowing people. They said, "I don't think you can do your job properly if you don't. You can start conversations and build a rapport." Observations of interactions between staff and people were positive. Staff communicated with people respectfully and with sensitivity. They understood the concerns or worries people had and sought to alleviate them through chatting or offering practical support.

Staff listened to the help and support people said they wanted and acted upon their instructions. For example, staff told us about one person who had managed to complete their personal care independently when they arrived for their visit. They said, "I asked if there was anything else [the person] needed help with", and then spent their time completing some jobs that the person wanted doing.

People's independence was promoted. For example, one person was struggling with their medicines and staff worked with their GP to put in place systems that made it easier for the person to remember to take their medicines independently.

One person's package of care had increased because they had become poorly. Staff told us about how this made a difference to the person including taking their medicines and eating better. They also commented on how the person's loneliness had decreased saying, "Having the carers come in that little bit more had a big impact."

There were examples of staff going above and beyond their role to make sure people were okay. A member of staff had delivered a Christmas dinner to an individual on Christmas day. This was because they knew the person was spending the day alone and wanted to make sure they saw somebody and felt cared about.

Staff understood things that were important. For example, they knew whether people liked tea or coffee and how they liked it made. People's preferences for genders of care workers were also known and acted upon. One person had their rota supplied in large print because they had a visual impairment. Staff told us about the importance of this saying, "it's so they can read it and know who is coming." Another person's plan

detailed the support they wanted with their hair saying, "I would like the carer to help me with my hair. I would love it if they could put some curlers in my hair." We asked staff and found out this had happened. One said to us, "She just loves it. She's a very proud lady."

People's care plans reflected what staff had told us was important to them. For example, one person had a cognitive impairment and needed specific items close to hand to aid their independence and well-being. Their care plan explained the importance of this to staff. There were also one page profiles for both people and staff. These explained key information about what was important to the individual. One person's profile identified, "what people appreciate about me." It stated, "I still like to be as independent as I can." The registered manager explained that having staff profiles in the same format as those for people helped people understand something about the staff member. It also helped when considering good matches between staff and clients, for example where they had a shared interest or hobby. The registered manager told us, "I am proud that we have one page profiles. They make such a difference; it makes it more personal."

Staff told us the management team were caring in their approach and interested in people's emotional and physical well-being. One said, "They like to know what's going on and how everyone is."

Is the service responsive?

Our findings

People and relatives told us that staff were responsive to their needs. One relative told us, "They're first class. On time, always alert and pleasant."

People's needs were assessed before they started to receive a service. This was to make sure staff understood what help or support was required. A relative told us about the assessment that had been carried out by staff prior to their service starting commenting, "They were very meticulous; they listed everything."

Staff developed care plans from the assessment of need. These were accurate and up to date. Staff told us they had time to read people's care plans which they described as easy to read and follow. One staff member told us, "I look at the folder to see if there are any changes in the care plan." A member of staff took a lead role on writing care plans. They told us, "I am very proud of my care plans. I try to get every detail in of what the client wants and how we can support them."

One person's plan described in detail the help they required and was written from the person's perspective. It included step by step tasks for staff including entering the person's home, the assistance needed for the person to get up, washed and dressed, the equipment that helped the person stay safe and independent and their nutritional needs. The plan included how staff needed to act in order to protect the person's privacy and dignity and promote their independence and well-being.

Other people's plans helped staff understand how they could best support the individual. One said, "To encourage me to help when we are preparing food so we do it together" and, "To encourage me to slow down a bit as I go at top speed."

People's needs were reviewed regularly and they and their family were involved in reviewing their care and support to make sure they could make any changes that were required. Staff also completed daily records of the support provided. These were routinely checked during spot visits and reviews.

People and staff told us that they were able to choose when they wanted to be supported. A member of the management team explained how they carefully considered whether they could meet people's needs at their preferred time before they commenced a service. Staff told us there was enough time allowed at visits to enable them to support people in the way they wanted.

There was a system in place to ensure care workers stayed with people for their allotted time and staff and people told us the rota system was effective. People received weekly rotas so that they knew who would be visiting them. Staff showed how rota changes were made and how these were communicated to staff through an electronic system. This meant office staff could check that care workers had received the right information about any changes to their planned work.

People were supported to access the community and do the things they wanted to. For example, staff were

supporting one person to access a memory café and how they had purchased tickets and accompanied the person to a pantomime at Christmas. A member of staff told us, "It's their care. If we can support them to get out and about, that's what it is all about."

Staff understood what to do if someone wanted to raise a concern or make a complaint. Information on making a complaint was available to people and kept in their care files at their home. The registered manager told us they had not received any complaints in the past 12 months. They showed us a number of compliments they had received. These included someone who had written to the service saying, "[The person] lived an independent life in [their] own home which was [their] overwhelming wish. The services provided by you were a significant part of that wish being realised."

Is the service well-led?

Our findings

People and their family members told us the service was well managed. One relative commented that their service was, "Well organised and runs smoothly". People's views were sought through regular reviews and spot checks undertaken by staff. There were also formal systems in place for gathering feedback. For example the provider undertook annual surveys with people and the registered manager had also asked for people's feedback about the quality of service they received.

Staff told us they liked the management team. We received a range of comments including, "They are really, really supportive" and, "I can't fault anybody; they are all good" and, "They're good. They are very person centred in their thinking."

Staff told us they were able to raise concerns and make suggestions and that these were listened to and acted upon. One said, "If I had any concerns I feel like I could raise them". Staff provided us with examples, such as changes to how people's medicines were managed or equipment that may help people become more independent had been acted upon by the management team when they had suggested them.

The registered manager had a development plan. This helped them and the provider to understand how the service was developing including staff training needs and the responsible growth of the business. They were considering other areas of development such as setting up a befriending service. They told us, "That's another way to help people."

The provider conducted a range of audits to assure themselves of the quality of service people received. These assessed areas of practice such as supervision, training, care planning and complaints. There were also specific audits carried out by the provider. For example, they had recently carried out a data protection audit. This identified that care workers needed mobile phones provided by the organisation to ensure people's confidentiality and data was fully protected. The registered manager told us this was being acted upon at the time of the inspection. This showed the provider actively sought to make sure the service operated safely and acted upon their findings.

The registered manager had carried out quality assurance audits which included a service wide monthly audit, spot checks in people's homes and care plan and medication audits. They had also assessed the service in relation to the regulations and the key domains of safe, effective, caring, responsive and well-led. They had shared their findings with staff and also discussed the CQC key lines of enquiries at staff meetings. Staff meetings were held regularly and included discussions about care planning, medicines management and data protection. They were used as an opportunity to share learning about things such as accidents or incidents to ensure staff understood the learning and any changes to practice that were required.

The registered manager had formed effective links with organisations such as The Alzheimer's Society. This enabled them to learn about support services and resources available for people they worked with. They were also an "I Care Ambassador." This is a role that helps people understand the importance of care work and make informed career choices. The registered manager also attended local care forums and received

updates from CQC to ensure they were aware of, and acting on best practice guidance.