

Hosanna Social Care Services Ltd

Hosanna Social Care Services

Inspection report

Unit 4 Cross Industrial Estate
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Tel: 01902470073

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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 on the 13 September 2016 and was announced. This was the first inspection since this service was registered in March 2014. At the time of our inspection Hosanna Social Care services provided personal care and support to four people that lived in their own homes. This included provided support to young people that lived with their parents.

There was a registered manager in post and she was present during our inspection. 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 and associated Regulations about how the service is run.

Staff were trained and knew how to report and deal with issues regarding people's safety. We found that systems were not in place to ensure people received their medicines safely. However the registered manager took immediate action to address this to ensure people were safe. Staff were recruited in a safe way which ensured they were of a good character to work with people who used this service.

Staff had the relevant information about how to minimise identified risks to ensure people were supported in a safe way. Staff received an induction to ensure they had the skills and knowledge to support people in accordance with their needs and the values of the provider.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff gained people's consent before they provided support.

People received support from staff that were respectful and caring and ensured that people's privacy and dignity was maintained. People were supported to maintain their health.

Relatives were happy with the service provided and thought it was well managed. Records were not in place to demonstrate how the service was being monitored in order to measure the quality of the service provided. The registered manager was unaware that staff were supporting a person with a medicine and therefore the appropriate safeguards were not in place.

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 had been trained to recognise and report concerns.

Action was taken to stop unsafe medicine practice.

Recruitment procedures ensured only suitable people were employed

Is the service effective?

Good ●

The service was effective.

Staff had received induction training and support to enable them to have the skills and knowledge to meet people's needs.

Staff sought people's consent before providing their support.

Staff ensured people had access to sufficient food and drink.

Is the service caring?

Good ●

People were supported by staff that were described as caring and compassionate in their approach.

Staff told us how they maintained people's dignity, privacy and independence.

Is the service responsive?

Good ●

The service was responsive.

Relatives told us that staff met people's needs.

People's needs and preferences were assessed to ensure that they would be met in their preferred way.

Relatives knew how to raise any complaints or concerns and were confident they would be listened to.

Is the service well-led?

Requires Improvement ●

The service was not always well led

Records of audits were not in place to demonstrate how the quality and safety of the service was monitored.

Staff told us they were well supported by the manager who promoted an open and transparent service.

Hosanna Social Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This inspection took place on the 13 September 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because Hosanna Social Care services provides a domiciliary care service, and we needed to make arrangements to visit and speak with people using the service, staff and to have access to records. The inspection was undertaken by one inspector.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

In order to gain feedback about the experiences people had using this service we spoke to three relatives. We also spoke with two staff, and the registered manager. We looked at a sample of records including two people's care records, two staff recruitment and training records. We looked at what systems were in place for monitoring the quality of the service.

Is the service safe?

Our findings

Relatives we spoke with told us they thought their family members were safe when being supported by the staff. One relative said, "The staff are really good and make sure my family member is safe at all times. I trust the staff and I have confidence they are safe when the staff are supporting them". Another relative told us, "I think my family member is safe when staff support them, I have no concerns about this as I trust them. My family member is happy with the way the staff support them and they have not raised any issues in regard to this and they tell me they feel safe as the staff are really nice".

Staff described the different types of abuse which may occur and told us they would not hesitate to report any concerns. Staff had confidence that the registered manager would take the appropriate action in response to any concerns they raised. Staff confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. The training they received covered both safeguarding adults and children. One staff member told us, "If I had any concerns that a person was at any kind of risk I would report it straight away to the manager. I know that action would be taken to protect people from harm or abuse". The provider told us in their PIR that policies and procedures were in place and discussed with the staff to ensure they understood the protocols that had to be followed. The registered manager confirmed that there had not been any safeguarding incidents since the service started supporting people.

Staff we spoke with knew about people's individual risks and actions they would take to keep people safe. For example some people required support with their mobility and staff were aware of the equipment to use and the techniques to use to keep them safe. Staff were aware of the risks associated with supporting people to eat a meal and told us what measures were in place to reduce the risks of them choking. We saw that risk assessments had been completed and actions to reduce these risks were recorded in people's care records. A relative we spoke with said, "The staff are very good at identifying any risks and they were the ones that raised concerns about the way my family members mobility had declined. A referral was completed for a healthcare professional to visit and complete an assessment. This meant they had equipment provided and staff received guidance about how to move them safely".

