

Homestay Care Ltd

Homestay Care Limited

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place over three days on 5,6 and 12 March 2018. At our previous inspection in September 2016 we found that improvements were required in the safe handling of medicines and the provider was not always notifying us of significant events. At this inspection we found that improvements had been made to the management of medicines, however further improvements were required in the systems in place to monitor and improve the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection 149 people were using the service.

Not everyone using Homestay Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do receive this support we also take into account any wider social care provided.

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.

Improvements were required to the quality assurance systems in place to ensure people's care was reviewed. Analysis of quality questionnaires had not taken place. There was no staff training development plan. The provider told us they would take action to make improvements in these areas.

People were protected from the risk of abuse as staff knew what to do if they suspected potential abuse and risks to people were minimised through the effective use of risk assessments. Incidents that could have resulted in harm were analysed and action taken to minimise the risk of them occurring again.

There were sufficient numbers of staff to meet people's needs. New staff had been employed through safe recruitment procedures.

People were supported to take their medicines safely and staff followed safe infection control procedures to

prevent the spread of infection.

People's needs were assessed with them and their relatives and staff knew people's needs. People were supported to access other health care agencies if they became unwell and staff worked alongside other professionals to provide holistic care.

Staff received support and training to be effective in their roles.

People were supported to eat and drink sufficient amounts of food and drink of their choice.

The principles of the Mental Capacity Act 2005 were followed to ensure people who lacked mental capacity were consenting to their care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives were treated with dignity and respect and they were involved in and able to make choices about their care. People's right to privacy was promoted.

People received care that was personalised and met their individual needs and preferences. People and their relatives were able to raise concerns and complaints and they would be acted upon.

The provider worked with other agencies to meet people's needs at the end of their life.

There were systems in place to monitor and improve the quality of service. People were routinely asked their views on the service they received and there was a kind and caring culture within the service. The provider worked with other agencies to ensure a holistic approach to people's care.

People, their relatives and staff liked and respected the management.

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 had improved in this area and was safe.

People were protected from the risk of abuse as staff knew what to do if they suspected potential abuse.

Risks to people were minimised through the effective use of risk assessments.

There were sufficient numbers of staff to meet people's needs. New staff had been employed through safe recruitment procedures.

People were supported to take their medicines safely.

Staff followed safe infection control procedures to prevent the spread of infection.

Incidents that could have resulted in harm were analysed and action taken to minimise the risk of them occurring again.

Good 

Is the service effective?

The service remains effective.

People's needs were assessed with them and their relatives and staff knew people's needs.

Staff received support and training to be effective in their roles.

People were supported to access other health care agencies if they became unwell and staff worked alongside other professionals to provide holistic care.

People were supported to eat and drink sufficient amounts of food and drink of their choice.

The principles of the MCA were followed to ensure people were

Good 

consenting to their care and support.

Is the service caring?

The service remains caring.

People and their relatives were treated with dignity and respect.

People and their relatives were involved in and able to make choices about their care.

People's right to privacy was promoted.

Good ●

Is the service responsive?

The service remains responsive.

People received care that was personalised and met their individual needs and preferences.

People and their relatives were able to raise concerns and complaints and they would be acted upon.

The provider worked with other agencies to meet people's needs at the end of their life.

Good ●

Is the service well-led?

The service required improvement in well led.

Improvements to the systems to ensure people's care was reviewed were required. Analysis of quality questionnaires had not taken place.

There was no staff training development plan.

There were systems in place to monitor and improve the quality of service.

People were routinely asked for their views on the service they received and there was a kind and caring culture within the service.

Requires Improvement ●

The provider worked with other agencies to ensure a holistic approach to people's care.

People, their relatives and staff liked and respected the management.

Homestay Care Limited

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 checked 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 office visit took place on 12 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available to facilitate the inspection. Telephone interviews to people who used the service and their relatives took place on 5 and 6 March 2018.

