

The Human Support Group Limited

Homecare Support (Leeds)

Inspection report

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Ratings

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

Overall summary

We undertook an announced inspection of Home Care Support Domiciliary Care Agency (DCA) on the 8 June 2015. We gave the provider 48 hours' notice of our visit to ensure that the Registered Manager of the service would be available.

Home Care Support provides personal care services to people in their own homes. At the time of our inspection 148 people were receiving a personal care service.

At our last inspection in July 2013 the service was judged to be meeting all of the regulations we inspected at that time.

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.

Summary of findings

Staff, people and their relatives told us they were able to speak to the registered manager if they had any concerns. The service completed spot checks on staff whilst they work and formal supervisions within the first three months of starting work with the agency.

We spoke to 11 people who received care/support from the agency, three relatives and 11 staff. The people we spoke with all said that they felt safe in their home whilst care and support was provided.

Staff had received supervisions and spot checks.

Records we looked at and in our discussions with staff we found staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People told us they were supported to eat and drink. Staff supported them to healthcare appointments and provided personal care as required to meet people's needs.

Home Care Support had a complaints procedure in place. People who used the service, their relatives and staff knew how to complain. Complaints and compliments were dealt with in accordance with the agency policy.

Accidents and incidents were recorded and addressed by the registered manager, but there was not a robust auditing tool in place to look at any trends or frequencies of occurrences. The registered manager said they were aware of this and it this would be addressed at the next regional meeting to implement next month.

Summary of findings

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 safe.

The staff had a good knowledge of safeguarding procedures and how to put these into practice.

There was a robust recruitment policy in place.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received supervisions and spot checks were carried in line with the agency policy.

People were supported to access healthcare appointments if staff had any concerns about a person's health.

Good



Is the service caring?

The service was caring.

All the people we spoke with told us that staff spoke to them in a kind and respectful manner.

People's relative's told us they felt that their family members were being well cared for.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

The service responded to health care needs.

Care plans were in place at the service

People said the registered manager and staff listened and dealt with any concerns or complaints.

Good



Is the service well-led?

The service was not always well led

Staff told us they were supported by their manager and they could take any concerns to their manager.

Accidents and incidents were recorded and addressed by the manager, but there was not a robust auditing tool in place to look at any trends or frequencies of occurrences.

Requires Improvement



Summary of findings

The home had mechanisms in place which allowed people using the service and their relatives to provide feedback on the service provision.

Homecare Support (Leeds)

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.

The Inspection took place on 8 June 2015 and the visit was announced. We gave the provider 48 hours' notice of the inspection. We did this to make sure the registered manager would be at the service as sometimes the registered manager is out of the office supporting staff or visiting people who used the service. This inspection was carried out by three adult social care inspectors.

Prior to inspection we reviewed all the information held about the home. The provider had not been asked to provide a provider information return (PIR). This is a document that provides relevant up to date information about the agency that is provided by the manager or owner of the agency to the Care Quality Commission.

People were supported with health care appointments when needed.

During the inspection we went to the providers head office and spoke to the registered manager. We reviewed care records of four people that used the service, reviewed the records of three staff and the records relating to the management of the service. During the visit we spoke with three staff. After the inspection visit we spoke on the phone with eight staff 11 people who used the service and three relatives of people who used the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, “I feel safe with the agency,” and they told us they felt staff always had their best interests at heart, and were willing to help them if they had any specific concerns. Another person said, “I feel safe in and out of the community with the carers that come in to support me.”

Staff had completed training in safeguarding vulnerable adults. This was evidenced in their staff file and also through staff speaking to staff. The service had a safeguarding policy in place and the registered manager told us that all staff had received a copy of this during induction, which staff confirmed at the time of our inspection. Staff were knowledgeable in recognising signs of potential abuse and how to report any concerns.

Staff told us they had waited with the one person who lived on their own to support them until an ambulance had arrived and informed family were needed. Staff said, “We would not leave anyone on their own we always ring head office to let them know what is happening so they can let the next people know we will be late.” This meant that staff were ensuring the persons health and welfare were at the focus of what they do.

