

Hasbury Home Care Services Ltd

Hasbury Home Care Services Limited

Inspection report

154 Middleton Hall Road
Kings Norton
Birmingham
West Midlands
B30 1DN

Tel: 01214592234

Date of inspection visit:
21 August 2019
22 August 2019

Date of publication:
24 September 2019

Ratings

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

Summary of findings

Overall summary

About the service

Hasbury Home Care Services Limited is a domiciliary care agency providing personal care and support to 55 people living in their own homes. The service also provided support to people living in five supported living schemes. Four of the houses, people shared facilities from two to four people and one house was single occupation. Three of the houses had staff on site 24 hours a day.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider monitored the service to ensure it continued to provide a good quality care. However, quality monitoring audits had not identified the issues we found during the inspection.

All the people, relatives, and staff we spoke with said the service provided good quality care. The culture of the service was open and honest and the provider, registered manager and staff were approachable.

Staff were knowledgeable and kind. People had regular staff who they got to know well. People and relatives told us how friendly and caring the staff were. Staff enjoyed their work and got on well with the people they supported who they valued and treated with dignity.

Staff provided responsive and flexible care to people in line with their preferences and choices. The staff team were multilingual and communicated with people in English and a range of other languages, as required. If people communicated non-verbally staff knew how to engage with them.

People were safe using the service. Staff knew how to protect people from harm and reduce the risk of accidents and incidents. The service was sufficiently staffed to ensure people's needs were met. Staff supported people with their medicines and this was done safely. Staff understood how to prevent and control the spread of infection.

People were assessed before using the service to ensure their needs could be met. Assessments addressed people's physical and mental health needs, their cultural and language needs, and what was important to them. Staff worked with GPs, district nurses, and other health and social care professionals to ensure people's health and social care needs were met.

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.

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 good (published 30 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hasbury Home Care Services Limited

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 was carried out by 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service provides care and support to people living in five 'supported living' settings, so that they can live 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 August and ended on 22 August 2019. We visited the office location on 21 August and visited people, with their consent, in their own homes on the 22 August.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service, three relatives and met six people in their homes to seek their views about their experiences of the care provided. We spoke with five care staff, the registered manager, the deputy manager and nominated individual. The nominated individual is responsible for supervising the management of the service and was also the provider.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we looked at training data.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were completed but in parts they were generic and could be more person centred. For example, one care plan we looked at contained information that was not reflective of the person's needs and was identical in wording to another person's assessment.
- Of the five care plans we reviewed, we found errors in four of them. For example, one care plan had no risk assessment or protocols for a medical health condition to support staff on the action they would need to take to keep the person safe from risk of harm. The registered manager and provider took immediate action to rectify these issues and provided us with copies of the risk assessments post inspection.
- One person's medicine was stored in a fridge. The temperature of the fridge was not monitored to ensure a safe temperature was being maintained. We noticed the packaging of the medicine was wet and the fridge was not operating effectively. We raised with this the provider and the fridge was immediately replaced and systems introduced to monitor the temperature.
- We saw from care records we looked at, changes in people's needs were referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.

Systems and processes to safeguard people from the risk of abuse

- All but one person told us they felt safe with the staff entering and supporting them in their homes. One person said, "I do feel safe and happy with them [staff]. I live in a house with two others and have care 24/7 so very safely looked after I am." Another person told us, "Feel quite safe yes, been having them [the provider's service] for a few years now. They [staff] stand with me and help me up so I know I am safe." One person had expressed their concerns with us regarding a member of staff that we raised with the provider. This was immediately addressed by the registered manager.
- The registered manager and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "I wouldn't hesitate in contacting you (CQC) or the manager if I thought people were being abused."
- There were effective systems in place to monitor and manage allegations of abuse or harm.

Staffing and recruitment

- Everyone we spoke with, including staff, told us they were happy with the staffing levels. There were no reported missed calls and overall, people received care and support from consistent staff. One person said, "Yes I get the same lady Monday to Friday and different ones [staff] at weekends but I do know them. Another person told us, "Yes I get mostly regular ones [staff] and all (staff) lovely and respect my home."

People that required support from two staff all told us this was always the case.

- There were some mixed views with the timings of some of the calls with people explaining to us they did not always receive a message to inform them when staff were running late. This was shared with the provider at the time of the inspection. However, people and their relatives had no complaints about the service and were happy with their support.
- The provider had a recruitment process to prevent unsuitable staff working with vulnerable adults. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

Using medicines safely

- Staff had completed training on how to administer medicines. Where staff supported people with their medicines, records showed there were no areas of concern. One person told us, "I do my own (tablets) but what is important is that they [staff] watch me take them and make sure I have taken them safely."
- Staff competency in relation to medicines was regularly checked.

