

Home Care & Support Limited

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Inspection report

Chatterton Works
Chantry Lane
Bromley
Kent
BR2 9QL

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28 April 2016
29 April 2016

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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

This inspection took place on 28 and 29 April 2016. We gave the provider 48 hours' notice we would be visiting to ensure the registered manager would be at the service. At our previous inspection on 06 and 11 June 2014 the service was meeting all the legal requirements we inspected.

Home Care & Support Limited provides personal care and support for approximately 240 people in their own homes in the London Borough of Bromley. On the day of our inspection there were 240 people using the service.

Home Care & Support Limited had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were systems in place that ensured people received their care on time and people were kept safe and their needs were met. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. The service had systems in place to manage accidents and incidents whilst trying to reduce reoccurrence.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

There were enough staff on duty to meet people's needs and there was an out of hours on call system.

The provider conducted appropriate recruitment checks before staff started work to ensure staff were suitable and fit to support people using the service.

Staff training was up to date. Staff received supervision, appraisals and training appropriate to meet people's needs and enable them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with kindness and compassion and people's privacy and dignity was respected. People were provided with information about the service when they joined in the form of a 'service user guide'

which included the service's complaints policy.

People were involved in their care planning and the care and support they received was personalised and staff respected their wishes and met their needs. Support plans and risk assessments provided clear information for staff on how to support people using the service with their needs. Support plans were reflective of people's individual care needs and preferences and were reviewed on a regular basis. Peoples' care files were kept both in people's home and in the office. People were supported to be independent where possible such as attending to some aspects of their own personal care.

People and their relatives knew about the home's complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

People told us they thought the service was generally well run and that the registered manager was supportive. There were systems in place to carry out staff spot checks to ensure consistency and quality was maintained whilst supporting people in the community. The registered manager was aware of their responsibilities as a registered manager in relation to notifying CQC about reportable incidents.

There were effective processes in place to monitor the quality of the service and the registered manager recognised the importance of regularly monitoring the quality of the service provided. People and their relatives were provided with opportunities to provide feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

There were systems in place to manage accidents and incidents.

Appropriate recruitment checks took place before staff started work. There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had completed induction training when they started work and mandatory and refresher training for staff was up to date. Staff received regular supervisions and annual appraisals.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

People received food and drink suitable to their needs.

People had access to health care professionals in order that they maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff delivered care and support with kindness and consideration.

People were treated with respect and their dignity was protected.

People were provided with information about the service when

they joined and we saw people were provided with a copy of the provider's service user guide.

People told us they were involved in their care planning and the care and support they received was personalised, and respected their wishes and met their needs.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive

People's support, care needs and risks were identified, assessed and documented within their care plan.

People's needs were reviewed on a regular basis.

People were aware of the complaints procedure and given information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People told us they thought the service was generally well run. Staff said there was a good atmosphere and open culture in the service and that both the registered manager and the provider were supportive.

There were effective processes in place to monitor the quality of the service provided.

There were systems in place to carry out staff spot checks to ensure consistency and quality was maintained whilst supporting people in the community.

The provider took into account the views of people using the service, relatives, healthcare professionals and staff.

Home Care & Support Limited

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 checked whether the provider was 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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also spoke with the local authorities that commission the service to obtain their views.

This inspection took place on 28 and 29 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be there. The inspection team comprised of one adult social care inspector. The inspector attended the office on the first day of the inspection and made telephone calls to people who used the service and staff on the second day of the inspection.

We spoke with seven people who used the service, three relatives, four members of staff, the registered manager and the provider. We reviewed records, including care records for twenty-four people who used the service, fourteen staff members' recruitment files and training records. We also looked at records related to the management of the service such as quality audits, accident and incident records and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with their care workers, and felt well supported by the agency. One person we spoke with told us "I feel very safe here, I have an excellent carer." Another person told us "They always wear their badge and uniform so I always recognise them". A relative told us "I feel my [relative] is in safe hands".

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The manager told us that all staff had received training on safeguarding adults from abuse. Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and would use it if they needed to.

Risk assessments including falls, medicines, fire and moving and handling were carried out and retained in people's care files. For example, it was identified that one person who used the service smoked. Their fire risk assessment highlighted that there was no fire alarms within the property to keep the person safe so they had been advised to have one installed.

