

HomeCaringServices Limited

HOME CARING SERVICES

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Home Caring Services is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 38 people.

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

Risks to people's health and wellbeing were assessed and regularly reviewed. Staff acted to minimise these risks and keep people safe.

Arrangements were in place to ensure that people received their prescribed medicines safely. Risk assessments were in place for people who managed their own medicines.

Recruitment procedures were in place and there were enough staff on duty to meet people's needs. Staff were satisfied about the training they received. Specialist training was provided when this was needed. Staff knew how to promote choices for people.

People were encouraged to maintain levels of independence by staff who had regard to their likes, dislikes and individualities.

Care was arranged so people's needs were met by a regular group of staff who knew them well. People saw regular staff to promote people's wellbeing and their need for routine.

Care plans contained detailed information with regard to people's support needs and were reviewed regularly. People, and where appropriate their relatives, were involved in the care planning process.

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.

The registered manager showed effective leadership and the service was well run. Audits and checks were in place and accidents and incidents were analysed for any patterns or trends. The results were used to inform improvements to service delivery. Records evidenced good partnership working with the local authority and other professionals and agencies.

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 12 May 2017).

Why we inspected

This inspection was a scheduled 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

HOME CARING SERVICES

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.

Service and service type

Home Caring Services is a domiciliary care agency that provides personal care to people in their homes.

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 it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 2 January and ended on 3 January 2020. We spoke visited the office location on 2 January 2020 and spoke with people and their relatives on the telephone on 3 January 2020.

What we did before 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. We also contacted the local authority commissioners for the service, they shared their recent quality audit of the service with us. This information helps support our inspections.

During the inspection

We spoke with one person who used the service and six relatives. We spoke with the registered manager, the

deputy manager and three care workers. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accidents and incidents were reviewed.

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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There was always enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe, and they could respond to unforeseen events. The provider regularly reviewed staffing levels and adapted to people's changing needs.
- The provider had effective recruitment procedures in place. We reviewed two staff members' files and found all relevant checks had been completed before they started working at the service, to ensure they were suitable to support adults at risk.
- We found the service had not obtained new staff members health declarations. Health declarations enables new starters to declare any health condition or disability which may affect their ability to do the job, this is also a requirement of SCHEDULE 3- Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity. We found the lack of health declarations had not compromised the safe recruitment of new staff. The registered manager confirmed this area would be immediately addressed.
- People confirmed their care calls had taken place at the agreed times and for the correct duration. One person told us, "They [care workers] never let me down. They are great people." Two people's relatives were also complimentary about the service, they told us, "The carers turn up on time I never have any issues. We have a group of staff that will visit, and I know them all" and "They [care workers] turn up at the correct times, if they are running late they will call us, but on time mostly."
- The registered manager told us the use of an electronic call monitoring system improved the effectiveness of monitoring care calls. We saw this system was monitored daily by the management team.

Using medicines safely

- Staff received training in the safe administration of medicines and had their competency assessed to help ensure their practice was safe.
- Medicine Administration Records (MARs) were completed electronically and audited appropriately. All MARs we reviewed had been filled out correctly with no gaps in administration.
- Support plans stated what prescribed medicines the person had, and the level of support people would need to take them.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had Individual risk assessments. These covered a range of needs including self-care, medicines and mobility. People's risk assessments were regularly reviewed and updated when there were any changes in people's needs.
- Staff completed regular checks of people's equipment and their home environment, to ensure they were

safe. They liaised with the housing provider when improvements were needed to keep people safe.

- An on-call system was in place to ensure advice and support was available to people and staff out of hours.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager understood their role and responsibility when recording and reporting safeguarding incidents.
- Records showed staff had received regular training in how to recognise and report abuse. Staff could tell us what they learnt on the training. "One staff member told us, "If I had any concerns about poor performance of staff I would report it."
- Accidents and incidents were appropriately recorded and reviewed to identify any lessons that could be learned.

Preventing and controlling infection

- Staff confirmed they had access to personal protective equipment, such as aprons and gloves when supporting people with personal care or when preparing food.
- There were measures to ensure food was served safely. Care workers had training in food hygiene and the care workers when applicable checked that food was stored safely, with regular checks carried out of food storage temperatures.

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.

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

- Some people required support with meal preparation. Care plans identified people's likes and dislikes and the level of support they needed.
- Staff supported people with their nutritional needs and meal preparation, where this was required. People were satisfied with the support in this area.
- Where there were concerns about people's nutritional intake or weight, staff had monitored this closely and liaised with relevant healthcare professionals where required.

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

- Staff referred people to health and social care professionals to ensure they received the support they needed. These included GPs, community nurses and speech and language therapists. Staff also contacted emergency services when necessary.
- Care plans contained information about people's health needs and the impact of any health conditions.
- We received positive feedback from social care professionals about the level of support and engagement staff provided and how the service provided quick responses to any issues they raised.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- The service was working within the requirements of the MCA. People's support plans included information about their capacity to make decisions about their care and support. No one using the service at the time of our inspection had restrictions on their liberty.
- There was an appropriate MCA policy and staff had training in this area. Those we spoke with demonstrated an understanding of the principles of the MCA.
- People only received care with their consent. Records showed people had signed consent forms when

they began to use the service. This included, medicine consent, consent to care, and privacy statements.