Preventing and controlling infection

- Staff had access to protective clothing and equipment to reduce risk of cross contamination and infection. People confirmed staff wore gloves when providing support with their personal care.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed with action plans introduced to learn from and reduce risk of reoccurrence.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the provider prior to joining the service.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- Staff told us they received training which they felt met people's needs. Feedback from people and relatives was positive regarding staff skills to support them. One person told us, "I would say all of them [staff] have displayed full skills required and very caring and knowledgeable." Another person said, "They [staff] are well trained. They all know what they are doing."
- We found staff knowledge around diabetes awareness could have been better. Staff said if there were any changes in people's health they would call the office or the GP. We raised this issue with the provider who has arranged for diabetes awareness training for staff to be completed.
- New staff received induction training when joining the service.
- Training records looked at documented care staff had received relevant training.
- Staff told us they had received support through supervision and spot checks on their working practices.

Supporting people to eat and drink enough to maintain a balanced diet

- Where staff provided support to people to maintain their diet, we found people's dietary needs were assessed. Staff understood these needs and gave additional support where required. For example, if people had swallowing difficulties or a diagnosis of diabetes. One staff member told us, "[Person} has diabetes and we try to encourage them to eat more healthily."
- Staff prepared meals and snacks for some people and were aware of people's cultural and individual preferences. One person told us, "They [staff] cook all my meals for me here at the house. I tell them what I would like and they get it for me. I can eat myself so don't need help with that."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked in partnership with people, relatives and health and social care professionals to maintain people's health. These included people's GP's, social workers and district nurses.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency. They told us they would liaise with family members, the management team at the office and others,

including health and social care professionals, and seek urgent medical help for the person if necessary.

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 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.

- People's capacity to make informed decisions about their health and social care was recorded in their care plans.
- People and relatives told us staff always sought consent from people before providing support to them. One person told us, "I don't think they [staff] would ever come and just start (working). We have a natter and go from there." Another person said, "They [staff] certainly do (seek consent). Come in with a smile and ask how I am feeling and then ask what I would like doing first."
- Staff had received training in the MCA and understood how to apply it when supporting people. 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the provider prior to joining the service.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- Staff told us they received training which they felt met people's needs. Feedback from people and relatives was positive regarding staff skills to support them. One person told us, "I would say all of them [staff] have displayed full skills required and very caring and knowledgeable." Another person said, "They [staff] are well trained. They all know what they are doing."
- We found staff knowledge around diabetes awareness could have been better. Staff said if there were any changes in people's health they would call the office or the GP. We raised this issue with the provider who has arranged for diabetes awareness training for staff to be completed.
- New staff received induction training when joining the service.
- Training records looked at documented care staff had received relevant training.
- Staff told us they had received support through supervision and spot checks on their working practices.

Supporting people to eat and drink enough to maintain a balanced diet

- Where staff provided support to people to maintain their diet, we found people's dietary needs were

assessed. Staff understood these needs and gave additional support where required. For example, if people had swallowing difficulties or a diagnosis of diabetes. One staff member told us, "[Person} has diabetes and we try to encourage them to eat more healthily."

- Staff prepared meals and snacks for some people and were aware of people's cultural and individual preferences. One person told us, "They [staff] cook all my meals for me here at the house. I tell them what I would like and they get it for me. I can eat myself so don't need help with that."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked in partnership with people, relatives and health and social care professionals to maintain people's health. These included people's GP's, social workers and district nurses.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency. They told us they would liaise with family members, the management team at the office and others, including health and social care professionals, and seek urgent medical help for the person if necessary.

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 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.

- People's capacity to make informed decisions about their health and social care was recorded in their care plans.
- People and relatives told us staff always sought consent from people before providing support to them. One person told us, "I don't think they [staff] would ever come and just start (working). We have a natter and go from there." Another person said, "They [staff] certainly do (seek consent). Come in with a smile and ask how I am feeling and then ask what I would like doing first."
- Staff had received training in the MCA and understood how to apply it when supporting 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 and their relatives provided positive feedback about staff confirming they were treated with kindness and the staff's caring attitude. One person said, "I love this house and them [staff]. I couldn't manage without them. So very caring they all are." A relative told us, "They [staff] demonstrate an excellent caring attitude with my wife and nothing is too much trouble for them."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I love my job and I love the people I support, it's the best job I've had."