Staff we spoke with knew what action to take in relation to any emergencies or untoward events such as if someone became ill or had an accident. One staff member said, "I would call the emergency services if needed and then call my manager she is always available for support and advice." The registered manager confirmed that there had not been incidents since they had started providing a service to people, and this was confirmed by the relatives we spoke with.

All of the relatives we spoke with were happy with the support people received from staff. One relative said, "My family member was introduced to the staff before they started to support them and they have received support from the same staff ever since we started using this service. This is very important to us as it means my family member receives continuity of care, and they respond well to them". The registered manager advised that they had enough staff to meet the needs of the people they were currently supporting. She advised that as the service is relatively small they would only recruit more staff when they had additional people receiving a service. The registered manager advised that she works as part of the team and also

provides support to people as the service only currently supports four people.

The staff we spoke with confirmed they had provided recruitment information before they commenced employment. There was a recruitment process in place to ensure that staff who worked at the service were of good character and were suitable to work with people. We saw from the staff records we reviewed that evidence was in place to confirm checks had been undertaken on the new staff members before they started to work at the service. This included proof of identity references and checks had been completed with the Disclosure and Barring Service (DBS) before staff commenced work. A DBS check identifies if a person has any criminal convictions or has been banned from working with children and adults. We found that there were gaps in both the staff member's employment history when we reviewed their application forms. The registered manager took action straight away and obtained information about these gaps and recorded this on the staff files.

The registered manager advised that staff did not currently administer medication to people. However when we reviewed people's well-being logs and spoke with staff we identified that staff applied creams to a person. It was not clear if these creams were prescribed by their GP or not. We found that staff were recording that they had applied the creams in the person's well-being records and the names of the creams were recorded in the person's care records. We found that body maps were not being used in order to make it clear where the creams had to be applied. The registered manager agreed to introduce these straight away. The registered manager confirmed to us following the inspection that she had updated the records to reflect which cream was prescribed and introduced a medicine recording chart for the prescribed cream.

A staff member also told us that at times they supported a person to have yoghurt which contained crushed medicines, which had been prepared by their family member. We discussed this practice with the registered manager and the safeguards that must be in place for this to continue in order to ensure the person received their medicines safely. The registered manager took action and spoke with the staff member to stop undertaking this task. The registered manager arranged for a review to be undertaken in order to discuss the safeguards that needed to be implemented before staff could support with this task. Staff and the records we saw confirmed that they had completed medication awareness training as part of their induction. The registered manager told us they intended to ensure staff completed more formal training straight away. The registered manager confirmed that she would undertake an assessment of competency to ensure staff administered and supported people with medicines safely.

Is the service effective?

Our findings

Relatives that we spoke with were complimentary about the quality of the support the staff provided. One relative said, "I am very happy with the staff that support my family member they know what they are doing and seem well trained". Another relative told us, "I think the staff seem skilled and knowledgeable I am happy with them".

The service started supporting people in October 2015. The staff we spoke with told us about the induction training they had received when they first started to work for the service. One staff member said, "I completed an induction which covered 15 modules and I had to answer questions to make sure I had gained the knowledge I needed. I also worked alongside my manager which meant I met the people and got to know them before I then started supporting them myself". The registered manager confirmed that the induction provided to staff was the care certificate induction. This is a set of induction standards designed to assist staff to gain the skills and knowledge they need to provide people's care. Records we reviewed confirmed that staff had received training relevant for their role.

Staff we spoke with told us they felt supported in their roles and they confirmed they had received supervision. One staff member said, "I have had supervision to discuss my role and development, and I feel supported. I can go to the manager at any time for support". Another staff member told us, "I feel supported, the manager is always available for support, and I receive supervision". We saw a system was in place which ensured staff received regular supervision, and the registered manager told us she would undertake staff appraisals when staff had worked at the service for a year.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and we found that they were.

