

HMS Services Limited

HMS Care

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

HMS Care is a domiciliary care service providing personal care to people living in their own homes. At the time of this inspection, 93 people were using the service.

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.

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

Risks to people and staff had been identified assessed and reviewed. However, some updates were still required and detail could be more robust. We have made a recommendation around reviewing and highlighting risks to staff.

Staffing levels had been affected recently due to the pandemic and a number of staff leaving at the same time. This had impacted on the system to allocate staff to people's care calls. Some people did not feel the care they received always met their needs and preferences, due to the lateness of calls, staff not staying for the allocated time or the inconsistency of staffing. Staff had been recruited safely, however, some records required improvement. We have made a recommendation around reviewing staffing levels and recruitment practices.

Medicines were safely administered to people. Some improvements to records were made during the inspection to better support staff. Any medicines concerns had been reported correctly and investigated by the provider.

Staff followed infection control procedures and were complimented by people. However, two staff were reported to have pulled down masks to speak to people. The registered manager was dealing with this.

Staff received induction and training, and had ongoing support from management. Spot checks and staff competencies were completed. Any staffing issues raised had been investigated and reported correctly. Additional training had been booked to take place.

People told us they were treated with dignity and respect and encouraged to be as independent as possible. Person centred care plans were in place. A small number were in the process of being updated.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive

improvement. This was going to be updated after our feedback to further improve the process from suggestions made.

The registered manager had a good working relationship with people and other healthcare professionals. However, some comments were made that communication with office staff, particularly, could be improved.

The provider and registered manager were committed to continuous improvement of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 September 2020) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, but further improvements were required, and additional time needed to sustain this.

Why we inspected

We carried out an announced focused inspection of this service on 20 August 2020. We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This inspection also followed up on two further breaches of legal requirements regarding safe care and treatment and staffing to make sure they had been addressed. The provider completed an action plan after the last inspection to show what they would do and by when to improve these breaches. Breaches were met, but the overall rating for the service has not changed following this focused inspection and remains requires improvement, as further time is required to embed practice and further improve in some areas.

This report only covers our findings in relation to the Key Questions, safe, effective, responsive and well-led which contain those requirements or had been previously rated as requires improvement.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HMS Care on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

HMS Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

This inspection was announced. We gave a short notice of the inspection because we wanted to contact people to gather their views and needed their consent to do that, and also to ensure the registered manager would be in the office when we attended.

Inspection activity started on 12 July and ended on 15 July 2021. We visited the office location on 13 and 15 July 2021.

What we did before the inspection

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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with the provider and registered manager and contacted all staff working for the organisation for their views. We contacted four social workers and used their responses to support the inspection process.

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

After the inspection

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

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always ran safely. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we found the provider had not always had safe medicine management procedures in place and risks were not always identified and addressed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (safe care and treatment).

Improvements had been made and the provider was no longer in breach of regulation 12. However, further time was needed to embed and sustain best practice.

- Medicines were generally managed safely. The level of support required by people was appropriately assessed and agreed. However, instructions for creams, ointments and 'as required' medicines were not fully in place. This was addressed by the registered manager immediately.
- Care staff used an electronic system to record when they had administered medicines to people. The system alerted office staff if medicines had not been recorded as administered and this was investigated. Quality audits took place to monitor the whole system and check for any issues arising.
- Staff had training in medicine management and regular competency checks.
- Any medicine errors or concerns had been reported and dealt with appropriately, including providing refresher training to staff where this was required.

Assessing risk, safety monitoring and management

At the last inspection we found the provider had not always identified and addressed risk. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (safe care and treatment).

Improvements had been made and the provider was no longer in breach of regulation 12. However, further improvement was needed to ensure risk management is robust.

- Risks to people and staff were identified, assessed and regularly reviewed. We found a small number of assessments lacked detail regarding actions staff should take if a risk arose, for example, if someone had an epileptic fit. We found no evidence of impact or harm to people. The provider was given feedback and said they would address this shortfall.
- Some known risks to staff were not always clear on the providers electronic system. Staff going to care calls for the first time were usually informed verbally by other care staff of any risk. The registered manager

immediately updated the electronic system to emphasise any risk before staff attended a person's home.