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

- People and relatives were involved in the development of care plans and risk assessments. They signed these documents to show their agreement and were consulted if any changes were made. One person told us, "I would say so (involved in making decisions) as they [the provider] visited to see what I need doing and will help with anything I ask them to do for me."
- Staff asked people before they provided them with any care and support. A staff member said, "We don't always do the same things for people. Some days they want things done differently so we always check first."

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their right to receive care and support in a dignified way. One person said, "This is well respected. I have a shower and they [staff] close the curtains and wait for me to do what I can for myself. They come and hand me a towel to get me covered but stand close in case I go to topple."
- People could choose whether they had male or female staff.
- Staff gave us examples how they supported people to do as much as possible for themselves to encourage, where possible, people's independence.
- People's information was kept securely to ensure their confidentiality was maintained.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans we looked at were person centred and we could see people and their relatives had some involvement with the planning of care and support.
- Staff we spoke with were knowledgeable about people's care and support needs.
- Staff provided responsive and flexible care. One relative told us, "[Person] can have random epileptic fits and recently one carer called me to say [person] had a seizure but had put them in the recovery position. First class in my view."
- Staff knew how to communicate with people where verbal communication was limited and ensured they used their knowledge about people when providing choices.
- Staff responded to changes in people's needs. For example, if staff found that a person's skin had become sore, they would make sure they contacted the provider to notify the community nursing team or discussed it with the relatives. This helped to ensure people continued to receive the right amount of care and support they needed.

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 did have care plans written in an easy read format to support people with limited verbal communication to have some input into the planning of their care and support.
- The provider understood their responsibility to comply with the Accessible Information Standard (AIS) and assured us if there was anyone who required additional information in an accessible format, they had arrangements in place to provide this.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to raise a complaint.
- The provider's procedures outlined the process for dealing with complaints. The provider explained complaints raised with them had been investigated. We saw there was an effective process in place to monitor complaints and record action taken to identify trends and improve the service for people.

End of life care and support

- The service was not supporting people with end of life (EOL) care at the time of the inspection. People's records included information as to their next of kin and general practitioner in case staff needed to contact

them in an emergency.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- The registered manager and provider told us they completed a variety of audits to assess the quality of care at the service and we were shown some examples of the types of audits completed. However, these audits had not identified the issues we had found where improvements were needed.
- Audits of care records had not identified some information was inaccurate or protocols missing.
- Health and safety checks within one supported living scheme had failed to identify the fridge was not working effectively.

The provider was responsive to the findings at our inspection. Following our site visit, the provider submitted additional evidence to us to demonstrate the action taken to mitigate any potential, future risk to people. We were satisfied the steps taken had addressed the issues we had found.

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had training and regular supervisions to ensure they continued to provide good quality care and support to people. A staff member told us, "All the management team are very approachable, you can go to any of them at any time. Another staff member said, "[Provider name] is the best manager I've ever worked for."
- The provider reviewed policies and procedures and updated them as required.
- Changes to how the service operated were discussed at staff meetings to keep staff up to date.
- The management team conducted spot checks on the support provided by staff.
- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, in the event of severe weather, there were plans in place to ensure staff would attend their visits.
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed in the office and on their website.
- The registered manager had notified CQC and other agencies of any incidents which took place that affected people who used the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and all of the staff told us they felt listened to and the provider and management team was approachable. One relative told us, "[Registered manager name] is charming and very approachable but they (staff) all are to be honest."
- The provider and managers led by example completing care calls and spent time with people in their homes.
- The staff and management put people first and promoted their independence, enabling people to make choices about their lives.
- People told us the service provided good quality care and support. A person said, "I am happy with the service and would recommend them."
- Relatives we spoke with were complimentary about the service. A relative said, "Top drawer, would certainly recommend them."
- Staff we spoke with were positive about working for the service and said they would recommend the service to others. One staff member said, "The service is well managed, with an excellent management team, they are all approachable."
- The registered manager told us they only took on care packages if they were sure staff could meet people's needs and provide them with good quality care.

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

- The registered manager and provider were open and honest and knew how to comply with duty of candour. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There were whistleblowing and safeguarding procedures in place and staff knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they needed to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Senior staff visited people and relatives to ensure they were happy with the care provided. People and relatives had the opportunity to complete quality surveys to share their views on the service provided. The results of the 2018 survey showed that 100% of respondents were 'very happy' or 'happy' with the care provided.
- Staff had regular meetings and supervisions to reflect on their work and shared ideas and suggestions. A staff member said, "We all get on with each other and work as a team."

Continuous learning and improving care

- The provider and registered manager attended events and shared learning with the staff team.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals to ensure people had the care and support they were entitled to.