HomeCaringServices Limited

HOME CARING SERVICES

Inspection report

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Pontefract
West Yorkshire
WF8 2US

Tel: 01977700942

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection of Home Caring Services took place on 14 December 2015 and was announced. Home Caring Services was registered with the Care Quality Commission in January 2015. This was the first inspection of the service since their registration.

Home Caring Services is registered to provide personal care. Care and support is provided to people who live in their own homes within the locality of Pontefract. One the day of our inspection 35 people were receiving support with personal care and 28 staff were employed by the service.

The service had a registered manager in place. 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.

People told us they felt safe and staff understood their responsibilities in keeping people safe from the risk of abuse.

Risks to people's welfare had not been robustly assessed and relevant risk assessments had not always been implemented.

Recruitment of staff was thorough.

Staff received training in medicines management but recording of medicines was not always safe.

Staff were in the process of completing training in a variety of topics.

People told us staff were caring. Staff respected people's right to privacy and to be treated with dignity and respect.

Care records contained a number of plans providing instructions for staff as to how people's needs were to be met. Documents were reviewed at regular intervals.

There was a system in place to record and respond to complaints.
The systems of governance were not yet fully embedded.
Meetings were held with staff and the registered manager gained feedback from people who used 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?

Requires Improvement

The service was not always safe.

People who used the service told us they felt safe.

Relevant risk assessments were not always in place.

Records regarding people's medicines were not always safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Not all staff had yet completed their required training.

People received support to eat and drink.

Where people were unwell, staff reported this to family members.

Is the service caring?

Good

The service was caring.

People told us staff were caring.

Staff spoke in a kind and caring manner about their job and the people they supported.

The service took account of people's gender preferences regarding the carers who supported them.

Is the service responsive?

Good

The service was responsive.

Care plans were reviewed and updated regularly.

There was an effective complaints system in place.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was an experienced registered manager employed at the home.

Systems of governance were not yet robust.

Regular staff meetings were held and there was a system in place to monitor the quality of the service people received.

HOME CARING SERVICES

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 December 2015 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the manager would be available to meet with us. The inspection team consisted of
One adult social care inspector.

Prior to the inspection we reviewed all the information we held about the service. We also spoke with the local authority contracting team and the continuing health care team. At the time of the inspection a Provider Information Return (PIR) was not available for this service. 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. On this occasion we had not asked the provider complete this document.

During our visit we spent time looking at five people's care and support records. We also looked at three records relating to staff recruitment and training and various documentation relating to the service's quality assurance. We also spoke with the registered manager, a care co-ordinator and a member of care staff. Following the inspection we spoke with three care staff on the telephone. We also spoke on the telephone with two people who used the service and five relatives of people who used the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with who used the service told us they felt safe. One person said, "Yes I feel safe." Relatives of people who used the service also told us they were confident their relative was safe whilst receiving care and support from Home Caring Services staff. When we asked one relative if their family member was safe, they said, "Oh yes, definitely".

The registered manager showed us a sample of the documents which were provided to people when they began to use the service. We saw this included information regarding how to contact the local authority safeguarding team and the Care Quality Commission in the event they had any safeguarding concerns. We also saw evidence the registered manager referred any concerns they may have had to the local authority safeguarding team.

All the staff we spoke with understood what constituted a safeguarding concern and were clear about their role in relation to reporting any incidents or situations which may put people at risk of harm. One staff member told they had recently completed a safeguarding training module and this included information about how to report any concerns. We saw from the registered provider's training matrix that of the 28 staff listed, all except three staff had either completed or were completing this training. This showed that staff were aware of how to raise concerns about harm or abuse and recognised their responsibilities for safeguarding people using the service

We looked at five people's care and support records. There were risk assessments in place in each of the files we looked at. These included moving and handling and an environmental risk assessment which included access to people's homes and use of domestic equipment. We also saw the risk assessments had been reviewed. We reviewed the care files of four people who had moving and handling needs and found information in the risk assessment to lack the detail required in a moving and handling risk assessment. For example there was lack of detail regarding the type of hoist or how the sling was to be fitted. One person required the use of a glide commode but the care plan did not contain risk assessments pertaining to the use of this equipment. This meant that risks to these people's welfare had not been robustly assessed and relevant risk assessments implemented. However, the registered manager assured us they would take action to ensure this detail was recorded in the moving and handling care plans.

