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H. M. Care Agency

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

The inspection took place on 14 September 2016 and was announced.

H. M. Care Agency is registered to provide personal care to people living in their own homes. There were 20 people using the service on the day of our inspection.

People were protected from harm and abuse by staff who had been trained in how to recognise and report abuse, and how to keep themselves and others safe. The provider and staff team encouraged people to voice any concerns they had about their safety or wellbeing. The risks to individuals had been assessed and managed. People's involvement in decisions about risks was encouraged by the provider. The provider assessed and planned their staffing requirements based upon people's individual care and support needs. People had the support they needed from staff to take their medicines safely.

People were supported by staff who had the necessary skills and knowledge to meet their needs. Staff underwent an induction followed by an ongoing programme of training. People's rights under the Mental Capacity Act were protected by the provider and staff team, and their consent was sought. People had the supported they required with eating and drinking, and any associated risks were managed.

People were supported in a caring and compassionate manner. Staff knew the people they supported well, and treated them with dignity and respect. People were able to express their views and their involvement in care planning was encouraged.

People received personalised care and support, reflecting their individual needs and preferences. They knew how to complain about any aspect of the service provided and were confident they would be listened to by the provider. People's feedback on the service was actively sought.

The provider promoted a positive and inclusive culture within the service. People found the management team approachable and easy to get hold of. Staff were well-supported and directed by the management team. The provider had developed quality assurance systems to drive improvement within the service.

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 were supported by staff who knew how to recognise and report abuse. The risks to individuals had been assessed, recorded and managed. The provider checked that staff were suitable to work with people. People had the support they needed from staff to take their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff with the necessary knowledge and skills to meet their needs. Staff sought people's consent before carrying out care tasks and respected their decisions. People had the level of support they needed with eating and drinking. Staff supported people to maintain good health and contacted healthcare professionals as needed.

Is the service caring?

Good

The service was caring.

Staff adopted a caring and compassionate approach to their work with people. People were supported to express their views about their care and support, and these were taken into account. People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received care and support that was tailored to their individual needs and preferences. People knew how to complain about the service and were confident these concerns would be acted upon. People's feedback on the service was actively encouraged and acted upon.

Is the service well-led?

Good

The service was well-led.

The provider promoted a positive and inclusive culture within the service. People found the management team approachable and easy to contact. The provider had developed quality assurance systems to drive improvement within the service.

H. M. Care Agency

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 14 September 2016 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 team consisted of one inspector and one 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. This person had knowledge and experience of care for older people.

As part of our inspection, we reviewed the information we held about the service. We also contacted representatives from the local authority and Healthwatch for their views, and looked at the statutory 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.

During the inspection, we talked to seven people who used the service and four relatives. We also spoke with seven members of staff, including care staff, senior care staff, the care manager and the provider. We looked at two people's care plans, staff recruitment records, the provider's policies and procedures and records associated with the provider's quality assurance systems.

Good

Is the service safe?

Our findings

People told us that staff supported them safely in their own homes, and that they felt comfortable in their presence. People and their relatives explained that the caring and professional approach staff took to their work, and their ability to meet people's needs helped people to feel safe. One person told us, "I feel very safe and secure when they (staff member) are around. They are like family to me." A relative told us, "I see them working with [person's name] and the way they handle them. They are very gentle with them."

Although people did not have any current concerns about their safety or wellbeing, they knew how to raise concerns of this nature with the provider, if they needed to. One person told us, "I would go straight to [the provider]. I have lots of contact with them. [The provider] comes every morning to do my care, unless one of the girls comes in their place." Staff understood their role in encouraging people to voice any concerns. One staff member said, "When you go to someone all the time, you get to know them and can tell when they're down. You ask them questions and get to the bottom of things." Staff told us they would offer people support and reassurance to raise any significant concerns with the provider.

