Smallwood Consultancy Limited

Home Support Services

Inspection report

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Date of inspection visit:
24 February 2017

Date of publication:
11 April 2017

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 24 February 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be at the office. At our previous inspection during February 2014 the provider was not meeting all the regulations we checked. This was because we found areas of unsafe practice. At this inspection we found that improvements had been made,

This was the first inspection since the provider's registration at this office location on 4 November 2016.

Home Support Services is a domiciliary care agency providing personal care to older people and younger adults in their own homes across Derby and surrounding areas. This included people with physical disabilities and mental health. The agency is located close to Derby city centre. There were 85 people in receipt of personal care at the time of our inspection.

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.

We found that the provider's quality assurance systems had not picked up the issues we identified at this inspection visit. This demonstrated that the management systems were not always effective in recognising areas which required improvements.

People told us they felt safe with the care provided by staff. Staff we spoke with understood their responsibility in protecting people from the risk of harm. Staff told us they had received training and an induction that had helped them to understand and support people. Recruitment procedures were not always thorough to; ensure suitable staff were employed to work with people who used the service.

Staff knew about people's individual capacity; however they did not have a clear understanding of how to ensure a person consented to the support they received if they lacked capacity

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People received their medicines as prescribed and safe systems were in place to manage people's medicines.

People received appropriate support to manage their dietary needs. This was done in a way that met with their needs and choices. People were referred to health professionals when required to maintain their health and wellbeing.

People told us staff treated them in a caring way and respected their privacy. Staff supported people to

maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint. There were processes in place for people and their relatives to express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement. Staff felt supported by the management team.

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.

People told us they felt safe. Staff knew how to recognise and report potential abuse. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented. Staff supported people to receive their medicines as prescribed. The service had deployed sufficient numbers of staff to meet people's needs. Recruitment procedures were not always thorough to ensure the staff employed were suitable to work with people.

Is the service effective?

Good

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received training and support. Staff did not understand the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health. Staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring. People's privacy, dignity and independence was respected and promoted.

Is the service responsive?

Good

The service was responsive.

The support people received was personalised, taking into account peoples individual needs and preferences. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The management systems were not always effective in recognising areas which required improvements. The service had a registered manager, who was supported by the registered person and duty manager. People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities. They were given guidance and support by the management team.

Home Support 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 was 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 24 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the agency's office, but spoke by telephone with people who used the service and relatives. The telephone interviews took place on 28 February 2017 and 1 March 2017.

Before the inspection visit, the provider completed 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. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with eight people who used the service and four relatives. We spoke with the registered person, the duty manager, care coordinator, administrator, team leader and care staff.

We reviewed records which included four people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Good

Is the service safe?

Our findings

At our previous inspection in February 2014 we found there was a breach in meeting the legal requirements relating to recruitment procedures when recruiting new staff. We found that not all of the required pre-employment checks were in place before staff commenced employment. This was a breach of Regulation 21 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received an action plan in April 2014 stating how the provider was addressing the issues.

At this inspection we found that the provider had made improvements but further improvements were needed to ensure recruitment procedures were thorough. We looked at the recruitment files for three staff that had recently commenced employment with the provider. Most of the relevant pre-employment checks were in place before staff commenced employment. This included checking staff with the Disclosure and Barring Service (DBS), references and obtaining proof of identification. The DBS check supports employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service. However two staff files did not have a full employment history in place. This meant the provider was not always undertaking thorough recruitment checks to ensure staff were safe to work with the people who used the service. We discussed this with the duty manager, who confirmed that they would take immediate action to address this. During this inspection visit the duty manager obtained written statements from the two staff members in relation to gaps in their employment history.

At our previous inspection in February 2014 we found there was a breach in meeting the legal requirements relating to medicines management, care plans did not reflect the level of support people received with their medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received an action plan in April 2014 stating how the provider was addressing the issues.

People who received support to take their medicines, felt this was done appropriately. They told us there had never been a problem with the support they received to take their medicines. Care records we looked at described the level of support people required with their medicines. For example a care plan stated, "Apply cream to [person's name] feet and record on the medication administration records (MAR)." Staff told us medication administration records MAR's were kept in the person's home and signed when the person had taken their medicine. This ensured that an audit trail was in place to monitor when people had taken their prescribed medicines. Staff told us, and records confirmed they had undertaken medicine training. Staff felt confident in supporting people with their medicines. This demonstrated the provider had taken steps to ensure people received their medicines safely.

