

Hills Independent Homecare Service

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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

Hills Independent Homecare Service is registered to provide Personal Care to people in their own homes. At the time of this inspection it was providing a service to 16 people.

This announced inspection took place on 23 & 29 September 2015. At the time of the inspection there was a registered manager in place. The service is managed by

two people, one of whom is the registered manager. The registered manager was not available during the inspection when we visited the office as part of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way. There were procedures in place which were being followed by staff to ensure that people received their medication as prescribed. Risk assessments had been completed to identify and reduce risks to people where possible.

There were enough staff employed to meet people's needs. Staff received the support and training they needed to carry out their roles effectively.

Staff were kind and compassionate when working with people. They knew people well and were aware of their preferences, and their likes and dislikes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager.

The registered manager obtained views from people who used the service, their relatives and staff about the quality of the service.

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.

Staff were following safe practices when they administered medicines which meant people received their medicines as prescribed.

Risks to people's safety were recorded and managed effectively.

Sufficient numbers of staff were employed to meet the people's care and support needs.

Good



Is the service effective?

The service was effective.

Staff were supported and trained to provide people with individual care.

People were offered choices and asked to give consent to their care.

Good



Is the service caring?

The service was caring.

Staff were kind and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

Good



Is the service responsive?

The service was responsive.

Care plans contained up to date information about the support that people needed.

People were aware of how to make a complaint or raise any concerns.

Good



Is the service well-led?

The service was well led.

People and staff felt supported by the management and leadership of the managers.

The service had an open culture and strong values about treating people as individuals and with respect and dignity.

Good



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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.

This inspection took place on 23 and 29 September 2015 and was announced. This is because it is a small domiciliary care service and we needed someone to be in the office. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including the provider information return

(PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted a healthcare professional that the service has worked with but we did not receive any feedback from them.

During our inspection we spoke with four people who used the service, two relatives, the manager, and three care workers. We looked at the care records for three people. We also looked at records that related to health and safety. We looked at medication administration records (MARs).

Is the service safe?

Our findings

One person told us that having staff nearby when they were having a shower helped them to feel safe. They told us that without the staff there to help them with things they found difficult they would not be able to have a shower. One relative told us, “My [family member] is very very safe, even when we are visiting we still let the staff help [family member].”

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm. The manager had followed the correct procedures when potential harm had been reported to them.

The provider had systems in place to assess and minimise any potential risks to people. Risk assessments were carried out by people trained to do so. The risk assessments identified potential risks and included information about how the risks could be reduced. For example, ensuring that staff followed the proper procedures when using moving and handling equipment. Staff were also given information about keeping people safe, such as ensuring the person had a telephone or mobility aids near them before staff left the person.

The manager confirmed that there were enough staff employed to meet the contracted hours being provided. The manager told us and staff confirmed that when staff were absent then the manager or other staff worked extra hours to ensure that people still received a consistent service from staff that they knew. One person told us that in two years of using the service they had received care from the same five members of staff. People told us that the care staff normally arrived on time and that they always stayed the correct amount of time. People also told us that care staff checked if there was anything else they would like done before the staff left. One person told us, “They [the care staff] always get here on time to get me up in the

morning.” One relative said that the agency was good at being flexible when extra care was needed. For example, an extra visit had been scheduled that week as the person’s friend was away who normally prepared their meal on a Friday.

Staff told us and records confirmed that when they had been recruited they had completed an application form and had attended an interview. References and criminal records checks had been completed although this had not always been done before staff started working. The manager stated that staff were only allowed to work with other staff until all of the employment checks had been received. The service was in the process of implementing a new recruitment policy. The policy stated that staff would only be employed after the necessary checks had been completed. This meant that only staff suitable to work in a care environment would be employed.

People received their medication as prescribed. Staff told us that they had completed administration of medication training and that their competency to administer medication was regularly assessed. The medication administration records (MARs) showed that people had received their medication. The manager stated that they checked the MARs each month to ensure that they had been completed correctly. There was not always clear written guidance informing staff when they were expected to administer short courses of medicines such as antibiotics. The manager stated that all staff were informed verbally and that any required changes to the MARs were made but that in future they would also include a short term medication care plan. The managers were booked to attend a three day medication administration course so that they could see if any improvements to their medication systems were needed.

Although there had not been any incidents or accidents, staff were aware of what procedures to follow if an accident or incident should occur. The manager stated that they would review any accidents or incidents to see if anything could be put in place to prevent recurrence.

Is the service effective?

Our findings

All of the people that we talked with spoke highly of the managers and the care staff. The relative of one person said, “I think the care staff have the right training. They seem to know how to cope with [family member]. When he doesn’t want to do something they gently encourage him and then he agrees.”

People were cared for by staff who had the right competencies, knowledge and training. Staff told us that the training they received equipped them for their job roles. The training record showed that most staff were up to date with their required training, or this was scheduled to take place. This was for subjects including safeguarding, moving and handling and first aid. People and their relatives confirmed that they thought staff were well trained. New staff completed a thorough induction including the new Care Certificate (this is a nationally recognised qualification). New staff were introduced to people and shadowed existing staff until they were competent to work on their own with people.

Staff told us that they felt supported and received regular supervisions with a manager. As well as receiving personal supervisions staff were also observed working on a regular basis. The manager stated that this helped to ensure that they were working in a person centred way and following the correct procedures. One member of staff told us, “If I ever have a problem I just call the manager for a chat.”

The manager stated that at present none of the people who used the service needed a capacity assessment but that she was aware of the procedures to follow if they did. Staff were able to demonstrate an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They were able to tell us how they sought consent from people and offered people choice.

