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Heston Care Services

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an announced inspection of Heston Care Services on 19 December 2017. We told the provider two days before our visit that we would be coming because the location provides a supported living service for people in their own homes and staff might be out visiting people.

This service provides care and support to people living in one 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of the inspection the service was providing support through the supported living service for two people but only one person received care that comes under the Regulated Activity of Personal Care. Therefore we are only able to refer to the care provided and records of that one person.

This was the first inspection since the provider registered the location with the Care Quality Commission (CQC) in September 2016.

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.

The provider had a recruitment process in place but appropriate references were not always requested from the most recent employer and a record of references obtained by telephone were not recorded to provide an audit trail that appropriate recruitment processes had been followed. This meant the provider could not ensure new care workers were suitable and had the appropriate skills and knowledge for the role.

Risk management plans were not in place to provide care workers with guidance on how to reduce risks when providing support and to promote people's safety.

The provider had a procedure for the administration of medicines but records did not clearly identify who had administered medicines which increased the risk of medicines not being administered as prescribed.

The provider did not have processes in place to ensure care was provided within the principles of the Mental Capacity Act 2005 and to help protect people's rights.

Care worker had regular support with the registered manager but the training provided was not structured.

Information was not provided for people using the service in an accessible format such as using clear, plain English or pictures to meet their communication needs.

The provider stated they completed a ranged of audits but the outcomes were not recorded. It was therefore not clear what the findings of the audits were and what areas had been identified for improvement.

Regular meetings were held with external professionals involved in providing support but notes were not made of the discussions to provide an audit trail and to maintain a record of the decisions made.

We found breaches of regulations in relation to need for consent, safe care and treatment, good governance, staffing and fit and proper persons employed. You can see what action we told the provider to take at the back of the full version of the report.

The provider had procedures to record and investigate incidents and accidents, safeguarding concerns and complaints so learning took place and to prevent reoccurrence of similar issues.

The number of care workers required to provide appropriate support was identified through the local authority referral so people were cared according to their support plan.

An assessment of the person's support needs had been completed before they started to receive support.

Care workers understood how to maintain a person's privacy and dignity when providing support.

Support plans identified the person's religious and cultural supports needs to assist the care workers in providing appropriate care to meet these needs.

Support plans were developed including information on the person's background, support needs and activities they enjoyed.

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.

The provider had a recruitment process in place but this was not always followed therefore the provider had not ensured that applicants were suitable for the role they were employed to do.

The provider had a procedure for the management of medicines but this did not reflect current good practice.

Risk management plans were not in place to provide care workers with guidance to reduce potential risks.

There was a procedure in place for the recording of safeguarding concerns and incidents and accidents so learning took place.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The provider did not have processes in place to ensure care was always provided within the principles of the Mental Capacity Act 2005.

Care workers had regular support with the registered manager but the training provided was not structured to make sure they had the skills and competencies to care for people safely.

An assessment of the person's support needs had been completed before they started to receive support.

People using the service could access a range of healthcare professionals when required to support them with their healthcare needs.

The support plan identified if the person required assistance from care workers in making choices about the food and drinks they wanted.

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service was not always caring.

Information was not provided for people using the service in an accessible format using clear, plain English or pictures to meet their communication needs.

Care workers understood how to maintain a person's privacy and dignity and promote their independence when providing support.

Is the service responsive?

The service was not always responsive.

People using the service were not provided with information on the complaints process.

Support plans were developed including information on the person's background, support needs and activities they enjoyed.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider completed audits but they did not record the outcomes and therefore the findings of the audits were not available to provide the assurance that these had been completed.

Regular meetings were held with external professionals involved in providing support to the person using the service but accurate and contemporaneous records were not made of the discussions and decisions made.

Care workers felt supported by the registered manager and were satisfied that the service was well-led.

Requires Improvement ●

Heston Care 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 checked 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 comprehensive inspection took place on 19 December 2017 and was announced. The provider was given 48 hours' notice because the location provided a supported living service and we needed to be sure that someone would be available.