We recommend the provider further review all records to ensure risk has been fully detailed and highlighted to staff.

Staffing and recruitment

- There had not always been enough staff. Some people reported staff running late to calls, not staying the allocated times or inconsistent staff teams. One person said, "Recently carers have been 15-30 minutes late. Its variable." This was mostly due to staff leaving at the same time. The registered manager had stepped in to make sure all care calls were made, but some had not always been at the time originally planned. All care required had been given. Furthermore, the provider had mitigated much of the risk of people receiving missed or late calls, by handing back packages of care to one of the Local Authority areas they covered, where they knew they did not have enough staff to meet people's needs. Further recruitment of staff was currently taking place to address this as a priority.
- Travel time between care calls was included but some people and staff thought this was not enough. This was being currently being reviewed by management.
- Staff rotas were normally sent to people who wished to receive them.
- Safe recruitment practices were in place. The registered manager was planning to change interview processes to make the procedure more robust.
- Staff had received suitable employment checks, but documentation had not always been signed off or dated in line with best practice.

We recommend the provider regularly reviews staffing levels to ensure they are safe, and follows best practice recruitment procedures, and updates their policy accordingly.

Preventing and controlling infection

- There were systems and processes in place to protect people and staff from the risk of infection, including COVID-19. The service's infection prevention and control policy was up to date.
- People complimented staff for wearing appropriate PPE during visits. People confirmed staff wore aprons, gloves and masks when assisting them in their homes. However, people told us two staff members pulled their masks down to talk to them. We immediately raised this with the registered manager told us they would address this.
- The provider accessed COVID-19 testing for staff. However, this was not fully monitored to ensure staff were following current guidance to keep people safe. The registered manager implemented changes to address this when we brought it to their attention.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to policies and procedures about what to do to report any concerns about abuse.
- People told us they felt safe with the carers who supported them. Any concerns they had raised had been dealt with.
- Staff told us they would report any concerns they had in connection with the people they cared for.

Learning lessons when things go wrong

- The service had a system for recording and dealing with incidents or accidents and ensuring these were risk managed and reported appropriately.
- The provider and registered manager had learnt lessons from the previous inspection, and these had been used to strengthen the service. Further feedback during the inspection was acted upon to make

improvements.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection staff training, support and monitoring was not always in place which was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (staffing).

Improvements had been made and the provider was no longer in breach of regulation 18.

- People and their relatives felt staff were well trained. One person said, "They [staff] are quite efficient. The new ones [staff] are switched on" One relative said, "Two carers use a hoist. They wash her hair and give her a shower. The quality of service is right at the top of the tree."
- Staff, including the registered manager, received support. Some support sessions were slightly behind expected timescales, but the registered manager had plans in place to address this. We noted some senior staff had family members working within the organisation and one had undertaken support sessions for their family member. The registered manager confirmed this had been an oversight and would not happen again.
- Staff had received an induction, a range of training and competency checks. Further training had recently taken place with other refresher training planned, including moving and handling training. One staff member said, "The training was good." A further staff member said, "I have had numerous medication spot checks carried out by supervisors and have recently started a course on medication."

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

- People's needs were assessed before they used the service to make sure the right care could be provided. Assessments included consideration of any specific needs a person may have had. This included for example, mental health or any cultural needs.

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

- People received suitable food and refreshments that were tailored to their specific needs if this was part of their care package.
- Staff monitored people's nutritional and fluid intake as part of their wellbeing regime if this was required.

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

- Staff supported people to access health services, when necessary.