We reviewed information we held about the service including notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who used the service and 17 relatives. We spoke with the managing director, the registered manager, the training coordinator and two care staff.

We looked at two care records of people who used the service. We looked at rotas for two members of staff and two recruitment files. We looked at the systems the provider had in place to monitor the quality of the service.

Our findings

At our previous inspection we had concerns about the safe management of medicines and we had rated this area as requires improvement. At this inspection we found that improvements had been made.

Previously the procedures the provider had in place to monitor and manage medicine administration had not been effective. At this inspection we found that the provider had implemented a new 'medicine administration record' (MAR). The MARs were audited regularly and any gaps or concerns in the recordings were identified with the member of staff concerned. Staff we spoke with told us that they had received training in the administration of medicine and that they knew people's individual plans of care related to them taking their medicines. One person who used the service told us: "Yes, I need help with my tablets because I can't get them out of the box. My carer passes me my tablets every morning with a glass of water and when she has seen me take them, it gets written up in the folder." A relative told us: "My relative gets help with the tablets which come in one of those DOSSET boxes. Once the carer has handed them the pills, together with a drink, and they have taken them, it will get written up in the notes so there is a daily record to show that they have had them."

We saw incidents that could have resulted in harm had been acted upon to minimise the risk of them occurring again. For example, a relative had expressed concern that their relative's medicines were left on show and their relative may take them when they shouldn't. The provider purchased a lockable tin for the medicines to be stored safely. This meant that people were receiving their prescribed medicines in a safe way and action was taken when potential incidents that could have resulted in harm had occurred.

People's individual risks were assessed and there were risk assessments to guide staff in how to keep the person safe. Staff we spoke with knew the risks related to the people they provided care for. A member of staff told us: "I know the people I look after really well. I know to leave them with their emergency pendant if they have one. I always check the daily records first to see if anything has changed too". A relative told us: "You do hear these horror stories before you start looking into care for your relative, however all the family have been very impressed with how our relative has been looked after and they haven't had a single accident since they started. The last thing they always check is that they have their emergency call pendant on, before they leave each day."

People were safeguarded from the risk of abuse and they felt safe with their care. Staff we spoke with and the registered manager knew what to do if they suspected someone had been potentially abused. A member of staff we spoke with told us that if an allegation of abuse was not taken seriously they would alert

the authorities (this is called whistleblowing). Staff wore uniforms and people told us that they generally had the same consistent carers. A person who used the service told us: "We've never had anybody completely new just turn up at the door, as they will come with one of my carers so they can watch everything that I have help with." Another person told us: "The staff let themselves in with a key safe. So I don't panic, they will call out as soon as they are in, and they always make sure I'm securely locked in before they leave". The registered manager had made referrals to the local authority however they had not met the threshold for further investigation.

People told us that they received the care from staff as planned as there were sufficient staff who arrived on time. One person who used the service told us: "I can only recall my carer being late probably once and that was because there was an emergency with a previous client. The office gave me a ring to make sure I was alright and they asked me whether I wanted to hold on for her or whether they could send me somebody else. I think she was only about an hour late, so I was more than happy to wait for her. I never mind when something like this happens because I know, if there was an emergency with me, then she would stay and support me in the same way". Another person told us: "Considering how busy the traffic is round here, they manage to keep to time remarkably well. On the very rare occasion when they have been held up in traffic or by an emergency at their previous client, the office will always ring to let us know what is happening". Staff we spoke with told us that they were allocated enough time to travel from one person to another without being late. The rotas we looked at confirmed this. This showed there were sufficient staff to meet people's needs at the times they needed it.

New prospective staff were employed through safe recruitment checks. Pre-employment checks would include the completion of disclosure and barring service (DBS) checks. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. A new member of staff confirmed that they had references sought and a criminal record check prior to be offered employment. This meant that people would be assured that staff were of suitable character to provide care to them.