People told us they felt safe when the staff from Home Support Services were in their house and that their possessions were safe. They told us staff left their property secure and ensured that their call pendants were in place before leaving. Call pendants are used to call for emergency assistance. A person said, "I'm in a wheelchair, so the carers always make sure everything is safe for me before they leave, including making

sure I have the call pendant."

The PIR stated that the provider had comprehensive safeguarding procedures. At this inspection visit was saw that the provider had taken steps to protect people from abuse. Staff we spoke with told us they had received training in protecting people from abuse and records we looked at confirmed this. Staff could tell us in detail what actions they would take if they had concerns for the safety of people who used the service.

The provider had processes in place to ensure safeguarding concerns were reported to the local authority for further investigation and monitoring. Records showed the process had been used appropriately. For example a person using the service, shared some concerns with staff. Staff reported these to the office staff, who subsequently made a safeguarding referral to the local authority. In addition to this the duty manager also shared her concerns with a social worker.

We looked at how the provider managed risks associated with the care and support people received. We saw that the provider had carried out a variety of risk assessments, providing guidance for staff on how to minimise risks to people. Staff we spoke with told us the risk assessments provided them with sufficient information on how to support people safely. We saw risk assessments in relation to environmental risks and equipment needed to support people to move safely. A risk assessment we looked at identified that two staff were needed to move the person safely with a hoist. The risk assessments were updated annually or when people's needs or circumstances changed. Staff told us that they would report any concerns or changes in people's care to the office staff.

People told us staff were available at the times they needed them. A majority of people told us the staff arrived more or less on time and stayed for the duration of the call. People told us they received support from regular staff and were happy about this. The registered provider told us rotas were sent out on a weekly basis to people who used the service or their representative. People we spoke with confirmed this. This demonstrated that there were enough staff to meet people's care and support needs in a consistent manner.

Staff felt there were enough staff employed by the provider. Staff holidays and absences were covered by the existing staff team. The registered person confirmed the staffing levels were determined by the hours contracted to by people's funding authorities. This demonstrated the provider ensured there were sufficient numbers of staff available to support people.

Good

Is the service effective?

Our findings

People told us staff that supported them were generally well trained and had the skills required to do the job, particularly their regular staff. However some people felt certain staff including new staff were less likely to have the skills required to support them. We discussed this with the duty manager, who told us all staff were trained to the same standard. Also if it was identified that should a member of staff needed additional support this would be provided through further training and supervision.

Staff told us the induction and training they had received had been effective in giving them the right skills and knowledge to enable them to support people who used the service appropriately. Staff felt that they had the necessary skills and training to meet the needs of the people, promoting their wellbeing and independence. Staff told us they had undertaken training in a range of areas. Training records we looked at confirmed this. Staff were supported through individual supervisions and staff meetings. Staff told us they were able to give their views about the service provided and ways to explore how the service could be improved or developed.

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 people 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.

We checked whether the service was working within the principles of the MCA. The duty manager told us currently GP's or the local authority completed mental capacity assessments where it was identified a person lacked capacity. The duty manager told us they would be including a section in care plans on decision making. We were shown a blank mental capacity assessment which the duty manager told us they would be introducing and would be completed by management if it was identified a person lacked capacity. Staff we spoke with did not have a clear understanding of how to ensure a person consented to the support they received if they lacked capacity. Following the inspection visit we received confirmation from the duty manager that some staff had been booked onto additional MCA training and others would be booked on to the course when there was further availability.

Some people we spoke with were supported with meal preparation; they told us that this was done appropriately. Microwave meals and sandwiches were the usual meals prepared by staff and people were satisfied that this met their needs and preferences. People told us they were given choices of food by the staff. Staff told us if they had concerns about people's dietary intake they would contact the management and inform them about this. This showed that people were supported to manage their individual dietary needs.

People told us they were confident that the staff who supported them would contact a GP or emergency service if required. A person said "I felt unwell one day and called the office. They sent someone out and

called the doctor, which was a great help." A relative told us how staff from Home Support Services had contacted the GP when they found their family member was unwell. Another relative said, "The office staff will ring me at work if the staff have picked up any problem and that's very reassuring."

People's health needs were identified in their care records, which included details regarding the person's medical history. Care records also contained details of the person's GP and next of kin. Staff we spoke with told us that they would seek medical assistance if they were concerned about a person's health care needs. They also told us they would contact staff based at the office. A staff member said, "If a person told me they were not well I would report this to the office and the person's family. I would contact emergency services if required." This demonstrated that staff monitored people's health needs to ensure that appropriate medical intervention could be sought as needed.