People were supported by staff that had been trained in how to protect them from abuse. The staff we spoke with understood the different forms and potential signs of abuse. They gave us examples of the kinds of things that may give them cause for concern, including changes in people's mood and behaviour, sudden loss of appetite and any unexplained injuries. Staff recognised their responsibility to immediately report any potential abuse to the management team. The provider had developed a formal procedure for dealing with any allegations of abuse. Our records showed that the provider had previously made notifications in accordance with this procedure.

People's involvement in decision-making about risks was actively encouraged by the provider. The provider met with people and their relatives, before their care started, to discuss the risks associated with people's care and support. The provider put plans in place to manage these risks including, for example, people's mobility needs and any specific hazards identified within the home environment. These plans were reviewed with people and their relatives on an annual basis, or sooner if there was a change in people's needs or circumstances. The staff we spoke with were aware of the guidance provided in these plans.

The provider had given staff training in how to protect themselves and others from harm. Staff described the common hazards they looked out for as part of their day-to-day work with people, including trip hazards, fire risks and any damaged or faulty equipment Staff told us they would immediately report any new hazards to the provider, with the confidence that these would be addressed. The management team ensured that information on risks was readily shared across the staff team. One staff member said, "We will always get a text or a call from the management if anything changes."

In the event that people were involved in any accidents or incidents, staff informed the management team without delay, and made an appropriate record of these. The provider told us that they monitored these events on an ongoing basis, to keep people safe and minimise the risk of reoccurrence. They described the steps taken to safeguard one person who had been discovered by staff one morning, having fallen out of

their lounge chair. The provider had worked with the occupational therapist to obtain additional mobility equipment and a more suitable reclining chair for this person. We saw that, on another occasion, the provider had worked collaboratively with other external agencies to improve the safety and security of a person's home environment.

People told us that staff were reliable and generally punctual. The provider used an electronic monitoring system to track staff movements and ensure that people received a consistent service. The provider assessed and planned their staffing requirements based upon the total number of care hours provided and people's individual care and support needs. They carried out appropriate checks to ensure that all new staff were suitable to work with people. Staff confirmed that they had been required to complete a Disclosure and Barring Service (DBS) check and to supply written references before starting work for the service. The DBS helps employers to make safer recruitment decisions. The provider had developed staff disciplinary procedures to address any serious misconduct, and had made use of these in connection with a previous allegation of abuse.

People and their relatives told us that people had the level of support they needed from staff to safely take their medicines. One person told us, "They remind me to take my medicines; they always remember to do that." Another person said, "They (staff) are very good with medication." Staff had been trained in how to safely manage and administer people's medicines, from their induction onwards. They knew how to respond if people refused their medicines and in the event of a medication error.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge needed to meet their needs and to communicate with them. One person told us, "They always do what I've asked them to do, and remind me about things I need to remember. They've never refused to do anything." A relative said, "The carers are experienced and highly skilled – especially in moving and handling."

People were supported by staff who were given training to prepare them for their job roles and meet people's needs. All new members of staff received an induction to the service. During this period, staff had the opportunity to meet the people they would be supporting, work alongside more experienced colleagues, participate in training and read people's care plans. Following their induction, staff participated in an ongoing programme of external training, reflecting people's needs. Staff spoke positively about their training and felt able to approach the provider for any additional training, as needed. One staff member told us, ""We (staff) are always talking about training and what we want to do next." Another member of staff talked about the benefits of their safeguarding training, and the further insights this had offered into the potential for abuse. The provider kept up-to-date training and development records to monitor staff training needs. They had developed a training plan to address any existing gaps in staff training.

The support available to staff extended beyond their formal training. The management team held regular one-to-one sessions with staff. During these meetings, staff were able to raise any issues, receive constructive feedback on their work performance and discuss training needs. One staff member told us, ""[The manager] will ask us whether we have any problems we'd like to bring up. They also tell us if they have any concerns to make sure we're doing our job properly." The provider said, ""It's a time to give and receive feedback. We ask staff if they have any ideas about anything we're missing." Staff also underwent regular competency checks with the care manager and spot checks with the team leaders to identify any additional support needs they may have. Staff confirmed that they could contact the team leaders or management team, at any time, for any urgent guidance or advice required.