Staff had received training in infection control procedures. Staff we spoke with told us that they always used gloves and aprons when supporting people with their personal care. Staff's competency in this area was checked by a senior member of staff when they had a 'spot check' (an unannounced supervision of their work practices). This meant the people were being protected from the spread of infection.

Our findings

At our previous inspection we found no concerns and rated the effectiveness of the service at good. At this inspection this area remains 'Good'.

People's needs and choices were assessed as a senior member of staff met with people prior to offering them a service to discuss the care they required. People and their relatives that we spoke with told us that they had been involved in the assessment process and had helped put the care plans together. A relative told us: "My relative and I met with a care coordinator just over a year ago, when we were looking for care. They spent a good couple of hours with us and looked round the home advising us on some mats which we then removed. They put together a care plan which is here in the folder". The care records we looked at identified people's care needs and how they preferred to have their care delivered and they were clear and comprehensive.

People told us that the staff were effective in their roles. A relative told us: "From what I've observed, the staff all appear to have a certain level of skills that are adequate for my relative's needs." A person who used the service told us: "The staff seem to be able to do everything I need help with." We spoke with the training coordinator who showed us the induction and mandatory training that staff were expected to do prior to starting to work alone with people. This included two days of classroom work and two days shadowing a more experienced member of staff, followed by a day of evaluation. One person who used the service told us: "If there is a new carer, they will always come with one of my regular carers and they will shadow the carer for a couple of visits, so they know exactly what I need doing before they come on their own". Specialist training was accessed if people had specific needs, for example PEG feeding (feeding through a tube). We discussed with the registered manager and director that staff appeared to have differing levels of training and there was no set of expected standards and some of the training was not accredited. The director told us they would devise a formal training plan. Staff we spoke with told us that they had support and supervision and that they had been competency checked through a spot check.

People were supported to access other health care agencies and staff worked alongside other professionals to provide care. The director told us how they had referred people for occupational therapy and social services support when people were experiencing difficulty with their mobility. Occupational therapists and physiotherapists also provided staff with training on how to use equipment that was used to support people such as 'stand aids'. When people became unwell or their health needs changed, staff recognised and responded to seek advice. One staff member told us: "I once found a person had fallen and rang 111 because they could stand but I felt I needed advice. They sent an ambulance to check the person over".

Another staff member told us: "I noticed that one person I care for was sore in an area of their skin. I rang and informed the district nurses as they were coming out that day and they prescribed some cream".

Most people were independent or supported by relatives with their nutritional needs. However, staff did support some people with simple snacks. One relative told us: "My relative has help with their breakfast each morning. I know that the carer will usually ask them what they would like because I make sure there is some cereal, bread and some eggs. Depending on what they prefer, the carer will usually make it for them. As far as I'm aware, they never mind doing whatever it is they fancy and I have to say, they tidy up in the kitchen really well after themselves because I never have to do any clearing up after them when I go in at lunchtime". Another relative told us: "I stock the fridge and freezer up for my relative each week and then when the carer goes in at lunchtime, they will tell them what there is available and they will decide whatever it is they fancy eating. Once it is cooked, the carer puts it on a plate for them and they usually eat it at the table once the carer has helped them to get there. Afterwards, they're helped back to their easy chair and the carers get a nice cup of tea made for them".

The principles of the Mental Capacity Act 2005 (MCA) were being followed as people were consenting to their care and support and were involved in the planning and setting up of their service. The 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 and their relatives were involved in the pre assessment process informing the registered manager of the care they required. The provider has asked for and received evidence of people's relatives who had applied for and were 'power of attorney' for their relative. Some people had signed a contract agreeing to their care and other people had been supported by a relative or representative. Staff we spoke with understood the principles of the MCA as they were asking people how and if they wanted their care delivered. A relative told us: "Even though my relative doesn't really understand very much these days, I still usually hear the carers asking them if they're ready to make a start, particularly when they are going to be helping with a wash, first thing in the morning". Another relative told us: "My relative can be quite fussy but the carers are good and will do things the way they like them to be done, even when it seems back to front. They always ask if they're ready to get started in the mornings, and if they are not, they will usually make them a cup of tea and do a bit of tidying up in the bedroom until they're ready to have a shower". This showed that people were consenting to their care and support.