Staff support: induction, training, skills and experience

- Staff received ongoing refresher training to ensure they were well equipped to meet people's needs. This was through a blend of work books and face to face learning. Staff had undertaken training in areas relevant to their roles and the support they provided. This included training on moving and handling, first aid, catheter and stoma care, dementia awareness and health and safety awareness.
- All new staff completed a full induction process which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- Staff told us training opportunities were always available in areas applicable to the needs of the people they were supporting. A staff member told us, "Training is good to be honest there is always training available to help you develop."
- Staff had regular supervision with their line managers. Supervision was used to assess the staff member's performance, address development issues and to discuss managers' expectations of care workers.

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

- People's needs were thoroughly assessed prior to receiving support from the provider, to ensure their needs could be met.
- Protected characteristics under the Equality Act were considered. For example, people had been asked about their cultural needs and their preference of either male or female staff members.
- Information gathered during assessments was used to develop care plans which helped staff to get to know people and meet their needs.

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; Respecting and promoting people's privacy, dignity and independence

- People and relatives were complimentary about the care provided. One person told us, "I am very happy with the service. I have around 10 care staff who I see from time to time. I must be honest, one carer I didn't like very much, and I told the manager. He sorted the issue out, brilliant! the service is 10 out of 10 for me." Two people's relative commented, "The staff are all lovely" and "We have had the service for two year. Very happy with it."
- People's needs were thoroughly assessed prior to receiving support from the provider, to ensure their needs could be met. One person's relative told us, "The service is very flexible. They have increased my wife's care package without any fuss. This is reassuring it takes the pressure off."
- Staff had a good understanding of people they supported. Staff knew people's likes and dislikes, and interests and incorporated these into their care.
- Staff had received training on equality and diversity and the registered manager was clear about their responsibilities in this respect.
- The provider told us they welcomed and encouraged lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would provide care to LGBT people without any discrimination and support them to meet their individual needs.

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

- People and their relatives were involved in care decisions daily and through reviews and surveys about their experiences. The service held four reviews per annum, which we found people and their relatives had been fully involved with.
- The views and preferences of people using the service were clearly expressed in their care plans. Care plans supported the involvement of people in decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy was respected. One person told us, "The staff are very respectful. I feel very comfortable and most importantly I trust them."
- Staff talked about how they supported people to do what they wanted. They gave examples of working with people to encourage their independence with daily life. One staff member commented, "We follow what the care plan states, but we are respectful of our client's preferences as some like to do as much as they can for themselves."
- Staff respected people's right to confidentiality. The provider ensured people's care records and staff

members' personal information were stored securely and were only accessible to authorised staff. The provider had a confidentiality policy for staff to refer to.

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

- People's individual needs were met. Care plans were personalised and contained people's preferences and tasks the person was able to complete independently. Care plans included information about people's life histories, to enable staff to get to know people and their preferences better.
- We found people's care was arranged so people saw the same staff and new staff were slowly introduced alongside their regular staff. The staff and the management team understood the importance of continuity of care to meet people's wellbeing and social needs.
- Staff completed a record of the care they provided at each visit. This enabled the registered manager to check the care provided and monitor for any issues.

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.

- People's communication needs were detailed in their care plans.
- We found information could be produced in various forms, such as large print, pictorial or other languages to accommodate people's needs.

Improving care quality in response to complaints or concerns

- The service had a complaints policy. This was clearly detailed in the information pack given to people.
- People and relatives knew how to make a complaint should they need to. They were confident if they had any concerns they would be addressed promptly.

End of life care and support

- At the time of our inspection nobody using the service required end of life care.
- The provider had an end of life care policy and encouraged people to record any end of life wishes they may have.
- The registered manager confirmed staff would work alongside healthcare professionals, such as the community nursing team should anyone require end of life care.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had relevant qualifications in health and social care, leadership and management.
- The electronic monitoring system allowed the registered manager to have day to day oversight of people's medicines and calls analyses. These checks helped the registered manager to have a clear overview of the service they provided for people.
- The registered manager reported all notifiable incidents to the relevant authorities.
- The management team consisted of a registered manager and a deputy manager. Staff told us they enjoyed working at the service and felt the management team were supportive. Comments included. "This is a very well-run service. I feel we do a decent job" and "The manager leads by example."

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

- People were supported by an approachable and enthusiastic management team. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.
- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.

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

- The management team carried out regular spot checks on the service. This included visiting people in their homes and getting people's views on their care. One person's relative told us, "[Registered managers name] is lovely he or [deputy managers name] will visit us regularly to check how the care is going."
- The registered manager had implemented surveys for people and their relatives. They had analysed the responses and produced a report. We found the responses received were very positive about the effectiveness of the service.
- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas.

Continuous learning and improving care; Working in partnership with others:

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with the local commissioning teams, GPs and other health care professionals. This enabled the service to provide comprehensive care.