- People commented on how effective care staff had been in supporting them when incidents had occurred. One person said, "I had a fit (epileptic), and had fallen whilst the carer was there. The carer knew how to keep an eye till I stopped (fitting). The carers contacted the hospital and checked I was okay."
- The service had good working relationships with other healthcare professionals. One social worker gave us an example of how the service had improved one person's physical ability.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was aware of the Mental Capacity Act (2005). No one using the service was subject to any restrictions placed on them by the Court of Protection.
- Staff respected people's rights to make their own decisions.
- People's consent and agreement to their care was recorded.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- Care provided was person centred. People were involved in the care packages they received. One person said, "Yes I do (have a care plan) and it was discussed. I was listened to."
- Staff knew most people well. One family member said, "They [staff] know her foibles. They found out about her, by hands on experience."
- People and their relatives were complimentary about the care people received and confirmed staff were responsive to their changing needs.
- The registered manager had worked hard to review care records to ensure the individual preferences of how people wished to be supported was recorded for staff to refer to. One staff member said, "Care plans are much better than they used to be. They have all the information you need and what you need to do." A very small number were still in the process of being reviewed.
- Some people had not always received their care call in line with their preferences. The registered manager was aware of the current staffing issues and was working to address this, including covering care calls themselves and recruiting new staff. This is addressed in the safe and well-led sections.
- People were asked which gender of staff they preferred, and this was adhered to and marked on the providers electronic monitoring system. One person said, "My husband prefers male carers and he gets male carers. I get female carers as I prefer that."

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 sensory and communication needs had been assessed and shaped part of their care plan. For people who had a specific need, there was information to ensure staff could support them and they could be understood by staff.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate, learn from and respond to complaints. We noted the outcome email or letter of apology was not always recorded. This was going to be addressed by the registered manager.

End of life care and support

- There was no one currently receiving end of life care. The registered manager told us the staff team had

previously worked closely with other healthcare professionals to ensure people's needs were fully met at this stage of their life.

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 requires improvement. At this inspection this key question has remained the same. This meant that although the service management and leadership was consistent, they had not always delivered high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had not always made sure that governance systems were sufficiently robust to make sure the service was effectively managed. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a warning notice.

Improvements had been made and the provider was no longer in breach of regulation 17. However, further time was needed to fully embed best practice and ensure high quality and consistent care was always delivered.

- The provider and registered manager had vastly improved quality assurance checks. This included checks on medicines, care records, complaints and staffing records. However, some areas had needed to be updated or enhanced during the inspection, including for example some medicine records, monitoring of staff COVID-19 testing and risk information.
- The provider and registered manager were committed to continuously improving the service. Since the last inspection they had introduced several management tools which supported the operations of the service. These needed to be fully embedded.
- Staff spot checks were carried out to ensure they followed best practice and understood their roles. Any issues noted were addressed, including supporting staff with refresher training if needed.

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

- The service had a culture which focused on people receiving personalised care. This had not always been the case, for example due to the lateness of some care calls.
- There were mixed views from people and their relatives as to whether the service was well run. This was mainly due to staff issues, including shortages and perceived work overload.
- Staff said they could approach the registered manager at any time.
- The provider and registered manager were open and honest and wanted the best for people and their staff team. The registered manager contacted all staff when things went wrong in an attempt to share learning and improve the running of the service.

- The registered manager was present throughout the inspection process and supported it fully.

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

- Communication was considered to need some improvement by the people, staff and healthcare professionals we contacted. People did not always feel listened to. One person said, "Communication is rubbish. They don't know how to use a phone." A staff member said, "When I'm running late, I will ring the office to ask them to call the next person and let them know. Sometimes I get to the next person to find they have not been called which can make people anxious."
- People's views were sought. Questionnaires had been sent out and their responses had been received and analysed with action taken where appropriate.
- Staff were asked their views in support sessions, meetings and other ways, including a suggestion box placed in the main office. Some staff thought they were not always listened to or valued. This was brought to the attention of the registered manager.

Working in partnership with others

- The service had a good working relationship with healthcare professionals. One healthcare professional said, "[Registered manager's name] is good at returning calls and making decisions."
- We received mixed comments about some office staff not returning calls. This was raised with the registered manager during feedback to address.