Our findings

At our previous inspection we had no concerns in how people were being treated and had rated this area as good. At this inspection this area remains 'Good'.

People and their relatives told us that were receiving care that was dignified and respectful and that they had developed good relationships with their carers. One relative told us: "My relative has severe dementia and whilst they can't really understand much these days, the carers treat them as a normal human being, asking them questions and treating them as they would anybody else. It makes me happy to see it, because they always were a very dignified person before they developed dementia". A person who used the service told us: "I look forward to seeing the carers. My regular carers are like family members now and I look forward to having a chat about all the soaps every day".

People told us how having care from the provider had enabled them to stay at home. A relative told us: "My relative likes their own company but was willing to accept carers coming in to allow them to stay living at home that bit longer. However, the carers have given my relative a new lease of life as they positively look forward to seeing them every day". Another relative told us: "My relative would have had to move into a care home were it not for the carers coming in each day and it's important to them that they can live here in the family home for as long as possible".

People were involved in the planning of their care and were listened to when they requested a change to their care. A relative told us: "We were listened to. We were asked all sorts of questions about my relative's needs and how we wanted these delivered, including times of visits, days for showering and choice of initial regular carers". Another relative told us how the provider had responded to their needs. They said: "I've not been well myself lately and have had some hospital appointments. Homestay have been really helpful and managed to change the times of my relative's care so that they've been with them whilst I've had to be out". Another relative told us: "My sister and I sleep well at night now, knowing that my relative is being cared for by such professional, compassionate carers, who they love." This showed that people and their relatives were involved in the care planning and the provider also considered relative's needs in a caring manner.

Staff told us how they cared for people in a dignified way when supporting them with personal care. A relative told us: "Personal care is very 'personal' and my relative doesn't just want anybody coming to help them as it takes them time to build up their confidence in someone. The carers they have now have been with them a while and they like and trust them and they understand them well". Another relative told us: "My relative's carer phoned me the other morning because they'd found my relative had been incontinent in the

bed and on the floor. By the time I got there, the carer had cleaned them up, remade the bed, cleaned the floor and put the washing machine on. I was extremely grateful to the carer as they'd done all that whilst reassuring my relative that they shouldn't be embarrassed about it all". This showed that people's privacy and dignity was being respected

Our findings

At our previous inspection we found the service was responsive and had rated this area as good. At this inspection we found the service remained responsive.

People's needs had been assessed and care plans had been put in place with people and their relatives to support staff in providing people with the care they required in the way they chose. People and their relatives told us how the provider was responsive to any changes in the care they wished to make. For example, one relative told us: "I only recently phoned the office because I thought my relative needed an extra visit each day to make sure they are at least offered a hot meal each day, whether or not they fancy eating it and this was sorted", and another relative told us: "My sister has been visiting the management recently and the office were extremely good at altering my relative's call times, so that they fitted around what we wanted to do with my relative and they did it all without any fuss being made". This showed that the provider was responsive to people's needs.

People received consistent care from staff that knew them well. Staff we spoke with knew the needs of people they cared for as they delivered care to a consistent group of people. A relative told us: "One of the first questions that I asked the care coordinator when my relative and I first met her, was whether she could supply just a small number of regular carers. We have found agencies in the past who had promised this, and then they have not delivered and it was absolutely important to us that my relative didn't have too many carers all the time because it was confusing for them. They have been true to their word though, and my relative has only had three regular carers in the eight months that they have been looked after by the Homestay".

Other people and their relatives told us how they received consistent care from consistent carers. Another relative told us: "My relative hates having different carers every day because it really tires them out trying to explain how they like things to be done and where things are kept. Homestay have been brilliant though, and they have probably, just four carers that cover the entire week". Staff we spoke with told us if on the odd occasion they were asked to provide care for a person they did not know they would always read the person's care plan prior to delivering care which was located in the home.

