

HMS Services Limited

HMS Care

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

HMS Care is a domiciliary care service providing personal care to adults with a range of health issues in their own homes. Not everyone who used the service received personal care. 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. At the time of the inspection 67 people were supported in this way.

People's experience of using this service and what we found

The quality of information in people's care plans varied and some records we looked at did not include information about individual risks or had not been reviewed in a timely manner. Care plans were currently being updated to ensure they were clearly person centred.

Medicines management needed to be improved, including staff checks on their competence to administer medicines to people safely.

People felt safe with the care staff who visited them and were happy with the caring nature of the staff team, describing staff as kind and thoughtful. People confirmed they received enough suitable food and drink.

There were enough staff to provide the care and support people required. However, some people did not receive their visits at the times expected and people reported not receiving staff rotas when requested.

Staff felt better supported with the current manager, however, supervision, yearly appraisals, spot checks and competency checks were not all in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, some documentation regarding this was not always in place.

Governance and performance management systems were not always effective. Although some improvements had been made since our last inspection, we found further action was needed in various areas of the service. The management team were responsive to feedback and wanted to improve the service for the benefit of the people receiving it.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 3 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We have requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

HMS Care

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

The inspection team consisted of 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.

Service and service type

HMS Care is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission (CQC). A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had recently resigned and had yet to deregister with the CQC. A new manager had been appointed and would be applying to register with the CQC.

Notice of inspection

The first day of this inspection was announced. We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us. We arranged visit dates in agreement with the manager, which included visiting people in their homes on the 8 October 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and commissioning teams in the areas in which the provider supported people. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and 12 relatives/friends about their experience of the care provided. This included visits to four people in their homes. We spoke with the nominated individual and 11 members of staff including the manager, the deputy manager, two senior care staff and seven care staff. We also contacted two care managers and a local district nurse team to obtain their views. We used their comments to support the judgment of this inspection.

We reviewed a range of records. This included seven care plans and four medicine administration records. We looked at four staff files in relation to recruitment, training and support. We also reviewed a range of management documentation, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We immediately requested the provider send us an action plan on how they would implement improvements.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Records were not always fully completed or reflective of people's current needs. Records were not always in place when staff supported people with their medicines. This included creams/ointments and medicines that were taken when required.
- Medicines disposed of were not always recorded.
- Staff had not all had their medicines competencies checked to ensure they were safe to administer medicines.

Systems were either not in place or robust enough to demonstrate medicines were being managed and recorded effectively. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe care and treatment).

Assessing risk, safety monitoring and management

- Risks identified had been assessed for people. However, we found some care records lacked risk assessments for other risks not identified. This included those at risk of falls or those who had risks in connection with their medicines.

Risks were not correctly managed to ensure people's safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe care and treatment).

Staffing and recruitment

At our last inspection the provider had failed to check they had employed suitable staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff records confirmed checks and references had been obtained before staff started to work with people.
- There were enough staff to allocate to people's care calls. However, we received concerns from people about staff arriving early or late to provide their care. One relative said, "Bed time call is always late. This week has been the worst. It would be good if she could have a little call to let her know if they are going to be late. She gets very anxious and worried as she thinks they are not coming. They could phone to let us know it... would make a big difference to her." Staff also told us that time travel between calls was sometimes an issue. The provider told us they had identified issues and were in the process of addressing these through their scheduling system.

- The provider had an electronic system for call scheduling, which also monitored the time staff arrived and left people's homes. However, a second system was also in use which made it complicated to clearly monitor if missed calls had occurred. Staff were using both systems to log in/out. The provider told us they were considering how this could work better, including combining information onto one system for call scheduling and monitoring.

Systems and processes to safeguard people from the risk of abuse

- The provider had not reported all safeguarding concerns to the Commission in line with their legal responsibilities. This is being dealt with outside of the inspection process.
- People said they felt safe with the staff that visited them. One person said, "Yes, they (carer staff) close all the doors at night. I have a safe box (key safe). They all say, "I am away now, and I will put the key in the box and lock the door" ... That makes me feel safe."
- Staff understood their responsibilities to keep people safe and had completed training. They were able to recognise abuse.

Learning lessons when things go wrong

- The provider had a procedure for recording accidents and incidents.
- The management team reviewed accidents and incidents and identified any actions required. However, there was no clear record of what action had been taken or if there had been any learning from the incident.

Preventing and controlling infection

- Staff completed infection control training and told us there was a good supply of disposable gloves and aprons for them to use to maintain good infection control practice.
- People and relatives confirmed staff wore protective clothing to prevent the spread of infection. One person had concerns over the lack of usage by some staff. The provider was going to look into this and remind staff of their responsibilities.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always received regular one to one support or annual appraisals as they should have. The provider was aware of this and was working to address the situation.
- Staff competency checks and spot checks of the care provided were not all up to date, including new staff who had not been fully assessed as competent.
- Training, which the provider deemed mandatory, was not always robust and mainly involved staff watching a DVD and then completing a questionnaire after. Staff told us training was not effective. One staff member said, "Training is not good. Needs to be more interactive. Not good enough for staff new to care." During the inspection, the provider told us they were in the process of changing their training provider to address this.

Staff support and monitoring, including training systems were not robust. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing).

- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff.

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

- The management team understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity. They understood that capacity assessments and best interests decisions were required for some people who lacked capacity.
- People's capacity to consent was considered when planning their care.

