Horsham Home Care Ltd

Horsham Home Care

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

Overall summary

We inspected Horsham Home Care on the 6 January 2016 and this was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that people would be in the office whom we needed to speak with.

Horsham Home Care provides personal care and support to people who wish to retain their independence and continue living in their own home. Personal care and support is provided for older people and people living with early stages of dementia. At the time of our inspection 30 people were receiving a care service.

The service had a registered manager. 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 experiences of people were positive. People told us they felt safe and staff were kind and the care they received was good. One person told us "Absolutely safe, very good. It's not a problem to raise a concern".

The experiences of people were positive. People and relatives told us they felt safe and staff were kind and the care they received was good. One person told us "I always feel safe with the staff that come to visit me, I cannot fault them".

Summary of findings

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans were detailed, which enabled staff to provide the individual care people needed. People told us they were involved in developing their care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access health care services when needed.

The service considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People were supported at mealtimes to access food and drink of their choice and were supported to undertake activities away from their home. One person told us "Once a month they take me in to town for a big shop. My daughter does my food shopping on-line. I do my own meals".

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. One member of staff told us "I had induction training before I started with my client and was able to shadow with an experienced worker, and they don't send you out unless you are happy".

There were clear lines of accountability. The service had good leadership and direction from the registered manager. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered the oppurtunity to undertake additional training and development courses to increase their understanding of needs of people using the service.

Feedback was sought by the registered manager via surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Good

Is the service effective?
The service was effective.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Good

Is the service caring?
The service was caring.

People told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

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

Good

Is the service responsive?
The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the registered manager was approachable and supportive.

The registered manager and director carried out regular audits to monitor the quality of the service and drive improvements.

Horsham Home Care

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 the 6 January 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us.

The inspection team consisted of two inspectors 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.

The provider had 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with seven people and seven relatives on the telephone who use the service, six care staff, the registered manager and a director. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone and staff.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, five staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

This is the first inspection of this service.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. One person told us "I always feel safe with the staff that come to visit me, I cannot fault them". A relative told us "My relative feels safe and always feels quite comfortable with the staff. We have never seen any concerns, we would know".

Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. They gave us examples of poor or abusive care to look out for and were able to talk about the steps they would take to respond to it. One member of staff told us "When you get to know people you have to be aware. If people become withdrawn or have changes in behaviour it could mean that something is wrong." Another member of staff told us "You get to know your client very well and their family circumstances. Recently, I felt concerned that my client was being spoken to in a way that just wasn't right and I reported it to my manager". Staff training records confirmed that all staff had completed training on safeguarding adults from abuse. The contact details for people to report concerns externally were made available to staff. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. The registered manager told us there were opportunities for safeguarding concerns to be discussed at meetings. Policies and procedures on safeguarding were available for staff to refer to if needed.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

The service had skilled and experienced staff to ensure people were safe and cared for on visits. Rotas were planned on a weekly basis and care staff were informed of their shifts a week in advance and emailed their rota. The rotas also had updates on people so staff were kept up to date on people's well-being and requirements. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people and we saw that the number of staff supporting a person could be increased if required. The registered manager and director told us that they were continually looking to recruit staff to maintain the staffing levels to ensure all visits were being covered. They both told us they would ensure they had enough staff before taking on any new people to the service to ensure their needs could be met.

To ensure staff arrived safely at a person's home and the person received the care they required, staff logged into a phone system. The member of staff would call a phone number when they arrived at a person's home and when they left. This was linked to a computer system at the office were all visits were logged and monitored throughout the day to ensure calls had taken place correctly. The registered manager told us that if a member of staff had forgotten to log in or out they would contact them or the person to ensure everything was ok. The majority of people felt the calls were made on time and if there were any delays the service contacted them to inform them.