The inspection was carried out by one inspector. Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us in the PIR.

During the inspection, we spoke with the registered manager and the provider. We also looked at records for the one person, three care workers' records and records relating to the management of the service. We were unable to speak to anyone using the service and their relatives. We contacted care workers by email for feedback and two care workers responded. We also received feedback from a representative of the local authority which was commissioning the care packages.

Is the service safe?

Our findings

The provider had a recruitment process but this was not always followed as records did not demonstrate if the care workers had been assessed as suitable and if they had the appropriate knowledge and skills to provide safe care.

The registered manager told us applicants were asked to provide the contact details for two references from previous employers or one reference from an employer and another from a person who knew them. Applicants were also asked to provide a five year employment history. During the inspection we looked at the recruitment records for three care workers and we saw the details they provided for references for two applicants did not include their most recent employer. The third applicant had provided the details of two references including their recent employer. We saw there were no references on the recruitment records for all three applicants. The registered manager explained the company director was responsible for completing the recruitment process for new care workers and she carried out the interviews. We asked the provider for the references and he explained that he had contacted the people identified as able to provide a reference by telephone but he had not made notes of these conversations to be included in the recruitment record. Information regarding applicants was provided verbally by the company director to the registered manager before each interview.

We saw the records for one new care worker included a DBS check that had been requested by a previous employer in January 2017 but the care worker did not start to work with Heston Care Services, until June 2017. A Disclosure and Barring Service (DBS) check to see if the new care worker had a criminal record. The registered manager explained they would ask a new applicant if they had a recent DBS check and would then request a new one after the interview. There was no record of a new DBS check being carried out following the interview and the provider had not completed a risk assessment to identify any possible risks of the applicant working with people using the service without a new DBS check.

This meant that the provider did not ensure checks were carried out comprehensively to ensure care workers were suitable to provide safe care to people using the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a procedure for the administration of medicines but we saw that medicines were not administered in line with identified good practice.

We viewed the medicines administration record (MAR) which had been completed for the person receiving support. The MAR charts indicated that the same care worker had administered medicines in the morning, at lunchtime and in the evening every day of the month. On the rota this care worker was scheduled to cover the sleeping night shift which ran from 11pm to 7am each night. We raised this with the registered manager who explained the care worker would arrive early and stay later in the morning to administer the medicines at this time. They would also return at lunchtime on a voluntary basis to administer the person's medicines.

We looked at the records completed by care workers following each visit which described the care provided. These records indicated that medicines had been administered in the morning and evening but the care worker who had completed these records was different to the care worker who filled in the MAR chart and administered the medicines. There was no scheduled session with a care worker at lunch time so there was no clear process in place for the administration of the medicines prescribed to be taken at lunch time if the one care worker was not available. During the inspection we were unable to check the medicines prescribed for this person to ensure they had been administered as we were unable to access where they lived. The provider did not have a medicines risk assessment in place to identify any possible risks associated with the medicines and how they were administered.

When asked what training was provided for care workers on the administration of medicines the registered manager explained they carried out the training with care workers. We asked them what training they had completed to enable them to provide this course and they told us they had completed medicines training 15 years ago but no recent refresher training. This meant the training being provided might not have provided the care worker with current best practice.

We saw where risks or issues had been identified through the person's assessment, there were no risk management plans to provide guidance for care workers as to how to reduce the possible risks. The support plan for the person included a list of risks which had been identified in the local authority needs assessment document. We saw there was a risk management document which included a list of the risks with brief information about these. The registered manager confirmed this document had been written by a representative of the local authority and had not been produced as part of the support plan they had developed for the person. The information included in this document did not provide appropriate and adequate guidance for care workers to manage risks and to ensure the safety of the person and that of others.