The registered provider kept a record of all accidents and incidents which were reported to them. This included a record of the action taken by the registered manager to reduce the risk of the incident re-occurring. This showed that learning from incidents took place and appropriate changes were implemented.

We asked staff what action they would take in the event that someone they were providing care and support for did not answer their door. Each of the staff we spoke with was able to tell us about the action they would take to ensure the person was safe. One staff member said, "I would look through the window and call the office. I would also contact their family, as a last resort I would dial 999". This demonstrated staff were aware of their responsibilities in ensuring people were safe.

We looked at the recruitment records for three members of staff and saw evidence that the registered provider had undertaken appropriate checks before staff began working for them. This included completing an application form, conducting an interview, taking up written references from previous employers and completing checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and reduces the risk of
unsuitable people from working with vulnerable groups.

We asked people who used the service if staff arrived on time. Each person we spoke with told us they had never had a missed call and only occasionally were staff late. People also told us they received care and support from regular staff. One relative said, "We are very fortunate, the staff are quite regular. It's nice, you get used to them". Only one person we spoke with said that recently the care staff named on the duty rota and not attended and they were not aware of the reason for the change. This meant most of the time, people were supported and cared for by staff who knew them well.

As part of our inspection we also reviewed how people's medicines were managed and administered. One person we spoke with told staff supported them with their medicines. They said, "They do my tablets, it's all fine. I have no worries about that at all." Another relative said the staff supported their family member with their medicines; they also said this was done safely and they had no concerns.

Staff we spoke with all told us they completed training in medicines administration and they had been supervised to ensure they were confident to perform the task. The registered manager also said that staff were not allowed to support people with their medicines until they had completed training and had their competency assessed. They told us the competency would be reviewed annually as part of the staff member's supervision. We saw evidence in each of the three staff files that staff had completed medicines training and their competency had been assessed. However, where the assessment formed part of the staff supervision, this did not clearly evidence a breakdown of the tasks which had been assessed. This meant there was no record that the staff was competent with all aspects of medicines management and administration.

We asked two staff what action they would take in the event they made an error with someone's medicine. They were both able to tell us where they would seek advice to ensure the person was safe and they said they would then report the matter to the registered manager.

One of the care plans we reviewed noted the person managed their own medicines, but when we reviewed the daily logs we saw staff had recorded they had administered the person's eye drops on 20 and 21 October 2015 and applied cream on 27 September 2015. Where medicines are administered by staff an accurate record should be maintained.

We reviewed another person's Medication Administration Records (MAR), we saw a hand written entry. The entry did not detail the strength of the medicine, the dose of medicine staff were to administer or the maximum dose the person could take in a 24 hour period. This meant there were no clear instructions recorded for staff to follow to ensure this person received their medicine safely and as prescribed to them by a medical practitioner. We also noted the hand written entries did not record the name of the staff member who had annotated the information on the MARs and there was no evidence the information recorded had been checked by a second suitably trained member of staff. Having a second member of staff check the record for accuracy reduces the risk of an error occurring. We also noted a topical application had been hand written on some but not all of the persons MARs. This meant there was a risk the person may not have the topical application applied in line with the directions of the prescriber.

We asked the registered manager if they completed any audits. They showed us a medication audit which had been completed in June 2015. We saw this identified staff were not always using black ink when recording on people's MARs and staff were not consistently recording the number of tablets they had administered to the person. However this audit had not highlighted the deficiencies we found during our inspection and no further audit had been completed by the registered manager. The registered manager said a further audit was to be completed in January 2016.

Requires Improvement

Is the service effective?

Our findings

Each of the staff we spoke told us they received training in a variety of topics, including health and safety, dignity and respect, first aid and infection prevention and control. We also saw evidence in staff files that training had been completed. We saw the registered provider had a training matrix which clearly listed the staff and the training course they had completed or were in the process of completing.