People told us that they, or their next-of-kin, were mostly responsible for their medications, but that carers would sometimes remind them about the need for them to take their medication at a regular time. People who told us that their carers gave them their medication were impressed at the efficiency of this, telling us that the staff never forget, and will always keep documentary evidence. We saw staff clearly understood the importance of medication routines, confirming that sometimes people need to be encouraged to take their tablets, and they feel confident in their communication skills to normally achieve this.

Staff were able to tell us about peoples medication and any side effects which could occur. Staff said that they would not support people with their medication unless this was recorded on the medication administration record (MAR) sheet. . They told us they would contact the office for further advice if someone persistently refused to take medication. One person told us about their relative who

has dementia, and is completely reliant on the agency staff to organise and administer their medication. They said, “They are efficient, and will sort things out if her medication has not arrived in time.”

We saw risk assessments were completed to assess any risks to a person using the service and for staff who were supporting them. Risk assessments were in place around moving and handling of people in their home and whether two staff were needed to support the person. Training on moving and handling and also the use of any equipment including hoists were completed by all staff. All staff had completed an induction period before working alone in a person’s home. This was evidenced through staff files and also through staff discussion on the day of inspection. Some people had mobility issues in their home so the staff member would speak with occupational therapist who would assess the needs of the person to illuminate any risk.

We saw accidents and incidents were appropriately recorded. These were reported straight to the registered manager so that appropriate action would be taken. For example one staff member had to support someone to the hospital as they could not get hold of any family members. The registered manager dealt with this straight away by contacting staff to cover the next person so calls would not be missed. We had discussion with the registered manager as we felt even though accidents and incidents were recorded appropriately there was not a robust auditing tool in place to look any trends or frequencies of occurrences. The registered manager said she would look into this straight away.

There were sufficient staff to keep people safe. Staffing levels were determined through the needs of the people. If people’s needs changed the registered manager said they would hold a review so that the registered manager and staff could support the person in a way they needed to make sure they were safe. Some staff said, “When people are on holiday it can be hard and we work extra shifts to make sure all the people receive their care.”

There had being 10 missed calls in four months. The registered manager had recorded of all the missed calls and there were a section for lessons learned. The registered manager also had a matrix to look at the severity of this to whether this was low, medium or high impact for the

Is the service safe?

person. All the missed calls were low due to staff phoning head office to let them know what had happened and why. The registered manager had a process in place to make sure these were addressed in supervisions and training.

Recruitment procedures were in place and the required checks were undertaken before staff could work for the agency. All staff had been checked with the Disclosure and Barring Service (DBS). The registered manager said that

applicants attended an interview to assess their suitability for the job and we saw this evidenced in their file. All contracts were in place and signed by staff before starting their role. Staff undertook an induction programme which was in line with the common induction standards by skills for care. Staff also shadowed senior staff and attended all mandatory training before commencing work at the agency.

Is the service effective?

Our findings

People we spoke with felt that their carers were well trained, competent and behaved in a professional manner. One person told us about his (family member) carers, saying, "They understand all her medical needs, as well as her emotional outbursts and fluctuating moods. I think they're very well trained, and they employ the right sort of people." Another relative told us about their (family member) care, saying that he can sometimes have quite challenging behaviour, but staff handle this very well, understanding his needs. He told us, "My (family member) gets uptight with new carers at the moment – doesn't cope well with change. But I would give them 10 out of 10."

People were supported in their home and in the community by staff that had the knowledge and skills to meet their needs. Training was completed for all staff both face to face training and also e-learning through access to the internet. The training records for individual staff were in the process of being updated but staff who spoke with us confirmed that all training had been completed and that on-going training was available.

Staff were aware and had received training in the Mental Capacity Act (MCA). The (MCA) is legislation designed to protect people who are unable to make decisions for them and to ensure that any decisions are made in people's best interests. At the time of our inspection no-one using the service was deprived of their liberty.