Relatives that we spoke with confirmed that people were supported to make their own decisions, and that staff always obtained their consent before providing support. One relative said, "The staff always ask me what support I need and what tasks I require support with, they are very respectful like that". Another relative told us, "My family member has told me that the staff always ask for their consent before providing any support and they respect their decisions. Staff always give them choices about what food they would like to eat and what clothes they would like to wear. They respect their rights to make decisions".

The registered manager was aware of the principles of the MCA and Deprivation of liberty safeguards (DoLS). The staff we spoke with understood the need to ask people's consent, and were able to explain how they obtained consent to provide care on a daily basis. One staff member said, "I did cover this in the induction I received, I always make sure I gain the relatives consent when I support young people with any tasks. I am

led by them". Another staff member told us, "I always ask for permission before providing support to someone, and I respect what they say its their right to make decisions".

Relatives we spoke with told us they had no concerns about the way people were supported to eat and drink. One relative said, "The staff sometimes go to the shop and get my family member anything they may have run out of which is a great help. They help my relative eat and drink what they want and if they had any concerns I know they would contact me. My family member is happy with the support they receive in this area". Another relative told us, "I prepare the food and the staff assist me to give it to my family member, they are very good and patient and don't rush my family member they go at their pace. I am happy with how they support them".

Relatives we spoke with told us they arranged and ensured people's healthcare needs were met and that staff did not provide support in this area. One relative told us, "I arrange all the appointments but if my family member was to feel unwell I know I could count on them to call the doctor if needed. They recently observed that my family member's skin was sore and they told me straight away so I could get a healthcare professional in to take a look. They are very proactive like that". Another relative said, "The staff help me by monitoring my family members well-being and they complete monitoring charts of any seizures they may have. This is useful for when we visit healthcare professionals. It is nice to know they are here to support me if needed".

Is the service caring?

Our findings

Relatives we spoke with were positive about the care and support the staff provided. One relative said, "I am really impressed the staff are respectful, caring, kind, compassionate and professional. My family member is really happy with the staff that support them, as am I". Another relative told us, "I am really happy with the staff that support me and my family members. They are reliable, friendly, patient, caring and I now consider them as part of the family. They have built a good relationship with my family member which is great. They know their needs really well now and I can always depend on them. Nothing is too much trouble for them".

The provider told us in their PIR that when recruiting staff they aim to employ staff who were honest, reliable, caring, trustworthy, and will treat people with respect, creating autonomy and promoting independence. These are the values the registered manager told us were important that staff share and promote when working with people.

Relatives told us how staff ensured people's dignity and privacy was respected. One relative said, "I know the staff are really careful when supporting my family member with any personal care, they always make sure they are covered and they give them time alone in the bathroom so they have privacy. They are close by to make sure they are safe but they know how important it is for them to have this private time". Another relative told us, "I do most of the personal care but if I am busy and if my family member needs changing they will assist them to make sure they are freshened up quickly rather than having to wait for me". Staff that we spoke with had a good understanding of the people's needs they supported. They were able to describe to us how they respected people's privacy and dignity when providing personal care to them.

We saw that care records reflected people's preferences in respect of the gender of the staff they wanted to provide their support. Staff understood the importance of promoting people's independence and enabling them to be self-managing. One staff member we spoke with said, "It is important we encourage people to do as much as possible so they maintain their independence".

Relatives told us that their family members were supported by the same staff which provided consistency of care. One relative said, "We receive support from the same staff. They are never late and we have never had a missed visit. This is really important to us and our family members as they need that consistency. Because of this consistency our family member is very calm and happy when the staff support them". Another relative told us, "The same staff support my family member which is really good and they get on really well with them which makes it much easier for them to accept support, it would not work if they had different staff all the time".

The registered manager advised that no-one was using the services of an advocate but that she would refer or make information available if anyone was identified as needing this support. An advocate is an independent person who can assist and provide a voice to people who otherwise may find it difficult to speak up.

Is the service responsive?