The number of care workers required to provide care had been identified using the local authority needs assessment. The rota indicated one care worker was allocated for the morning support session and one for the evening totalling four hours. There was a sleeping night shift also shown on the rota. The rota indicated that the same care worker had done every sleeping night shift since June 2017 to the date of the inspection. The registered manager told us the care worker was happy to do this and there had been no issues relating to the care worker being available as they had not had any annual leave or sickness during this period. We saw the provider had not fully considered if the care worker required a rest period and had not carried out a risk assessment in relation to having one care worker covering all the night shifts.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had procedures in place in relation to infection control. The registered manager told us care workers received training on infection control procedures as part of their induction and they were provided with personal protective equipment (PPE).

During the inspection we were unable to speak with the person receiving the regulated activity of personal care to ask if they felt safe when they were supported. We asked a representative of the local authority who arranged the care package if they felt the person using the service received care which was safe and they told us they had worked with Heston Care Service for more than a year and they had confidence in the care workers that provided support and that the care was safe. The provider had a procedure in place so any concerns regarding the care being provided were responded to appropriately. We saw records in relation to a safeguarding concern which had been raised during 2017. The records included copies of minutes from

meetings with the local authority safeguarding team.

The registered manager explained there was a process in place for the recording, investigation and review of incidents and accidents. They confirmed, at the time of the inspection, no incidents and accidents had occurred.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The local authority referral to the provider did not indicate if the person had the capacity to make decisions in relation to their medicines. The registered manager informed us the person's medicines were kept securely in a cupboard to which the person did not have access to as they were at risk of not taking their medicines as prescribed. The assessments and support plan did not indicate if the person lacked capacity to make decisions in relation to their medicines. Records showed the representative from the local authority had approved the decision to secure the medicines but there were no records of any decisions being made in the person's best interests. This meant the person's access to their medicines had been restricted without an assessment of the mental capacity to make decision in this respect and without evidence of a best interests decision.

The service user guide included a section for the person using the service or an advocate to sign to consent to the care to be provided. This document did not indicate if the person had the mental capacity to consent to their care or if the advocate had the legal right to consent to the care on the person's behalf. We did not see a copy of the service user guide in the care records for the person using the service. This meant the principles of the MCA might not have been followed in making sure that as far as possible, people made their own decisions, and if they could not give consent that any other person giving consent on their behalf had the legal right to do so.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager what support was provided for new care workers when they joined the service. They told us the new care worker would receive an induction pack which included their terms and conditions of employment and a job description. New care workers spent the first day of their induction reading the policies and procedures of the organisation. They would then be supervised by the registered manager until assessed as competent in their role. The provider however did not maintain a record of the supervision during the induction period, to demonstrate the care worker was being appropriately supported through the induction process.

The registered manager carried out a range of in house training courses including food hygiene,

safeguarding and fire safety, when they had not been trained to deliver training and were not an accredited trainer. As a result, there was little assurance that the training staff received would enable them to develop the necessary skills and competencies so they could care for people appropriately and safely.

The registered manager explained they would read through guidance documents related to the subject with the care workers and discuss any issues raised. We were also told by the register manager safeguarding training involved the registered manager reading the policy with care workers and discussing the process. The care worker would be asked if they had completed first aid training with a previous employer as this was currently not offered but they were planning on introducing first aid training during 2018. Training on safe moving and handling was not provided at the time of the inspection as people using the service did not require this type of support. This meant there was no formal structure to training provided to new care workers to ensure the information they received was current and consistent.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's policy was that care workers completed supervision meeting with the registered manager four times per year including annual appraisal. We saw care workers had completed supervision meetings and there were records of these meetings and discussions.

An assessment of the person's support needs had been completed before care commenced. The local authority had provided a detailed assessment of the person's support needs which the provider used to develop their support plan. The registered manager confirmed they also assessed the person's needs through discussion with the person and when appropriate the person's family before care started.