- People made daily decisions for themselves, or with the support from relatives and staff.
- The provider did not always have copies of people's lasting power of attorney, but they were in the process of addressing this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure these could be met. Assessments included people's care and support needs, and any specific health conditions.
- Information from assessments was used to develop care plans, but these were not reviewed on a regular basis to ensure they remained fit for purpose.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were suitably supported to eat and drink enough.
- People were supported to access health services if required. There was evidence staff had contacted GP's or district nurses if they were concerned about people's health.

Staff working with other agencies to provide consistent, effective, timely care.

- The management team and staff worked with health and social care professionals, such as social workers, occupational therapists or cancer specialists to improve outcomes for people.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were happy with the staff who visited them and described staff as caring, thoughtful and kind. Where there had been any issues with staff, this had been dealt with by the provider. Comments included, "It's not what they do, it's the way they do it. Their attitude is caring and kind" and "When they come, we laugh, and it makes my day" and "I didn't get the help I am getting now from other companies. I have made a massive improvement mentally, physically and everything. This care company helps me with what I need and what I want. They say we are here to fit around you." One person said, "They remembered it was my birthday and brought me a cake." Another person said, "Yes (are caring), when I lost my relative they were very supportive brought me flowers and a card. They were checking I was alright."
- The provider supported people with regular staff where ever possible.
- Staff knew how to treat people well. One relative said, "He has a lovely group of staff. [Staff name] is wonderful, very thoughtful and caring."
- People felt valued by staff.

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

- People felt involved in their care. Observations during the inspection confirmed this. One person told us, "I had one (review) a few weeks ago and was asked how things are going, I talked about the timing of the breakfast call and they have changed it."
- People were able to choose male or female care staff. One person told us, "I prefer males and that is what I normally have. Its only in extreme circumstances that this would be different."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity. One person said, "Always put something like a towel over me or a blanket; they always keep my dignity."
- People told us their independence was encouraged. Care plans contained details of how staff should support people to maintain their independence. One staff member said, "They can do things for themselves so it's important to continue with that. We all know how easy it is just to do everything for someone, but in the long run it's not good for them. Need to keep moving as much as possible."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was planned with them when they started using the service. This included agreement of the times their calls were to be provided. However, not all calls were made at the time agreed. Rota's had not always been sent out to people when requested. Some people said it distressed them and caused them to be anxious. The provider was working to address these issues.
- People had person centred care plans in their homes for staff to follow, although some needed review and further update.
- People were generally visited by regular care staff who knew how they liked their care provided.

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to any complaints or concerns raised. Nine complaints had been received since the last inspection. Although action had been taken, the outcome was not always clear or if they had been with the full oversight of the provider. The provider confirmed they were going to update their processes to ensure this was robust.
- People knew how to raise complaints and had been provided with complaints information when they started to use the service. One person said, "I would be comfortable to raise a concern."

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 was meeting the AIS standards. Information could be made available in different formats, such as large print if required.
- People's communication needs were assessed, and information included in care records.
- Staff knew people well and used facial expressions, body language or written words to support communication.

End of life care and support

- At the time of this inspection there was one person on end of life care who was receiving very good care as confirmed by their relative.
- Care records contained information about people's end of life wishes, if they chose to share it.
- Healthcare professionals were fully involved and worked with care staff to ensure good quality care was provided.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have robust quality assurance systems in place and had not always identified or addressed issues arising. Care records were not always fully completed or in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although some improvements had been made, we found further work was required and this breach of regulation 17 continued.

- A range of audits and checks to monitor the quality of the service had been carried out. However, these were not fully detailed and had not successfully identified the issues we found at the inspection. The provider has since updated some of the audits and were in the process of further reviewing these, which also included the provider and management team having clear oversight.
- Records were not always up to date or accurate and people were not always protected from the risk of harm.
- Policies and procedures were not all in line with best practice or in place.
- Staff meetings were not always recorded, although staff said they had taken place.

The provider continued not to have a robust governance system in place. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not notified the Commission of several incidents which they are legally required to. This omission meant the CQC did not have oversight of all important events at the service to make sure appropriate action had been taken.

The failure to inform CQC of notifiable events is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. (Notification of other incidents). This is being followed up outside of the inspection process.

- The registered manager had recently resigned from their post. A new manager had been appointed and they were going to apply to the Commission to become registered. They were undertaking a management course to support their role.

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; Continuous learning and improving care

- The provider had two electronic system to improve call scheduling, which also monitored the time staff arrived and left people's homes. However, care staff were not routinely logging in and out of people's homes, so this could not be monitored effectively by the office. Staff continued to use both systems which made monitoring confusing.
- The provider had an action plan from the local authority to drive forward improvements in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were generally happy with the care provided, but a small number thought the office staff were not well organised because of timings of calls.
- Staff felt better supported by the new manager.
- There was an 'on call' system at evenings and weekends so people and staff working outside office hours always had access to support and advice.
- People could not remember being asked for their opinions of the service. The provider told us they did make satisfaction phone calls to people and this process has been increased recently to gain people's feedback. The provider had a procedure to send surveys to people, but these had not been sent out recently.

Working in partnership with others

- The service worked in partnership with other organisations and health professionals to support the needs of people and keep up to date with current best practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely and risk was not always identified and addressed. Regulation 12 (a)(b)(c)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Robust quality assurance systems were not in place. Policies were not always in place or up to date. Regulation 17 (1) (2)(a)(b)(c)(d)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff training, support and monitoring was not robust or always in place. Regulation 18 (1)(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications had not all been sent to the Commission in line with legal requirements. Regulation 18 (1) (2)(e)(f)

The enforcement action we took:

We did not proceed to enforcement action on this occasion.