The training matrix detailed that 22 of the 29 staff had not completed practical training in moving and handling. The registered manager assured us that all staff completed moving and handling training and each of the staff we spoke with told us they had completed a workbook which addressed the theory of moving and handling and they had also been shown how to use the relevant equipment by a more experienced senior staff member. The care co-ordinator told us they were the moving and handling facilitator and they provided staff with the relevant practical training. We also saw evidence of a hoist competency assessment in each of the staff files we reviewed. However, one of these was dated July 2013. Two of the relatives we spoke with said their family member required the use of a hoist for all transfers and they told us they had no concerns about staff's ability to use the hoist safely. We noted neither the training matrix or the training policy detailed the time frame in which any of the training topics should be refreshed. Ensuring staff receive timely updates to their training means staff have up to date skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

All the staff we spoke with said they felt supported in their role and could raise concerns with the registered manager. One staff member said, "They (office based staff) always have time for you." Staff said they had regular supervision and the training matrix logged the date of staff's last supervision and when it was due again. Staff received regular management supervision to monitor their performance and development needs and ensure they had the skills and competencies to meet people's needs.

One of the staff told us they had shadowed a more experienced care worker when they had commenced employment. Another staff member said they had completed an in-house induction, completed training and shadowed a more experienced staff member when they commenced employment. When we reviewed the staff files we did not see evidence of the induction and shadowing process. This demonstrated that although new employees were supported in their role a detailed written record of this process was not maintained.

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.

Staff told us they had either completed or had commenced training in the MCA 2005. One staff member said they had recently completed the training but they did not support any one who lacked capacity. The training matrix recorded only four staff had completed this training to date. The care co-ordinator told us that only

one or two people who they provided a service for lacked capacity to make decisions. We saw evidence in one person's care and support plan that the person lacked capacity to make certain decisions. The record detailed the persons spouse supported them with their decision making.

Some people who received a service from Home Caring Services required assistance with eating and drinking. Another family member said staff supported their relative to eat their lunch. They explained this had given them independence as the staff supported them to do as much for themselves as they could. This showed people were supported to eat and drink.

We saw evidence that where people were unwell, staff notified a relative. For example, we saw an incident report form which detailed staff had contacted the person's relative as they had been complaining of feeling unwell when staff had attended to them. The care co-ordinator told us contact information for peoples GPs was recorded in their care plans to enable staff to access this information in the event it was needed. A relative we spoke with told us their family member had a medical device. They said staff notified them immediately if they were concerned this was not functioning correctly and they felt the district nurse should be called. This showed people using the service received additional support when required for meeting their care and treatment needs.

Good

Is the service caring?

Our findings

People who used the service and /or their relatives all told us staff were caring and kind. One person said, "I am very happy with the care." Another person said, "The staff are lovely." A relative said, "They are loving to my (relative), they think they are all lovely." Another relative told us the staff did everything they had asked for 'over and above'. They also said that when the staff had finished providing their relative's care and support the staff would stay and chat with the person, they said, "They don't just go and leave to go the next call."

When we spoke with staff they spoke in a caring, professional manner about their job and the people they supported. One staff member told us how they were due to make a first visit to someone at night time. They said they went to meet the person in their own time so they would not be letting a stranger into their home for the first time at night. Another staff member said, "It's all about them (people who use the service). Their needs are the most important."

People's care and support records included basic information about people's life history. For example their family, work history, hobbies and interests. Having detailed information about a person's life enables staff to have insight into people's interests, likes, dislikes and preferences. Life history can also aid staffs' understanding of individual's personalities and behaviours.

When we reviewed one person's record we saw they need a particular task completing every day. When we spoke with their relative they confirmed staff completed this aspect of the person's care each day. We asked one member of staff how they enabled people to make choices. They told us how they showed people different options for their meals so they could make their own choice about what to eat. Offering people choice and control over their daily lives is a key aspect of maintaining a person's dignity and life skills.

We asked people if staff maintained their privacy and dignity; they told us they did. Staff told us they always closed doors and curtains and used towels to protect people's dignity when performing personal care. The registered manager told us privacy and dignity was also a module in the training package which staff completed. This demonstrated privacy and dignity was an important part of the service provided to people.

Each of the care records noted if people had a preference for the gender of the care worker who supported them. One record detailed the person had no preference other than a female worker for the morning call when they received personal care. This demonstrated the service respected people's individual preferences.

Good

Is the service responsive?

Our findings

People we spoke with, or their relatives, told us there was a care plan in place. One relative told us they had been asked to check the care plan was correct before signing acknowledgement.

Each of the staff we spoke with told us the people they provided care and support to had a care plan in their home. They also said the care plans were reflective of people's needs but if the person's needs changed, they notified the office and the care plan was updated.