The support plan identified if the person required assistance from care workers in making choices about the food and drinks they wanted. The plans also identified if there were any cultural or religious dietary requirements as well as if the care workers needed to support the person in the preparation of their meals and with shopping.

The registered manager confirmed they were in regular contact with any health professionals and other professionals that were involved in helping people who used the service maintain a healthy lifestyle. There were regular meetings with a specialist nurse to discuss the care provided. They would ensure people were supported to visit their GP and attend any other health related appointments.

Is the service caring?

Our findings

The provider did not provide information to people using the service in an appropriate format for them to understand information about their care and to enable them make decisions about their care. We saw the support plan was not written in a way that used clear, plain English or made use of pictures to present information. The provider also had a 'Service User Guide' which provided information about the organisation's philosophy of care, how care was provided and the person's rights. This document was not in an accessible format and was not provided in a suitable format to meet an individual's communication support needs.

We asked the registered manager why the support plan and service user guide was not provided for people using the service in an accessible format and they told us they had read the support plan to the person and they did not require it in an alternative format.

We recommend the provider seek advice and guidance from a reputable source about the provision of information to people using the service so this is in a suitable format to meet their communication needs.

During the inspection we were unable to ask people using the service or relatives if they were happy with the care received and if the care workers were kind and caring. We did receive feedback from the representative of the local authority who confirmed the people they supported were pleased with the care provided by Heston Care Services.

We also asked the representative of the local authority who was involved in the development of the support plans and the local authority representative explained they had met with the registered manager and a specialist nurse to agree the support needs and information needed in the support plan.

Care workers ensured people's privacy and dignity was maintained when they provided support. They told us "I ensure my client dignity and privacy by calling them in a respected way. I always ask their preferences in choosing clothes, preparing food, and watching TV. I respect their personal space and privacy, physically and emotionally" and "I call them in a respected way and treat them respectfully. I ask their preferences in choosing clothes or preparing food or if watching TV then about channels [they want to watch]. I respect their personal space and privacy, physically, emotionally. I respect their right to make choices for everything and I encourage them to do so."

The support plans identified the person's cultural and religious needs as well the languages they understood and used. This meant care workers were provided with information to help them get to know the person they were supporting and to meet their needs.

Is the service responsive?

Our findings

The provider had a support plan in place for the person receiving personal care. The support plan included information about the person's background, their medical history, previous support needs and their family. There was a section which identified the level of support required in relation to a range of different care activities and support needs. These included communication, personal care, personality and moods, nutrition and any specific routines required when support was provided. The support plans did not include any information in relation to the person's end of life wishes, which meant the staff had not had these discussions with the person using the service.

We asked the local authority representative if they felt the support plan reflected the person wishes and care preferences. They told us they felt the support plans did reflect the person's wishes as to how they wanted to be supported. We also asked if they felt the care workers treated people as individuals and if the care was focused on their particular needs. They commented they had only met one of the care worker's that provided care but felt the registered manager treated people using the service as individuals and takes time to get to know them and their wishes.

The support plan included information about the preferred activities the person enjoyed. These included activities around the home as well as in the community and with relatives and friends. The registered manager confirmed they did not provide support during the day but a care worker would support the person to interact with their community when required on a voluntary basis.

The care workers told us they had read the support plans of the person using the service when they joined Heston Care services and would read them if there had been any changes in support needs identified. The care workers also explained they would speak to the registered manager if they identified a change in a person's support needs.

The provider had a complaints procedure in place and confirmed they had not received any complaints since the service was registered with the Care Quality Commission (CQC). The service user guide which was provided to people using the service stated the person would have access to a complaints procedure but no information regarding the process. The records for the person did not indicate they had received a copy of the service user guide or information on the complaints process.

Is the service well-led?

Our findings

During the inspection we identified the registered manager and company director were not aware of examples of good practice and organisations that could provide information, guidance and support when providing a social care service, how to keep up to date with current practice and how to improve their service. For example they were not aware of the National Institute for Health and Care Excellence (NICE) guidance in relation to managing medicines for adults living in the community and of support offered by Skills for Care for providers of social care.