Staff received supervisions, spot checks and appraisals from their manager. The agency's policy stated that supervisions and spot checks were completed four times a year. We spoke with the registered manager about completing spot checks in the first few weeks of a new staff member joining the agency would be good practice. This would give the registered manager and staff chance to look at any issues or training needs that may be required.

Staff were matched to the people they supported according to the needs of the person during induction. The registered manager found out about people's interests and hobbies so that they could be supported by staff with the same interests where possible.

People were supported at mealtimes with their own choice of food and drinks. People we spoke with told us they were

happy with the levels of support given to them in regard to preparation of food and drink. They told us that they were given choices wherever possible, and that food was prepared well and safely. Drinks were always offered, and made on request. Staff had received training in food and safety which was evidenced in their file and also in discussion with staff they confirmed they had completed this training.

Staff told us that sometimes people will decide they do not want to eat or drink, and staff have to encourage and support people to do this. One carer told us, "When that happens, I try to offer something completely different, to see if I can tempt them. It usually works to be honest with you." The staff said that they leave notes for the next carer to check on this, and will contact the office if they have severe concerns about someone repeatedly refusing their meals. This meant that the service was responding by feeding back to other carers or the registered manager.

We were told by people using the service and their relatives that most healthcare appointments are made by themselves or their relatives.

People's care records included all details of their GP, chiropodist and their dentist. The care plan also included any issues around the person's health so that the staff could support them.

The majority of people who received care from Home Care Support had the capacity to make their own decisions at the time of our inspection. For the people who did not have capacity to make decisions, family and health professionals involved in their care made the decisions in their "best interest," in line with the Mental Capacity Act (2005). Families were involved in developing the support plan with their relative to identify any needs that were required from the service and how this would be carried out.

The registered manager explained that if they had any concerns about a person's ability to make a decision that they would address this with the local authority and make sure that an assessment of capacity would be completed. The registered manager stated that all staff were aware of what to do if they felt if they had any concerns about capacity.

Is the service caring?

Our findings

People who use the service often spoke glowingly about their carers, especially their regular carers who they have built up a good rapport with. One person told us, “They’re more like friends now than carers – they treat us so well, and we look forward to seeing them.” Another person said, “They give me good and considerate care always – they make sure I’m comfortable. They’re cheerful and chatty which I very much appreciate.” Another person told us, “I’m very satisfied with everything they do for me. It is all done with great care and understanding.” Although people were very complimentary about their regular carers, we were also repeatedly told that if their carers are on holiday, or off sick, they are still happy with the service they receive. One person told us, ‘It still works very well if my girl is off; they’re still all lovely to me.’

People were complimentary about the levels of involvement they had with their care, telling us staff always

asked for their permission before care was provided. One person told us, “They’ll always ask if I need anything else done before they go. Nothing’s ever too much trouble for them.”

Relatives we spoke with also told us that they felt fully involved in their relative’s care, and felt they would always be listened to if they needed a care package to be reviewed, or amended. The family were involved and this was evidenced in the care plans.

Staff spoke about their clients with genuine affection, telling us often that they get real job satisfaction when they know they have made a difference to someone’s health, or left someone feeling happier than when they arrived. One staff member told us, “I think we all try to treat people as individuals, and put ourselves in their shoes.” Another staff member told us about their colleagues, “They’re a good group of lasses – they do really care about the people we support.” Another staff member said that they treat people with the same respect and dignity as they would do if it was their own relative.

Is the service responsive?

Our findings

Staff were knowledgeable about the preferences and interests of the people they supported.

The staff were also aware of any health and support needs people needed to provide them with a professional and personalised service. One person who uses the service told us that they were grateful that their regular carers know their health needs so well, which they said made them feel very safe with them. One person also said that recently the carer had expressed concern that they did not seem well and asked her permission to call their GP. The person was subsequently diagnosed with a chest infection, which was promptly treated. They told us, 'I know that my carers will always do what is necessary to keep me well.'

