

# Minchinhampton Centre For The Elderly Limited Horsfall House Homecare

## 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

Horsfall House Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Horsfall House Homecare provides a service to older adults and people with disabilities. At the time of our inspection 80 people were using the service.

At our last inspection on 5 February 2016 we rated the service as overall 'Good'. At this inspection we found the evidence continued to support the rating of 'Good'. There was no evidence or information, from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were kept safe. Risks were identified, managed and reduced. Staff were recruited safely and they were trained and supported to meet people's needs effectively. People's medicines were managed safely and they received these as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People's nutritional wellbeing had been maintained and they continued to have access to health care professionals when needed.

People's needs were assessed, care plans were developed and care was delivered in a way which met their needs and preferences. People were treated equally and their individual preferences and wishes were respected. Relatives were provided with opportunities to speak on behalf of people who used the service if the person indicated a preference for this.

Staff were kind, caring and compassionate. There were arrangements in place to help people feel included and to take part in social activities. Staff had the skills and knowledge to support people's end of life needs. No-one using the service was receiving end of life care. However, the registered manager explained that they had plans to slowly and informatively speak to people individually about their end of life care and wishes and document their views

The service was well managed and the registered manager ensured people's needs and wishes were the primary focus. Effective and appropriate systems, processes and practices ensured the service ran smoothly and that necessary regulations were met. Complaints could be raised and these were investigated and addressed. All feedback was welcomed and used to improve the service further.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Horsfall House Homecare

## 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 was a comprehensive inspection. The inspection took place on 10 October 2018 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people. The inspection was completed by one adult social care inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed all the information we held about the service since the last inspection in February 2016. This included all statutory notifications and the Provider Information Return (PIR). Statutory notifications must, by law, be sent to us by the provider. These inform us of important and significant events which have happened in the home. We used information the provider sent us in the PIR to help plan the inspection. This is information we require providers to send us at least once annually, to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 22 people who used the service and eight relatives. We spoke with six members of staff and the registered manager of the service. We sought the views of commissioners of the service and two health care professionals.

We looked at the care records of 10 people who used the service and five staff files. These included records related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the service including quality assurance reports.

## Is the service safe?

### Our findings

People told us they felt safe with the service they received from Horsfall House Homecare. One person said, "The staff are very good and I feel safe when they visit." Relatives we spoke with told us they felt people were safe. One relative said "I have full confidence that the staff ensure people are safe when they are supporting them."

There were processes in place to protect people from abuse. Staff had been trained to recognise relevant concerns and knew how to report these. The registered manager shared appropriate information with other agencies that also had a responsibility to safeguard people. The service had a whistle blowing policy to raise concerns related to poor practice. Staff told us they felt they could raise concerns and these were taken seriously.

Risks to people's health, safety and welfare were assessed and managed. Risk assessments recorded what people's risks were. For example; risks of falling, developing pressure ulcers and risks associated with specific medical conditions such as diabetes. Staff monitored people and provided appropriate care which helped to reduce these risks. Staff ensured people were appropriately referred to health care professionals where required. This enabled people's health needs to be assessed and appropriate action to be taken to address any concerns.

Staff kept the environment safe. For example, environmental risk assessments were in place to ensure people's homes were safe for them and the staff who supported them. Staff ensured the risk of the spread of infection was reduced. For example, staff had access to protective personal equipment such as disposal gloves and aprons to reduce the risk of spread of infection.

There were enough staff to meet the needs of the people using the service. The service had implemented a call monitoring system to ensure people were receiving the care calls that had been agreed with them. Staff recruitment files showed that appropriate checks had been carried out before staff worked for the service. Staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People's medicines were managed safely. Staff received training in how to administer medicines and their competency in this task was checked annually. Medicine records were well maintained and showed that people received their medicines as prescribed.

## Is the service effective?

### Our findings

People were supported and encouraged to consent to their care and treatment. People's care plans stated that staff should continually support them to make decisions about their care and daily activities. It was evident from our conversations with people and staff that staff respected people's decisions about their care.

Where required, we were told that people's mental capacity to make significant and important decisions about their care and treatment would be assessed and any best interest decisions would be recorded ensuring the person's views and beliefs would be considered. People were supported to access advocacy services if they indicated a preference for this.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In domiciliary care services applications must be made to the Court of Protection (CoP). At the time of our inspection, no such applications had been made or were required. However, the registered manager was able to outline how they ensure people's rights and best interests would be maintained if they were lacking capacity.

People's support requirements had been continuously assessed throughout the time they received a service from Horsfall House Homecare. People were supported to access specialist health care professionals where required. For example, if people's mobility and ability to transfer deteriorated, they were supported to access support from an Occupational Therapist or Physiotherapist.

People's care plans had been adjusted according to their changing circumstances. The registered manager kept themselves up to date with current practices to ensure people received effective and personalised care. People were treated as individuals and they were given every opportunity to make decisions about their life and live a fulfilled life which was free from discrimination.

People were being supported by staff who maintained their skills and knowledge. Staff were positive about the training they received and felt sufficiently trained to carry out their roles and meet the needs of people. Staff knowledge and competencies were discussed and reflected on during their supervision meetings. Staff received regular supervisions and yearly reviews of their professional performance to ensure their skills and knowledge were maintained. Staff told us they felt well supported by the registered manager and their colleagues and had opportunities to discuss any concerns and further develop their skills.