Good

Is the service caring?

Our findings

Most people told us that the staff from Home Support Services were kind, caring and patient. A person said, "The carers are all very pleasant people and they do seem to care about me. They don't just do a task and rush out. They know me really well and will do anything for me when I'm having a bad day." Another person said, "I think the carers are very kind and helpful. They never rush me and we always manage to have a laugh even though they're so busy." A relative said, "They [staff] are all wonderful and care for [person's name] like she was their own family."

People told us their privacy and dignity was respected when receiving care and support. People told us they received unhurried care and that staff asked at the end of their visit if there was anything else they could do. A person said, "I can be very slow at times but the carers never rush me. They're very patient with me." Another person said, "I like things done in a certain way and the carers respect that and they do it my way." A relative told us, "[person's name] is a very polite person and he expects other people to be polite too. We never have any problem with that. The staff are always very respectful." However two people told us if the regular staff were not available to cover their call, they found other staff who covered their call lacked respect and kindness. We discussed this with the duty manager, who told us they would be looking at introducing regular back up staff to ensure continuity of care. The duty manager also told us they would reinforce to all staff the importance of respect in their day to day role and responsibilities.

Staff we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. A staff member said, "I always make sure the person is covered when being hoisted." Staff understood the importance of promoting people's independence. A staff member we spoke with said, "It's important to support people to maintain their independence. I always explain to people that I am not here to take anything anywhere from you, but here to assist you." This demonstrated staff had an understanding of the importance of upholding and respecting people's dignity, whilst promoting their independence.

Before people started receiving care from Home support Services, they were given the 'Customer Guide'. This contained information on the service, assessment process and conditions of the service.

People we spoke with told us that their care delivery was tailored to their individual needs and that their regular staff carried out these tasks as they wished. Care records we looked at showed people or their representatives including relatives were involved in developing their care plan. Care plans we looked at were individualised. There were written agreements in care plans signed wherever possible by the person who used the service and/or their representatives

Good

Is the service responsive?

Our findings

People told us they received care that was tailored to their individual needs and responsive to their needs. People told us that the regular staff carried out these tasks as they wished. Relatives also told us that their family member received personalised care. A relative stated that the staff took great care when they assisted their family member to wash their hair, due to a scalp condition.

People's individual care needs had been assessed before they began to use the service. The care plans we looked at were individualised, based on the person's identified needs and developed to reflect their personal choices and preferences. For example due to a person's health care needs the care plan stated, "I need carers to take their time and it is important I am not rushed." For another person their care record provided details regarding their preferred name. This enabled staff to provide appropriate care and support, in a personalised manner. Staff confirmed care plans were kept up to date and provided them with information about people needs and how they preferred to be supported. They were able to describe to us how they met people's care needs and how they supported people to express choices and maintain their independence. This showed the support people received was personalised to meet their individual care needs.

The provider within the PIR stated that they ensured staff had adequate time to provide care and support to people, which was kept under review by taking into account peoples changing needs. Care plans were reviewed annually or when there was a change. They were kept updated ensuring they remained person-centred, reflecting any changes to the individual's needs. Some people could recall having regular care plan reviews and told us they were involved in the review process. People thought their care needs were appropriately documented in their care plan.

A majority of people told us they knew how to raise concerns or make a complaint. They felt that the office staff listened to their concerns and tried to sort out any problems for them. A person said, "If I've I had a problem with a carer, the office have always sorted it out for me." Relatives also felt concerns were resolved. A relative said, "If we need a later call because we are going out, the office staff will sort it out for us. They are very flexible." Another relative stated, "I think the office sort problems out 90% of the time after the first phone call." However two people told us the provider did not take their concerns seriously and did not sort things out. A person said, "I've complained and complained about sending me carers that I've told them I'm not happy with, but they keep sending them. And they always tell me they'll sort it out but they don't." We discussed this with the duty manager, who told us that where a person did not wish to receive support from a particular staff member they respected this. As a result of this the duty manager told us they would speak to people using the service to ensure they were happy with the staff who supported them.

A system was in place to record complaints, this ensured the action taken and outcome was recorded. The provider had received seven complaints over the last 12 months. The complaints records we looked at confirmed that these were investigated and responded to. The provider within the PIR stated that they looked at the themes of complaints received and introduced changes to improve the service if required. For example the duty manager told us a relative was not happy about the evening call time for their family

member. The duty manager told us they reorganised the rota to accommodate the persons changing needs. Staff we spoke with knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the office staff or management.