People’s care plans stated that staff should ask people what they would like before preparing meals and drinks for them. People confirmed that staff asked them what they would like to eat and drink. The manager stated that if staff had any concerns about people not eating or drinking or losing weight these were reported to the manager. The manager said if care staff had any concerns about people’s nutritional needs she would discuss it with the person and if needed would support them to arrange any healthcare appointments.

Staff were aware of people’s health needs. For example, one member of staff told us how they encouraged a person to do their daily physiotherapy exercise routine. We also saw that when staff had concerns about people this was discussed with the manager and other staff. For example, when one person looked like they had lost weight this was discussed at a team meeting and the appropriate action was taken. One person told us, “If I wasn’t well they [the care staff] would phone the doctor for me.”

Is the service caring?

Our findings

All of the people we talked with spoke very highly of the service they received and the staff. One relative told us that when they were not sure about what equipment their family member needed they phoned and discussed it with the registered manager. The relative said, “[The manager] is super, if I have any worries I just call and chat with them. She is extremely kind.” One person told us, “They absolutely treat me with dignity and respect. They’re always most careful when washing me to keep me covered up.”

People and their relatives said that they had talked to staff about the information used to create their care plans and they had made decisions about the care that they wanted from the staff. People and their relatives told us that they had been asked about their choices and these had been respected and carried out.

People and their relatives told us that they had good relationships with the staff who provided their care. One person told us, “They [the care staff] are charming, you can have a laugh with them.” Another person said, “They look after me splendidly, they are all very kind and most efficient.” One person told us, “I have nothing but the highest praise for them [the care staff]. They treat me as a person. They know me really well. Well enough that we can have a joke.”

People told us they felt the staff treated them with respect. One relative said, “They [staff] treat [family member] with respect, they seem to know how to cope with [family member].” All staff were able to tell us how they respected people’s privacy and dignity. One staff member said, “Not everyone has the same routine, I learn from the person how they would like things done, everyone is individual.”

Care plans included information about encouraging people to be independent and do as much for themselves as they were able to. For example, “You will hand [name] the flannel and they will wash their own face. Then assist [name] to have a full body wash.”

People told us they were able to speak for themselves, but if they needed to they all had relatives who would help them. The manager said that advocacy information had not been shared with people but that they would make it available.

The manager told us that they or the registered manager always met with people before they confirmed that they could offer them a service. They discussed what support the person required and at what times. The manager also told us that when relatives asked for things to be done differently they checked that the person also wanted this before changing the care plan.

Is the service responsive?

Our findings

People or their relatives told us they were involved in their plans of care through discussions with the registered manager or manager. There was evidence in the care records to confirm this. One person said, “The manager asked me what I would like doing before I started having the carers. They do anything I want them to do.” We found that care plans contained good, detailed and personalised information and staff were clear about the care they provided to people. For example, one care plan stated that staff should “get the newspaper from the front door” and leave it with the person before leaving. The person told us that staff always did that for them. One person said, “I’ve seen my care plan and have agreed to it.”

Care plans also advised staff that people’s needs may change on a daily basis and that they needed to be aware of that. For example, “Uses frame but if having a bad day due to arthritis they may prefer you to transfer them using the glide about commode to the chair.”

Regular reviews were carried out by the registered manager or manager, either in person or by phone. These had been recorded. As well as formal reviews the managers also regularly worked with people so that they could assess if people’s needs had changed. Relatives told us that the managers also kept them up to date with any information that they needed.

Staff told us they had the most up to date information about a person’s health and wellbeing because any changes were sent to staff before the next visit. This was done through phone calls or texts from the registered manager or manager. One member of staff confirmed, “The managers tell us if we need to do anything differently.”

People and their relatives told us they felt the service provided by Hills was flexible and responded to their changing needs and support. One relative said, “The agency has been very flexible. My [family member] changes the times, it’s set up then [family member] changes again. The staff do what is comfortable for [family member].”

People told us that they knew how to make a complaint or raise any concerns and were confident that any issues they raised would be dealt with. People told us they had no concerns and were aware of the complaints procedure. One person said, “There’s no improvements needed.” Another person said, “The quality of their care is excellent. I have nothing to complain about.” The complaints procedure was included in the care folder that was given to each person. No complaints had been received in the last 12 months. The care staff told us that if anyone raised any concerns they would ask them if they would like to speak to one of the managers.

Is the service well-led?

Our findings

The service was owned and managed by two sisters. One of the sisters was the registered manager but was not available on the day of the inspection. It was strongly evident from people that used the service and staff that both managers knew people well. The managers expected people to be treated as individuals and were always available to give support to people, their relatives and staff. One person told us, "If the manager knows I'm on my own they sometimes just call in for a chat to check everything is ok."

Staff were clear about the values held by the service that ensured people were supported to be as independent as possible. One staff member said, "We try to show empathy and treat people like we would want a relative to be treated. We offer as many choices as possible and explain things before we do them."

Policies had been purchased from a company and the managers were in the process of making them applicable to and personalised to the service.

Staff and people said the managers were open and transparent and staff were aware of their roles and responsibilities. One member of staff said, "It's a good little team. One of the strong points of the service is communication." Another member of staff said, "I absolutely love working for the managers, they are both so understanding."

The managers checked the quality of the service. This was done by checking records such as Medication Administration Charts and daily visit records. People had also been asked to complete a satisfaction survey. The managers had undertaken care visits to people and used them as an opportunity to ask people if any improvements could be made.

Staff meetings had been held and staff confirmed that they could add to the agenda. Staff memos were also sent out regularly for information that needed to be discussed before the meetings.

Staff were aware of the whistleblowing policy and about the importance of reporting any poor practice. They had the necessary phone numbers so they knew whom to contact if they had any concerns.