People's nutritional risks were monitored and concerns discussed with their GP. The people who were supported with their nutritional needs told us they had a choice in what they ate and staff worked hard to ensure their preferences were met.

## Is the service caring?

### Our findings

People told us they were treated with respect, kindness and compassion. One person said, "The carers from the agency are very caring." Another person said, "The carers are very good to me and take very good care of me." A relative said, "The staff really care. I have no concerns" Staff spoke about people in a compassionate and respectful manner. It was apparent from our conversations with staff that they were proud of their job and passionate about ensuring people were well cared for.

Staff knew people well. They were knowledgeable about people's individual social and communication needs. Staff treated people with dignity and respect at all times. Staff told us how they respected people's privacy when supporting them with their personal hygiene needs. They gave people the choice to have support if they required it. When people became anxious, staff told us how they provided them with reassurance and support in a dignified manner.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. We saw that staff had been trained in equality and diversity. The registered manager told us information about people's cultural and religious needs was captured during the initial assessment process. The registered manager told us how this would allow the service to cater for people's individual needs as soon as they commenced providing a service to people. People we spoke with told us their spiritual needs were met where required. Although there were no people from other faith groups or people in a same gender relationship, the registered manager was able to outline how they would support people's individual needs.

Where needed, information was made accessible to people and staff supported people to understand information by using pictures and using plain language such as when they required health intervention.

The views and opinions of relatives and friends were welcomed and seen as integral to helping people maintain their wellbeing. Relatives told us they always felt involved by management and care staff.

## Is the service responsive?

### Our findings

People were supported by a service which was responsive to their needs. The support provided by staff was person centred and focused on people's individual care and support requirements. One person said, "The staff look after me well and involve me in decisions about my care". People's care records showed they had been involved in developing, reviewing and making decisions about their care. Relatives we spoke with told us they had been involved in planning the care of their loved ones and were kept informed of any changes to people's care.

Care plans were detailed and outlined people's needs and how staff should support these. Information about people's life histories, their likes, dislikes, preferences, wishes and thoughts for the future were included when planning a person's care. The plans were reviewed and updated on a regular basis, but also, when people's needs and abilities altered. The care staff also kept daily records of the care people received.

Where people had indicated a preference to do so, they were supported to participate in a range of activities both in their home and in the community. People had been supported to maintain hobbies and interests and were actively encouraged and involved in local events and clubs if they indicated a preference to do so.

People's day to day concerns were dealt with daily either directly with their care staff or the registered manager. People told us the management team at the office were always easy to contact and they had full confidence that any issues they raised would be addressed promptly.

Since our last inspection, three formal complaints had been made to the registered manager. We looked at the records of these complaints and saw evidence that these had all been investigated in accordance with the provider's complaints policy and resolved to a satisfactory outcome.

No-one at the service was receiving end of life care at the time of the inspection. However, the registered manager explained to us that people's needs and wishes in relation to end of life care would be discussed where required. They explained that this would be sensitively discussed with people and done at their pace to ensure they fully understood the importance of capturing their views in relation to their end of life care.



## Is the service well-led?

### Our findings

The service was managed by a registered manager who was fully involved in improving and developing the service. 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.

Comments about the registered manager were positive. One person said "The manager is fantastic. I can always talk to her about anything." Another person said, "If I have any problems, I talk to the manager and things are put right quickly." The relatives we spoke with told us the registered manager listened to them and worked hard to ensure people had a good quality of life. Staff described the registered manager as 'hands on' and told us the registered manager would support staff with care shifts when required. Staff told us the registered manager offered excellent leadership and this had resulted in high morale amongst the staff.

The culture of the service was one which was open, inclusive and empowering. The registered manager told us how all staff endeavoured to provide a person-centred service to people. The staff we spoke with said people were central to everything they did and they endeavoured to meet people's needs and preferences. Staff also told us how they were always aware that they were supporting people in their own homes and ensured they respected people.

Arrangements were in place for the quality of care and services to be monitored. This was done by the registered manager. Actions were completed to address any shortfalls and to make improvements. Accident and incident records had also been reviewed and audits completed to ensure staff were checking for trends and patterns and that all necessary actions had been taken to manage people's risks. Other areas monitored had included medicine management, care plans and staff training. The registered manager told us they would complete random spot checks to ensure staff were providing good quality care to people. The registered manager told us they would also take this opportunity to speak to the people who received a service for their opinions relating to their care.

There were clear processes in place to ensure staff were aware of their responsibilities. Staff meetings were held to communicate important information and to seek their ideas and feedback. The provider had a disciplinary procedure to address poor practice.

The provider's policies and procedures were available to all staff. These promoted equal opportunities, respect for people and staffs' diversity and provided guidance for staff. The registered manager and staff liaised with other professionals who helped to keep them updated and informed on up to date practice and ideas in adult social care.

The registered manager ensured the Care Quality Commission (CQC) was appropriately notified of events which had an impact on people. They also ensured that the rating from the last inspection, awarded by the

CQC, remained fully displayed.