The complaints procedure did not contain details of the Local Government Ombudsman where complainants could escalate their complaint if in an event they were dissatisfied with the outcome of their complaint, when investigated by the provider. We also saw that the complaints procedure did not contain up to date contact details for the local authority complaints department. We discussed this with the duty manager, who confirmed that they would update the complaints procedure. Following the inspection visit we received the updated complaints procedure and confirmation from the duty manager that this would be sent out to people who used the service.

Requires Improvement

Is the service well-led?

Our findings

At this inspection visit we identified a number of shortfalls which had not been identified by the management at Home Support Services. Whilst we saw that improvements had been made in recruitment procedures since the last inspection, these were not robust. We also found that the complaints procedure was not up to date until we pointed this out and this was then updated. The duty manager booked additional MCA training for staff after we had raised concerns regarding staff knowledge in this area. This demonstrated that the management systems were not always effective in recognising areas which required improvements.

Prior to the inspection visit we received information of concern which suggested that there was inconsistency in the times when staff arrived at calls. We also received concerns from the local authority regarding commissioned calls and call times. We discussed this with the duty manager who told us that they had an electronic call monitoring system, 'easy tracker' in place which monitored call times. We were told that the system alerted management if a call had not taken place within 25 minutes of the scheduled call. The deputy manager also told us there was a 15 minute window either side of a call and that staff were required to call the office if they had been delayed. In such an event the duty manager said, the office staff contacted the person or their representative about the delay. One staff member said, "If I have been delayed at another call, I ring the office and let them know. Sometimes it's hit and miss whether the office have contacted the person." Another staff member said, "It's very rare for the office not to ring people if you have been delayed."

People told us they thought the registered manager, or a senior member of staff, would be available if they needed to speak with them. People and relatives felt the service was well managed. A majority of the people said that they would recommend the service to others, as the service worked for them. A person told us that they had been to the new office building during the open day and enjoyed the day.

The provider's registration of this office location was on 4 November 2016. The service had a registered manager in post since 2011. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was supported by the registered person, deputy manager and the care coordinator.

The PIR stated there was a culture of open communication at Home Support Services. Staff we spoke with confirmed this. Staff spoke positively about working at the service and felt the service was well managed. Staff confirmed they enjoyed working for the provider and were given training opportunities to develop their skills and knowledge. A staff member said, "The communication has improved and the management are making strides to improve the service." Another staff member said, "Since we have moved to the new office, the training facilities have improved." At this inspection visit we saw that there was a designated room at the new office, which included various training materials such as moving and handling equipment and training DVD's.

An on call system was provided by the management team to support staff. Staff we spoke with told us they

were able to access the on call system, which provided out of hours support to deal with any emergencies or problems. A staff member said, "The on call system is brilliant now, your call gets answered."

The provider had measures in place to monitor the quality of the service and drive improvement. These included audits of care plans and medication administration records (MAR). The duty manager told us MAR's were also checked whilst they were at people's home or checked when returned to the office to ensure there were no gaps or errors. If an issue was identified, for example, a missing signature on a MARs, the duty manager told us action would be taken to address the error, such as further training. For example the duty manager stated that as a result of recent missed signatures on MAR's to improve staff awareness and competence in supporting people to manage their medicines, they introduced a consequence tool. This was used to risk assess the medication error which had occurred to determine the action which was required to minimise the reoccurrence of any medicine issue. The provider would be monitoring this to ensure medicines errors had reduced with the introduction of this tool. The duty manager told us spot checks were carried out to ensure staff were carrying out care correctly and adhering to the care plans. Staff we spoke with confirmed this. Only one person was able to recall a spot check taking place. We saw a sample of recent spot check records, which raised no concerns. This demonstrated the provider was monitoring the service received by people.

Some people and relatives we spoke with told us they had been asked for their views and opinions on the service. However people told us they did not receive feedback from the surveys they completed. In addition to this some people told us the office staff rang them to see how the service was going. We looked at the survey analysis for 2015/2016, we saw from the results of the surveys that actions were taken on areas where improvements were identified. For example during 2015 the analysis showed people were not happy with the complaints procedure. The provider addressed this by sending all people who received a service the complaints procedure and ensured that all staff knew how to assist people or relatives to make a complaint or raise concerns. The results for 2016 showed people were satisfied with how the provider was dealing with complaints. Following the feedback we received from a couple of people about the management of complaints, the duty manager told us they would be taking action to address this.

The provider understood their legal requirements for notifying us of all incidents of concern and safeguarding alerts. We saw that people's confidential records and staff personnel records were kept securely in the office.