We looked at whether people's rights under the Mental Capacity Act were being protected by the provider and staff team. The Mental Capacity Act (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 told us that staff supported people to make their own decisions and sought their consent before carrying out care tasks. The provider and staff we spoke with understood what the requirements of the MCA meant for their work with people. One staff member told us, "If people are classed as having mental capacity we go with what they say; it's about their decisions and meeting what they want." Staff understood the need to discuss any changes in people's ability to make decisions for themselves with the provider. The provider confirmed that, in these circumstances, they would consult with the relevant health and social care professionals and request a best interest meeting.

People and their relatives told us that staff gave people the support they needed with eating and drinking. The provider had assessed any complex needs people had around eating and drinking, and had put plans in place to manage these. For example, one person's fluid intake was monitored and encouraged by staff, due to a risk of dehydration. The staff we spoke with understood people's individual support needs in this area, any associated risks and where to turn if they needed further advice.

People and their relatives said that staff helped people to maintain good health. They told us that staff assisted people to contact healthcare professionals, as and when they needed to. Staff also accompanied people to medical appointments, as necessary. One person described how staff had previously taken prompt action when they had had epileptic seizures, explaining "They (staff) always press my pendant and get help; there's no hesitation." A relative praised staff for the conscientious manner in which they met the day-to-day health needs of their family member who had severe skin burns requiring daily treatment. This relative told us, "They (family member) were on life support for a long time, but with [staff's name's] help they now walk around with a walking stick." They went on to describe the staff member in question as a "life saver".

Good

Is the service caring?

Our findings

People and their relatives told us that staff adopted a kind and caring approach towards their work with people. One person told us, "They do things they don't have to do. They put away the bin. They call the ambulance and the doctor. They ask you if there is anything else you want them to do."

The staff we spoke with knew the people they supported well, and talked about them with affection and compassion. One staff member told us, "I look after them (people) like I want my nan to be cared for. You can sometimes be the only person that person sees in a week. They want someone to have a chat with and a giggle." Staff praised the positive example which the provider set for staff in going the extra mile for the people who used the service. For example, if people were short of clothing or other basic items, the provider had shown concern and taken action to address this.

People and their relatives felt able to express their views about the care and support provided, and participated in care planning and decisions affecting them. We saw evidence of people's involvement in care planning in the care files we looked at. People and their relatives told us that they felt listened to by the provider, and confident that their views would be taken seriously and acted upon. The provider confirmed that, although no one who used the service currently required the support of an advocate, they would signpost people to local advocacy services if required.

People and their relatives informed us that staff treated people in a dignified and respectful manner. The staff we spoke with understood what dignity and respect meant in the context of their day-to-day work with people. They described the practical steps they took that demonstrated their respect for people. These included protecting people's privacy and modesty during personal care tasks, seeking their consent and respecting their wishes and decisions. Staff recognised the need to protect people's personal information, which they had access to due to the nature of their work. The provider had supported some staff to sign up as "dignity champions" to further promote the dignity of the people who used the service. This was through a scheme run by the Dignity in Care charity.

Good

Is the service responsive?

Our findings

People and their relatives told us that the care and support staff provided was tailored to people's individual needs, wishes and preferences. They felt involved in decisions about the nature and level of support given. People explained that they had the support they wanted and needed in key areas of their lives, including personal care tasks, their mobility, meal preparation, domestic chores and shopping. One person told us, "Right from the beginning, I said what I wanted from them." Staff confirmed that they had the time they needed with people to support them in the way people preferred. One staff member told us, "We have plenty of time with people; there's no rushing. We have time to do that extra little bit for them."