Our findings

Relatives we spoke with told us people's needs were assessed before the service was provided. They told us people received the care they needed and that it was provided in accordance with their individual needs. One relative said, "When we first started using this service the registered manager came and visited us for a week completing an assessment and getting to know my family member's needs, and we completed the care plan. The registered manager introduced a staff member who would be best matched to meet my family member's needs. So it was very thorough and personalised and my family member and I have been involved and consulted throughout". Another relative told us, "The registered manager came and completed a detailed assessment about what support my family member and I needed. She then matched the staff to us. We have a copy of the care plan and risk assessments in the home for the staff to refer to if needed".

We saw that care records were tailored to people's needs, and included information about their preferences, routines, and interests. Staff we spoke with were knowledgeable about the needs of the people they supported. The registered manager advised that reviews of the care records would be undertaken when people's needs changed or annually.

Relatives told us the service was flexible and responsive to people's individual's needs. One relative said, "The staff are very responsive and if I have to change the times they always accommodate this for me". Another relative said, "We had to increase the support my family member received and this was arranged very quickly. They are very accommodating and responsive to any changes we have to make, which is very good".

Relatives we spoke with were aware of the complaints procedure and had confidence that the registered manager would listen to them and address any issues. One relative said, "I have had no cause to complain since using this service. But I know the registered manager would address any concerns I had quickly". Another relative told us, "I have no complaints and if I did I would speak to the manager, who I know would put it right". Staff we spoke with told us they would report any concerns raised with them to the registered manager.

We saw that a complaints procedure was in place which was available in an easy read version. The registered manager advised that a copy of this was provided in the welcome pack provided to people when they first started the service. We saw that a system was in place to record any complaints the service received. The PIR that we received and the registered manager confirmed that the service had not received any complaints since our last inspection.

Is the service well-led?

Our findings

The registered manager told us how she audited the well-being logs and records completed by the staff and sought feedback from people and their relatives. However she did not have any written evidence to support this to demonstrate the quality checks and audits that had been undertaken. We also found that staff sometimes supported a person with a medicine without the required safeguards in place. The registered manager was not aware of this practice which is important to enable her to ensure staff were supporting people safely and in accordance with the procedures in place. The registered manager confirmed that she would address these shortfalls with the staff team, and would formalise an audit process and complete records to demonstrate the checks she undertakes to monitor the safety, effectiveness and quality of the service provided.

Relatives that we spoke with told us they thought the service was managed well and the culture was open and transparent. One relative said, "I am very impressed with this service. It is managed well and the registered manager is so friendly and approachable. She contacts me to make sure things are okay and the staff are doing what they should. I have recommended this service to other people I know as I am that impressed, and they are so much better than the agency I used previously". Another relative told us, "We are extremely happy with this service. It is very well managed. The records are completed to a good standard, and the invoices are clear and accurate. I think it is absolutely a successful and good service, we are very impressed".

The service has provided support to people for nearly a year and the registered manager told us about their vision to expand and provide "quality services to vulnerable people". The registered manager supports people in addition to employing a small staff team. The registered manager told us, "We are very small at the moment so I work with staff which means I am able to observe their work and ensure they work to the values of our service. I also lead by example so the staff know what standards I expect". The registered manager was knowledgeable about the specific needs of the people the service currently supported.

The staff we spoke with confirmed they felt supported by the registered manager. One staff member told us, "She is lovely, so friendly, and supportive it is a great place to work. She is just a phone call away and she will do anything to help or support me. I am very happy working here". Another staff member said, "The manager is great, so approachable and so easy to talk to and open. I love my job and this service is managed so well I hope it succeeds". The registered manager advised that no staff meetings had yet taken place, as she was able to speak with the small staff team on a regular basis. There is the intention to introduce staff meetings once the service expands and the team becomes larger.

Staff we spoke with knew about the whistleblowing policy, and were confident to raise concerns. Whistleblowing is the process for raising concerns about poor practice. Staff told us, "I would not hesitate to raise any concerns to the manager I know she would take the required action and give me the support I needed".

We saw that surveys were in place to obtain people's feedback. The registered manager advised that she

would be sending these out towards the end of the year. She confirmed she would analyse the results and complete a report.

The registered manager confirmed that there had not been any reportable incidents since they had provided a service to people. She was aware of her legal responsibilities to notify us of events that they were required to by law.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned to us within the timescale we agreed.