The registered manager explained they met with the social worker and a specialist nurse on a monthly basis to discuss the support provided to the person using the service and if there were any changes in care needs. The registered manager told us notes were not taken during these meetings to record any discussions or decisions that were made. This meant the provider did not maintain an accurate and contemporaneous record of the decisions made about the person's care.

The provider carried out an audit of care worker records every six months to check if the required paperwork was on file. This had not identified that employment references obtained through telephone interviews were not included in the care worker's recruitment records. A similar audit was carried out every three months in relation to the records of people using the service and again this had not identified that the person thoughts and aspirations for the future in regards to end of life care needs had not captured. Other audits included reviews of the accident book, money handling records and the records completed by care workers after they provided support. The registered manager confirmed these audits were carried out but not recorded.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a range of policies in place which were provided by an external company. They also ensured updated versions were produced and sent to the provider if there was a change in best practice or legislation.

We asked the registered manager how people, relatives and other professionals involved in the support of people, provided feedback about the quality of the care provided. They told us a questionnaire had been provided to relatives and other visitors from the community but the outcome of this was not available at the time of the inspection. Other professionals involved with care were also given a questionnaire and the provider had received a response from the representative of the local authority which provided positive feedback on the service.

The registered manager also told us a questionnaire had been given to care workers and they confirmed the results were being viewed. They also confirmed there were monthly staff meetings which included discussions about food choices and activities that people received.

We were unable to ask the person using the service and relatives if they had any concerns about the service

and if they felt it was well-led. We did receive feedback from the representative from the local authority. They told us they did not have any concerns about the service and the registered manager had the right values and attitude towards providing support.

Care workers thought the service was well-led and they gave positive feedback and felt it was well-led. Their comments were, "I think it is, because in our organisation we have honest, open and supportive culture. Policies are there to guide you and [the] manager is more frequently there to monitor, supervise and guide you. There is a freedom to show abilities and I feel good when my manager says 'good' to me, I feel encouraged. As compared to my previous work experience, I think services are very well led. For example, any time in the office we can go and look at the information, discuss with [the] manager or any concerns regarding [the] service user with [the] GP, family and we all share" and "Yes, we have [a] honest and very supportive culture. [The] manager is always there to guide and help you and policy and procedure are very clear for everyone's understanding. Everything is very well organized and we have access to the office all the time to go and look at the information. We share all the information with the team whenever we have any concerns [about the] service user with GP, family and care worker. We always keep all communication in our communication book and daily logs."

Care workers told us they felt supported by the registered manager and their comments included "Yes, very much supported, she is good and friendly whenever I want I can ask her anything and she never said no or busy. She is available and talks to me, tells me if I don't understand anything. She knows her job how to deal with staff" and "Yes, she is very supportive. Always available to talk and we have weekly discussions about clients and their needs."

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person had not always ensured that service users' consent was ascertained before providing care and that where the service user could not give consent that they operated within the principles of the Mental Capacity Act 2005.</p> <p>Regulation 11 (1)(3)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not provide care in a safe way for service users.</p> <p>Regulation 12 (1)</p> <p>The registered person did not ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1)(2) (g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity including the quality of the experience of service users in receiving those service.</p>

Regulation 17 (1)(2) (a)

The registered person did not have a process in place to assess the specific risks to the health and safety of services users and do all that was reasonably practicable to mitigate any such risks.

Regulation 17 (1)(2) (b)

The registered person did not have a system in place to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

Regulation 17 (1)(2) (c)

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person did not ensure persons employed for the purpose of carrying on a regulated activity had the qualification, competence, skills and experience which was necessary for the work to be performed by them.

Regulation 19 (1) (b)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not always ensure that persons employed received training and professional development as is necessary to enable them to carry out the duties they were employed to perform.

Regulation 18 (2)