The provider had a complaints procedure and people and their relatives felt able to raise concerns if they needed to. A relative told us: "I tend to deal with everything for my relative. I know I've seen information about how to complain in the folder, but I'd probably contact the office and ask to see the Manager to discuss the problem". A person who used the service told us: "There is some information about how to

complain in the folder on my table. I can't remember what it says, as I've never needed to look at it". We saw that there was a complaints log which recorded informal complaints and concerns raised by people. We saw that the provider had responded and changed a carer when a relative had requested another carer as they felt that the carer and their relative didn't get on particularly well.

No one was receiving end of life care at the time of the inspection. However the registered manager and director told us they had cared for people at the end of their life. They told us how they had worked with other agencies and one person's friends to provide equipment which meant that the person's wish to remain at home was able to be met.

Our findings

At our previous inspection we had found that the provider was not always notifying us of significant events. At this inspection we found we had received one death notification however we were still not receiving all the notifications we required.

Since the last inspection the registered manager told us that they had raised one safeguarding referral with the local authority following a potential incident of abuse. However it had not reached the threshold for investigation. We had not been notified of this referral. The registered manager told us that because the referral had not met the local safeguarding authorities' criteria for investigation they did not think they needed to notify us. We asked the registered manager to look at our guidance in relation to notifications. They told us that they would ensure all notifications were sent in to us regardless of outcomes.

People were asked their opinions on the service they received through quality questionnaires. However the questionnaires were not analysed for the information to ensure that any concerns raised could be addressed. We saw one person had recorded on their questionnaire that they did not have a copy of the complaints procedure. The director told us that everyone had a copy of the complaints procedure at the front of their care file. They assured us that the questionnaires would be checked and analysed and they would respond to any concerns raised.

We saw evidence that some people's care was regularly reviewed with them. One person told us: "Someone called from the office a couple of days ago to check that we were alright and to ask if we needed anything". However, there was no formal monitoring system in place to ensure that everyone's care was reviewed on a regular basis. This meant that people may not have been receiving a regular review of their care.

We discussed with the director and registered manager the standards expected in relation to staff training. Although staff were receiving training some of the training was not accredited. Staff were not routinely being asked to complete accredited training such as the 'Care Certificate'. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Training was being delivered from an in-house trainer and they told us their training covered all the standards within the care certificate. However the director was unsure as to how the trainer was keeping themselves up to date with current legislation and whether what the staff were being taught was meeting the required legislative standards. The director told us that they would implement a set of training standards that staff would be expected to complete within their employment with the provider.

The provider used an electronic call monitoring system which ensured they knew that staff attended at people's homes when they should and stayed the agreed time. People and their relatives we spoke with told us they had not had any missed calls and there had been minimal disruption to the times of the calls. We saw that audits of people's care records and MARS were completed regularly and any concerns in the recordings were addressed with the member of staff involved.

People who used the service and the relatives we spoke with spoke highly of the care they received from Homestay and its management. One person told us: "I would recommend them to anyone. Some of my neighbours' have other care agencies providing care and when we hear their horror stories, we are extremely grateful for the high quality service that Homestay provide". And a relative told us: "We met the care coordinator when they came to see my relative and I about what support they needed. We were very impressed with how professional, caring and open they were. Importantly, they didn't promise anything that hasn't been delivered. I have their direct number and they told me I could call them anytime".

There was a 24 hour on call rota which meant that staff were able to contact management for advice at any time. Staff we spoke with told us that the registered manager and management team were approachable and supportive. Staff received a weekly rota and they were able to access the provider's electronic portal which would also give them information on any rota changes. Staff mostly worked in their local area which cut down time on travel and meant that they were able to attend to people's calls at the times rostered as they were all located in a small geometrical area.

The registered manager and director liaised and worked together with other agencies to ensure a holistic approach to people's care such as occupational therapists, doctors and district nurses.