

Home Sweet Home Care Agency Ltd

# Home Sweet Home Care Agency Ltd North Yorkshire

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Home Sweet Home is a domiciliary care agency, providing care and support to people living in their own homes. At the time of this inspection there were 18 people using the agency.

Not everyone who used the service received personal care. The Care Quality Commission (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

The registered manager assessed, monitored and reduced risk to people's health and safety. The management team carried out regular reviews. Spot checks to ensure the quality of the agency, and the safety of people who used it, were maintained to a high standard.

People had input to their care and support and their wishes and choices were listened to and actioned. Changes to people's needs were recognised and records were updated straight away. The management team monitored this and completed regular audits.

People confirmed that they had a tailored package of care to meet their needs. Without exception, people said they felt safe and care workers were respectful.

People received their medicines safely and their health was well managed.

People received good, consistent care from friendly care workers who went out of their way to assist them. Relatives and people said the agency was reliable and efficient. They had good communication with the office and received regular updated information during the COVID-19 pandemic.

People said their care workers were skilled and competent. Care workers received appropriate induction, training and support to enable them to carry out their role.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible. The policies and systems in the agency supported this practice.

People, relatives and care workers told us the management team were approachable and listened to them when they had any concerns. All feedback was used to make improvements to the agency.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service registered with CQC on 24 September 2019 and this is their first inspection.

#### Why we inspected

This was a planned inspection based on the date of the provider's registration.

#### Follow up

We will continue to monitor information we receive about the agency 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 ●

# Home Sweet Home Care Agency Ltd North Yorkshire

## **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

One inspector carried out the inspection.

#### Service and service type

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

The agency had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period of notice for the inspection because of the COVID-19 pandemic. We had to arrange safe working procedures for our inspection.

Inspection activity started with a site visit to the office on 9 November 2021 and ended with telephone calls to people and relatives on 11 November 2021.

#### What we did before the inspection

We reviewed information we had received about the agency since it was registered. We sought feedback from the local authority who work with the agency. The provider completed a provider information return

prior to this inspection. This is information we require providers to send us to give some key information about the agency, what the agency does well and improvements they plan to make. We took this into account when we inspected and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the agency and two relatives about their experience of the care provided. We spoke with the nominated individual, the registered manager, the office manager and three support workers. The nominated individual is responsible for supervising the management of the agency on behalf of the provider.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse and ill-treatment. One person told us, "I feel very safe with my care workers. They could not be more helpful."
- The provider had policies and processes in place for safeguarding vulnerable adults and care workers had received training in this area.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These provided care workers with a clear description of any risks and guidance on the support people needed.
- The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.
- The registered manager made sure people were supported safely. Environmental risk assessments were in place, and care workers had completed health and safety training.

Staffing and recruitment

- Staff were recruited safely.
- There were enough care workers to keep people safe and a contingency plan was in place to cover shifts in times of illness or leave.
- People and relatives were satisfied that care workers turned up on time, stayed the correct amount of time and let them know if they were ever running late. One person told us, "My care workers are very good, they have never missed a visit."

Using medicines safely

- Medicines were safely received, stored, administered, recorded and returned to the pharmacy when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Care workers completed medicine management training and the management team carried out regular checks of the medicine records to ensure these were given as prescribed.
- People said they received their medicines on time.

Preventing and controlling infection

- The provider had an updated infection prevention and control (IPC) policy which included COVID-19 and other healthcare acquired infections.
- Care workers, people and relatives received regular updates, about changes to government guidance during the COVID-19 pandemic, by messages, emails and phone calls.
- Care workers had completed IPC training and had access to personal protective equipment (PPE), including masks, face shields, gloves and aprons. They knew when to use PPE to reduce the risk of people acquiring healthcare related infections. One person said, "My care workers always wear full PPE in my home, including foot covers."



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider had an assessment policy and procedure for people. People were satisfied they had input to this process.
- Care was provided by a consistent care team who were matched to people's needs and preferences. One relative told us, "[Name] was reluctant to accept help from the care workers, but over time they have built up trust and now [Name] looks forward to their visits."

Staff support: induction, training, skills and experience

- Care workers were supported to carry out their roles. A care worker induction process was in place.
- The provider ensured care workers had access to appropriate training and monitored their uptake of this. One care worker said, "We have on-line training and face to face sessions at the provider's training centre."
- Spot checks were completed to ensure care workers had the skills to provide effective care. They received feedback on their performance.
- People felt care workers had appropriate skills to meet their needs.

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

- People were supported with meals and drinks where required.

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

- Care workers communicated effectively with professionals to ensure people received coordinated care.
- Care workers interacted with people, relatives and healthcare professionals to help people access support to keep them healthy.
- People felt the care workers were effective and efficient in a crisis. One person said, "The office is always easy to contact if I need to and there is an emergency number and an on-call number to ring if I need help."

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.

- Systems and processes to assess capacity were in place and used where necessary.
- People (and relatives with lasting power of attorney for health and welfare) were routinely involved in decisions about their care. Care workers sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; the management team assessed people's mental capacity and made best interests decisions when needed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 received care and support from care workers who were compassionate and caring.
- Staff built positive relationships with people. One relative told us, "[Name] has dementia and has one care worker who attends most visits; [Name] still recognises their care worker and trusts them."
- Staff received equality and diversity training and were aware of the importance of supporting people in a non-discriminatory way which reflected their cultural preferences.

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

- The provider helped people to express their views so that care workers and managers at all levels understood their views, preferences, wishes and choices. One person said, "I can tell them what my needs are and what I want support wise; they do their best to achieve this."
- People said their consent was sought for a range of situations and their relatives, advocates and significant others were included in the annual care reviews.
- People said they had excellent communication with care workers and were involved in decision-making around their care.

Respecting and promoting people's privacy, dignity and independence

- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely, and computers were password protected.
- People told us that care workers were always respectful of their privacy and dignity. One person said, "I have both male and female care workers and they all make me feel comfortable and at ease when giving me support."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care records were up to date and reflected the care being delivered. When people's needs changed, their care and support was reviewed and amended in their care file. A person told us, "There is a file in my house containing details of work done, comments about my condition and contact details."
- People received person-centred care; care workers had a good understanding of people's needs and what was important to them. One person said, "I can make my own decisions about my care and support and the care workers respect my choices."
- People and their representatives were involved in reviews of their care.

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.

- The provider made information for people available in formats they could understand.
- People's care plans included information about how they communicated.

Improving care quality in response to complaints or concerns

- The provider managed complaints well. Information on how to raise a complaint was included in the service user guide given to people when they first started using the service.
- People and their relatives told us they knew how to contact the provider should they have any concerns or complaints. One person told us, "The manager is quick to resolve any issues. I had a couple of changes of staff until I found one who felt right for me."

End of life care and support

- No one using the agency was receiving end of life care. However, as part of the assessment and care planning process, information on people's wishes in this area was gathered to assist in the provision of responsive, sensitive end of life care, should this ever be required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had good oversight of the agency and was committed to providing good quality care to people who used the service. The management team demonstrated an in-depth knowledge in all areas of care and running of the agency.
- The registered manager's leadership promoted people's independence and inclusion. Feedback from people and relatives was positive, and people expressed great satisfaction with the care they received.
- Care workers felt valued and respected by the management team. One member of the care team said, "This is a lovely service and I enjoy working here."
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- Robust systems were in place to monitor performance and risk, leading to continual improvements to the service.

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 registered manager understood their responsibility to be open, honest and apologise if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular checks were carried out by the management team to ensure people were safe and happy with the service they received.
- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the agency, relatives, health care professionals and staff.