Each of the care and support records we looked at was detailed and person centred. For example, we noted the care plan for one person recorded they had limited verbal communication. The care plan detailed the non-verbal signs the staff needed to observe if the person required the use of the toilet. Another care plan recorded, '(person) likes the towel to be put on the radiator to warm while in the shower'. These details helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.
There was an effective complaints process in place. The registered manager showed us a sample of the documents which were provided to people when they began to use the service. We saw this included information regarding how to complain. This document detailed how to raise a complaint and the timescales for the registered provider to respond the complainant. The document also provided the contact details for the local authority.

The registered provider kept a log of concerns and complaints. We saw entries detailed the date, name of the complainant, a brief description of the complaint and the action taken by the registered provider to address the issues raised. The registered manager told us there were no active complaints at the time of the inspection.

We asked one relative of a person who used the service what action they would take if they were unhappy with any aspect of the service the received. They told us they felt confident to raise any concerns they may have with the registered manager. A person who used the service said, "If there was a problem, I would tell (name of registered manager)."

Requires Improvement

Is the service well-led?

Our findings

The service had an experience registered manager who had been in post since the service registered with the registered with the Care Quality Commission in January 2015. They spoke with knowledge about the people for whom they provided a service. They were aware of their legal responsibilities and submitted statutory notifications to the CQC in line with the regulatory requirements. However, the findings of our inspection where we have highlighted areas which need to be improved evidence that the registered providers systems of governance are not yet robust.
We asked if the registered manager completed audits of care plans and daily logs. They said they did not audit care plans but all care plans were reviewed and updated at least annually or in the event of any changes to the individual's needs. However, this review had not detected the lack of information we had highlighted in people's risk assessments. They also said they checked people's daily logs when they were returned to the office but this was not recorded. They said that following the inspection they would make an amendment to the format of the log books to enable to record to be kept of the checks they were making. This meant that they would then have a record of the checks they were completing to ensure records were accurate and fit for purpose.
The registered manager told us the organisation subscribed to a company who provided them with all relevant policies. They explained if changes in legislation were made they received an amendment to the policy to ensure the policy was current. They also told us they had enlisted the support of another external organisation who was due to visit shortly to assess their compliance to health and safety legislation. This showed the registered provider accessed external support where required to support them in meeting their legal requirements.
People who used the service and/or their relatives were complimentary about Home Caring Services and the service they received. On relative said, "They are really good." Another relative said all the staff were 'thorough and professional'.□

Staff told us they felt supported, one staff member said, "They (registered manager and care co-ordinator) always have time for you." Staff told us a member of senior staff was always on call. One staff member told us they had recently telephoned the on call number at 4am and the senior person had answered their call and provided the advice they required. This showed staff had access to the senior management support over a 24 hour period.

Staff told us meetings were held on a regular basis. We saw a file containing meeting minutes and memos which had been issued to staff. Topics included training, record keeping and supervisions.
Staff meetings are an important part of the registered provider's responsibility in monitoring the service.

The care co-ordinator told us staff received a spot check on their performance twice per year. They said this was unannounced and staff may not realise they had been checked. They explained they did not always enter the person's home to check the staff performance; sometimes they waited in their car to ensure staff turned up on time and stayed on the call for the allocated length of time. When we reviewed staff files, two staff had been employed since the service registered with the commission but we could not see evidence of

a spot check during 2015. This meant that although we were assured staff performance was monitored and people who used the service were satisfied with the service they received, there was a lack of documentary evidence to support this process.

One relative told us they had been asked for feedback about the service they received. Another relative said, "Someone comes round regularly to check if we are happy. "Although two people told us they were not sure if they had been asked to provide feedback neither expressed any concerns to us about the service they received.

We saw a quality survey had been completed in March 2015. We saw 23 forms had been completed and returned, the majority of which had been completed either by the service user or their relative rather than a member of staff. Questions included, 'do staff arrive on time and stay the correct amount of time' and 'do staff treat you with dignity and respect'. Comments included, 'Very satisfied' and 'all the care staff treat my (name of relative) with the respect they deserve and they never rush them'. Although no overall analysis had been done, we saw on one survey where a shortfall was identified the registered manager had recorded the action taken to address the issue raised.