People were supported to receive their medicines safely. One relative told us. "They do her medication morning and evening. They encourage her to take the blister pack, they never leave her". We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely they also worked in line with the local authorities medicines policy. Staff were able to describe how they completed the Medication Administration Records (MAR) in people's homes and the process they would undertake. Staff received a medicines competency assessment on a regular basis to ensure they were administering medicines correctly. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medicines. Audits on medicine administration records (MAR) were completed by the registered manager on a monthly basis to ensure they had be completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. The registered manager would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication refresher training. The registered manager told

Good

Is the service safe?

us “I ensure any errors are looked into. This includes looking back at daily entry’s in people’s care plans and ensure they match to the MAR sheets and speaking with staff if required”.

Individual risk assessments were reviewed and updated on a regular basis to provide guidance and support for care staff to provide safe care in people’s homes. Risk assessments identified the level of risks and the measures taken to minimise them. These covered a range of possible risks such as risks of equipment used to aid people’s mobility and falls. For example, one person used a stair lift in their home. The risk assessment detailed for staff to ensure the person took their time at a slow and steady pace and assist when required. Ensuring they talked the move through with the person. Staff could tell us the measures required to maintain safety for people in their homes. One member of staff told us, “If we feel something is unsafe we will report it to the office. The manager will come out to someone’s home and train us on moving and handling equipment if we need it”

Staff were aware of the appropriate action to take following accidents and incidents to ensure people’s safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence of the incident recorded. Any subsequent action was also updated on the person’s care plan.

Good

Is the service effective?

Our findings

People and their relatives felt confident and were happy in the skills of the staff. One person told us "They are all skilled in what they do and all very good, all of them". Another person told us "All well trained, they make sure they are confident first". A relative told us "I have no concerns with them. New staff are always shadowed first, even if experienced".

Staff had knowledge and understanding of the Mental Capacity Act (MCA) 2005 because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff told us how people had choices on how they would like to be cared for and that they always asked permission before starting a task. Staff told us they always gain consent and give choice's to people. One told us "I would always ask people if it's ok to do things for them especially personal care. It is a very private thing".

People were supported by staff who had the knowledge and skills required to meet their needs. Care staff received essential training which provided them with the skills and confidence in providing effective care. Records showed staff were up to date with their essential training in topics such as medication, infection control and safeguarding. The training plan documented when training had been completed and when it would expire. On speaking with staff we found them to be knowledgeable and skilled in their role. One member of staff told us they shadowed an experienced member of staff before they started working with people and told us, "I had lots of training on the induction and shadowed experienced staff. I asked for more shadowing until I felt confident, which they happily gave me". Staff also told us they felt training updates they received throughout the year were good and they could ask for more if required. One member of staff told us "There are lots of training courses we do each year. It keeps you refreshed". Staff told us that they were able to request additional training that they wanted to improve or update their skills. One member of staff told us that they were aware that their understanding of diabetes was limited so they had asked the district nurse to give further training and teaching in this area . The staff member said "I realised I wasn't up to speed with all the ins and outs of diabetes so we asked the district nurse, who spent time with us showing what to look out for". The registered manager told us how they were always looking to offer additional and in depth training on key subjects. This was to include topics such as diabetes and further detailed training in dementia awareness.

The staff induction incorporated the new Skills for Care care certificate. The certificate sets the standard for new health care support workers. It develops and demonstrates key skills, knowledge, values and behaviours to enable staff to provide high quality care. One member of staff told us "I had induction training before I started with my client and was able to shadow with an experienced worker, and they don't send you out unless you are happy". Another member of staff told us "I had been out of work for a while and I spent two weeks shadowing which was a lot but the registered manager told me there was no rush or pressure and to just be sure I was ready".

Staff had regular meetings with the registered manager and a planned annual appraisal and supervisions throughout the year. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had regular contact with the registered manager and director in the office or via a phone call to receive support and guidance about their work and to discuss any training and development needs. Staff also received spot checks when working in a person's home. This ensured that the quality of care being delivered was in line with best practice and reflected the person's care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be helpful. Staff we spoke with told us the registered manager was always available to provide guidance and support to help them provide effective care to people. One member of staff told us "My manager will come out and support us and work alongside us if needed. She is always available".