Another person told us how grateful they was for the proactive care that their relative receives, telling us, "My (family member) wouldn't have survived this long if it wasn't for them. I truly believe that." They told us that care needs were regularly reviewed, as their relative's condition changed. Other people who use the service also told us that their care package had decreased or increased as they became more or less dependent. This meant the person received the up to date care that was needed.

Staff supported people to access local communities, shops and outings to minimise the risk of people becoming socially isolated.

Care plans were in place for the people using the service. Care plans showed people's interests and current needs. We noted in one person's care plan that there was a duplication of information. . The registered manager was

made aware and told us that both care plans were the same but one had not being signed. The registered manager said she would ensure that there would be only one care plan for each person.

People were encouraged to maintain their independence and undertake their own personal care where possible. One staff member said "I always encourage people to do as much of their own personal care as they can. " We looked at the care file and this reflected the changes throughout the person's independence over the last year.

People who use the service and their families were aware of the complaints policy. We saw a complaints procedure in place with any actions needed by the registered manager. The registered manager said that she dealt with complaints by contacting the people themselves if necessary or would write a letter to the person involved. One person told us that some time ago their family member's evening visit was changed from 8.15pm to 7.30pm without any consultation with them. They told us, "It was too early for my (family member) to go to bed, and it made the night too long for her pad to cope with. I told them, and they listened and now they come at the right time again." We were also told about a recent concern a family member had regarding their relative's incontinence pads being left in a bin in their bedroom. This had been brought to the attention of the family member who rang the Home Care Support office, to request carers place soiled pads in the outside dustbin rather than put into the bedroom bin. The relative said that they were grateful that they had been listened to, and this has been resolved with carers now not leaving pads inside the house. This showed us the service responded and acted on complaints in accordance to their policy.

Is the service well-led?

Our findings

Staff told us that the agency was well led and that they would be listened to if they raised any serious concerns. People and their families also said that they could approach staff or the registered manager with any concerns.

The registered manager produced a weekly report which was sent to the provider and identified key events such as admissions and discharges, staff issues and complaints.

At the time of the inspection the service had a system in place which ensured that staff had reached their destination in time. Timesheets were brought in to the office each week as evidence of visits taking place and care staff were trained to call in if they were running late. However, the registered manager confirmed that they were looking at the feasibility of introducing a call monitoring system which would identify sooner if staff had been held up and were running late. This information would then be used to keep people better informed. The system would also inform the service when staff had arrived at a person's home and the time they leave without the need of timesheets.

We spoke with the registered manager about the governance of the service and it was apparent by the system that the registered manager had in place and feedback by family's that they were committed to having a robust quality assurance monitoring system. However, they acknowledged more work was required before the systems in place were fully operational and consistently applied.

We saw the registered manager audited people's support plans and risk assessments. The registered manager confirmed there were no identifiable trends or patterns in the six months of working at the service. The registered manager said that they would look into looking at trends in

relation to accidents and incidents and this would be addressed with the commercial director. All safeguarding referrals had been reported to CQC and there have been no whistle blowing concerns.

We saw the registered manager also audited the staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information.

The registered manager told us senior staff carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. The registered manager confirmed the frequency of the spot checks were once a year.

The provider had a complaints procedure in place and the registered manager told us all complaints were acknowledged and responded to within set timescales and a thorough investigation was always carried out. We saw record of three complaints which showed the service had responded when people expressed any dissatisfaction with the service within a month. For example, when a member of staff arrived almost an hour late this was documented. The registered manager told us they took complaints seriously and people and relatives could approach staff and management if they felt unhappy with the standard of the service.

A number of people told us about questionnaires they had been sent in April 2015 asking for their views about the service. Some people told us that they felt it was 'a bit too much of a box-ticking exercise' and one man said they were not always asked the questions they wanted to answer. Most people said that they were always happy with the service that the staff provides to them around their care needs.