People's care plans contained limited information about their preferences, interests and personal histories. However, this had not impacted upon people's ability to express their views about their care and support, on a day-to-day basis, and have these taken into account by the provider. The provider indicated that they would be reviewing the care planning system in order to better capture people's background, interests and preferences. The provider kept people's care plans under regular review, to ensure that the information recorded remained accurate and up-to-date. Staff told us that they were given the time and support they needed to read and understand this guidance. Staff explained that in order to understand how people wanted to be supported, first and foremost, they spoke with and listened to people and their relatives. One staff member told us, "A lot of it is about asking people and speaking to them to find out the way they like things done."

People and their relatives knew how to complain, if they were unhappy with any aspect of the service provided. One person told us, "I'd go to the boss." Another person said, "If I was upset about something, I would get the wheels turning." People knew who the provider was and felt confident that they would resolve any complaints raised. One relative told us they had previously complained to the provider about a staff member arriving late to care for their family member. The provider had acted quickly to address their concern. Staff recognised their role in giving people any support or reassurance needed to bring their complaints to the attention of the provider or external agencies. The provider had developed a formal procedure to ensure that any complaints received were dealt with properly.

The provider encouraged people and their relatives to offer feedback about the service at any time. They also distributed feedback questionnaires to people, their relatives and the health and social care professionals involved in people's care on an annual basis. We saw that the resulting feedback was collated, reviewed and, where appropriate, acted upon. For example, the provider had addressed one relative's concerns about the continuity of care by reducing the number of staff involved in their family member's care and support. Another person's request for a change of carer had also been met by the provider. The provider and care manager were both involved providing direct care and support to people at different points during the week. This provided the management team with a valuable opportunity to hear people's thoughts and suggestions on the service provided.

Good

Is the service well-led?

Our findings

The provider promoted a positive culture within the service, based upon an open dialogue with people, their relatives and staff, and respect for others' opinions and ideas. People and their relatives confirmed that the provider was approachable and easy to get hold of. The provider kept them up-to-date with any important information affecting them. One person told us, "I can ring up whenever I want to. Sometimes [the provider] comes to see me just to check up on how things are."

Staff spoke positively about the management of the service and their relationship with the management team. They felt well-supported and directed by the management team, and spoke about their work with enthusiasm. Staff were able to contact an out-of-hours manager or senior at any time, for any urgent guidance or advice needed. One staff member told us, ""[The provider] is a brilliant boss. They're out working a lot themselves." Staff felt able to freely approach the management team and to question practice within the service, if necessary. One staff member told us, "I can talk to the management about anything. It's a family-run business which means that we're closer and they care more about staff and clients." Another staff member said, "It's an open culture. The team leaders say that if you have any problems, always ask." One staff member described how the provider had listened to and adopted their ideas on how to better manage one person's transfers.

Staff felt that they understood, and shared, the provider's vision for the service. They recalled that this vision had been discussed as part of their induction. The provider recognised that, in continuing to provide direct care and support, they needed to be a positive role model for staff. They told us, "I treat people, and expect the carers to treat people, the way I'd like to be treated." The provider and care manager understood their respective roles and responsibilities. The staff we spoke with had been issued with job descriptions, and confirmed they were clear about what was expected of them.

The provider told us that they were committed to improving the quality of the service, and had signed up to the Social Care Commitment to demonstrate this. The Social Care Commitment is a promise made by providers in the adult social care sector to offer the best care and support they can, with associated tasks to guide further improvements in the service. The provider had developed a number of internal quality assurance systems to monitor and improve the quality of the care provided. These included the distribution of feedback surveys and completion of regular staff competency checks and unannounced spot checks. The standard of the support staff gave people with their medicines was checked as part of these regular unannounced spot checks carried out by the team leaders. The management team also audited people's medicine-related records on a monthly basis, to make sure that staff were completing these correctly.

The provider had also employed an external consultancy firm to carry out periodic quality audits on key aspects of the service provided. We saw that these audits had led to improvements in the assessment of the risks associated with people's care and support, and the overall standard of record-keeping within people's care files.