People were supported at mealtimes to access food and drink of their choice. People's comments included "They

Good

Is the service effective?

help me with the food. They ask me what I want" and "They do my meals. We discuss what I need in the morning". Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals were accessible to people. One member of staff told us "It is important to make sure people are eating and hydrated. We will always check this and record what people have had in the care plan in their home". People's nutritional preferences were detailed in their care plans. For example in one care plan it detailed the person's allergies to certain foods, how the person had their lunch delivered and staff were to support them when required. The registered manager told us that if they had concerns about a person's nutrition or weight they would seek advice from health professionals. They told us of a person who had recently needed support and encouragement with eating and how a food and fluid chart was put in place to monitor the person's intake.

We were told by people and their relatives that most of their health care appointments dealing with health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed they liaised with health and social care professionals involved in people's care if their health or support needs changed. One person told us "I do appointments for myself. They have phoned the doctor for me when necessary". A relative told us "They do some healthcare if I can't get away from work. They have taken him to the doctor, which was wonderful".

Good

Is the service caring?

Our findings

People and relatives had high praise for the staff. One person told us "Caring, very much so. They are lovely people, I can't fault them". Another person told us "Fabulous, friendly and caring they are". A relative told us "They are very caring and kind, loving and have a laugh".

The majority of people felt that they had regular care staff who were caring and well matched. Comments included "Basically, I see the same ones. No one has ever come who I don't know", "It's always the same staff. The manager introduces new staff" and "The staff are the same since I started, very low turnover". A relative felt staff were well matched and told us "She seems to get on well with them. They are part of her little world".

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One person told us "I have a care plan it is in my blue folder". Another person told us "I go through my care plan with the manager when she visits and checks if everything is fine". People were also able to express their views via feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service.

Staff were aware of the need to preserve people's dignity when providing care to people. Staff told us they took care to cover people when providing personal care, and helped people to dress their top half, for example, before washing their lower half. They also said they closed doors, and drew curtains to ensure people's privacy was respected. A member of staff told us "I always make sure the curtains are drawn, doors are closed and keep them covered as much as I can when doing personal care, if they are a bit exposed I warm the towels on the radiator and put this over them to maintain their dignity". People confirmed their dignity and privacy was always upheld and respected. One person told us "They close the bathroom door to give me some privacy and give me towels". A relative told us "If he struggles to dress they help him. They do it in a safe and dignified way".

Staff told us how they promoted people's independence. In one care plan it stated that a person wanted to maintain their independence and remain living in their home and access the community. This included staff accompanying the person to places they liked to visit, which included a local garden centre and coffee shop. In another care plan it detailed how the person had a walk in shower which enabled them to shower themselves with support from staff when required. One person told us "They do encourage me but I have bad hands, I can't do a lot". A relative told us "Whatever my relative can do like brush her teeth, they encourage her to do. It's compatible with her capabilities".

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. Care worker's rotas were sent via email or collected from the office. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us "They know what I like and are supportive, lovely girls". A relative told us "I think it is person centred care. They do care".

There were two copies of a care plan one scanned copy on a data base in the office and one in people's homes. We found details recorded were consistent. Care plans were detailed enough for a carer to understand how to deliver care and for the ease of use for people. The outcomes for people included the support and encouragement needed to enable them to remain in their own homes for as long as possible. Staff felt the care plans were detailed and gave the right amount of information required to support people. Staff also spoke about the weekly email updates which were sent by the office to update any care needs within that week. Staff told us this was a very good way of keeping in touch with any changes and respond to people's needs .One member of staff told us "It keeps you up to date especially if you have been on holiday and makes you feel that you always know what is going on".

Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care, nutrition and moving and handling. People's well-being was also recorded and any concerns raised were documented. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access and were clearly set out. They gave descriptions of people's needs and the care staff should give to meet these. In one care plan it detailed that staff needed to be aware that a person could take time answering the door and for them to be patient. In another care plan it detailed a person who was hard of hearing and staff to ensure the person could see them when talking.

People were supported to take part in activities within and away from their home. Staff and the registered manager told us how they supported people. This included accompanying people to local amenities which included going out for a coffee or shopping. One person told us "Once a month they take me in to town for a big shop. My daughter does my food shopping on-line. I do my own meals". The registered manager and director also told us how they were supporting a person who was arranging a birthday party for themselves and friends. They told us "One of the people we support is celebrating a big birthday this year and wants help to organise their party. We are helping them to organise this which they are really looking forward to".

We spoke with the registered manager and director who completed the electronic staff rotas and discussed the scheduling with them. We were told staff had travel time between each care call and if they felt it was not enough they could ask for additional time. They told us how communication is key especially if a member of staff is running late. "We have to ensure people are aware of the situation and keep them updated throughout". For continuity of care, each person had a team of regular staff, which was detailed on the system. Staff told us that they had enough time to carry out the care and support allocated and enough travel time in between visits to people. One staff member told us "There are many factors that could impact your time like traffic, or if a person is unwell and you need to stay with them. We would contact the office and make them aware and they would sort it out". People were also offered a copy of the rotas so they knew what time and who was coming to them.

People and relatives were aware how to make a complaint and felt they would have no problem raising any issues. People were given documentation when they started using the service. This included the complaints policy and procedure. Complaints were recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One person told us "The lady in charge comes and checks I am happy. I would ring her if needed". Another person told us "I would speak to the manager Oh yes, quite comfortable doing that but no cause to".

Good

Is the service well-led?

Our findings

People and relatives all said how happy they were with the management. One person told us "The manager, she is superb, excellent and comes to see how I am". Another person told us "When I ring the office (X) or (X) are very quick to come back to me, if they can't give me an answer straight away. The culture is excellent". A relative told us "I think it's very well managed. They are very accommodating, very family run organisation".

The atmosphere was professional and friendly in the office. All staff spoke highly of the management team. One member of staff speaking about the registered manager and director "They are very approachable and supportive. They are always on the other end of the phone and even at weekends". Other comments from staff included, "I feel well supported, I am very comfortable talking to the management if I have any problems", "We can discuss anything with them, and the door is always open" and "There is so much support from the office." All the staff we spoke with told us they felt able to report any incidents, concerns or complaints to the office. They were confident that if they passed on any concerns they would be dealt with.

Staff understood and explained the provider's vision and values. One member of staff told us "They are very committed to making people's lives better whilst they live in their own homes". Another member of staff told us "I have worked in a similar organisation for 8 years and here at Horsham Home Care I can't speak highly enough about the management , they are brilliant, supportive and always there for you".

The registered manager and staff told us they had regular office meetings and communication which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice. They told us "I like to work closely with the staff out in the field and meet up regularly with them. Staff are always coming into the office for a catch up and to talk over any issues they may have. They are a great team".

The registered manager and director monitored the quality of the service by the use of regular checks and internal quality audits. The audits covered areas such as training, complaints, staffing and care records. Highlighted areas needed for improvement were reviewed and findings were sent to the provider and ways to drive improvement were discussed. The registered manager also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided in people's homes. Feedback from people and relatives had been sought via surveys. Comments from a recent survey were positive and complimentary. One read "Very satisfied with the service, would recommend". The surveys helped the provider to gain feedback from people and relatives about what they thought of the service and areas where improvement was needed.

The registered manager and director showed passion about the service and talked about always looking on ways of improving. They told us of short courses they had attended at a local college which included end of life and equality and diversity which enabled them to create training for staff. We were also told about how staff worked closely with health care professionals and people's relatives. The registered manager was also completing a management diploma in health and social care.

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.