People told us they were happy with the support they received with managing their medicines. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. We looked at medicine administration records (MAR). We saw each record had been signed by staff once they had observed the person administering their own medicine. We saw medicines risk assessments were in place and described the risk and what action to take. This meant appropriate arrangements were in place for the administration of medicines. Staff had received medication training and this was updated on a regular basis. One person we spoke to told us "I can take my own medicine or my carer reminds me." Another told us "I take my own medicine but know that my carer would help me if need be".

There were systems in place that ensured people received their care on time. The service had an electronic call monitoring (ECM) system in place which allowed office staff to see if any care workers were running late for people's calls and to check that staff stayed the full length of the required call time. The ECM also checked that in emergencies staff stayed longer than required. The ECM system is a live computer system that showed office staff via a display screen when staff were travelling between visits, were running late, when they had arrived and how long they had spent with people. On the day of our inspection we observed there were no missed calls but there were some care workers who were running late. Staff we spoke to told us this could be because the staff member did not have the opportunity to confirm they had arrived at the person's house as they had to immediately deliver personal care or because they were late due to public transport delays. An investigation into every late call was carried out to establish the reason.

We received mixed reviews about the punctuality of staff. One person we spoke to told us "I have never had any missed calls and my carer is on time as she has her own car". Another person told us "I've never had any missed calls and they are rarely late". A third person we spoke to told us "My carer is sometimes late as they

travel by public transport. But I am always kept informed if this ever happens". A relative we spoke to told us "I don't feel carers get enough travel time between visits and sometimes I feel they rush their visit if they are a little late".

Staff we spoke to told us that most of the time they felt the allocated times for travelling to people using the service was enough to address all their needs. There was only an issue if public transport did not run on time. However, if this was the case they would inform the office who in turn would let the person using the service know. The registered manager and senior staff members we spoke to told us that staff who travelled on public transport had their journeys calculated to allow for traffic and for additional time on Sundays to always ensure people's needs were met in a timely manner. In addition they told us that if problems were identified with staff arriving late, this would prompt a review of the timings and allocations for the member of staff. There was an out of hours on call system in place to help maintain continuity at weekends and during the night. Staff and people we spoke to told us there was a prompt response from the person on call if they rang for any advice or support.

Is the service effective?

Our findings

People and their relatives told us they thought their care workers were competent and knew what they were doing. One person we spoke to told us "The carers absolutely know what they are doing, they are very good." A relative we spoke to told us "The carers are great; they know exactly what needs to be done".

Staff told us that they had completed an induction programme which included shadowing other staff when they started work. The induction included reading policies and procedures, diversity and equality. Staff also told us they had completed all mandatory and refresher training which included safeguarding, fire safety, food and hygiene, moving and handling and medicines. Records confirmed staff training was up to date and training due for renewal had also been recorded with expiry dates. Staff commented on the training available to them. One member of staff told us, "We get a lot of training; all my training is up to date". "Another told us "I have regular refresher training, it's very good and keeps me up to date".

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 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. 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us that this did not currently apply as all people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives if appropriate, and any other relevant health care professional to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Staff were able to demonstrate their understanding of the MCA 2005 and understood the need to gain consent when supporting people. One staff member said "I always ask people if they are happy for me to support them". Another said "I also ask people what they would like me to do and I always explain what I am doing"

Staff told us they received regular supervision sessions which they found supportive and had an annual appraisal of their performance. Records confirmed this. In addition we saw that spot check visits were undertaken by senior staff within the community and these acted as part of direct observational supervision sessions. Staff confirmed that spot checks were undertaken unannounced, and the format of spot checks covered a number of areas such as, the way staff were dressed and presented and if they were wearing appropriate personal protective clothing, care delivery and communication and engagement with people.

People told us their nutritional needs were met. Support plans included guidance for staff about people's nutritional requirements, including any known allergies. The majority of people did not need any support with their meal. However, where people did require support with preparing meals this was recorded in their support plans, this included making drinks and preparing breakfast. One person told us, "My carer helps me with my breakfast". Another person told us, "My carer knows my needs well and knows what meals I like and pops them in the microwave for me".

People had access to health and social care professionals when required and we saw that staff worked well with professionals to ensure people's health needs were met. Care records contained details of how to contact relevant health and social care professionals and their involvement in people's care, for example, information from the GP or district nurses. Staff told us they would notify the office if they noticed people's health needs change or if they had any concerns.

Is the service caring?

Our findings

People told us that their care workers showed kindness and understanding in the way in which support was given to them. One person told us, "They are very good and caring". Another person said, "They are friendly, considerate and very caring". However, some people told us that there had been changes in staff and different care workers visited them when they preferred to keep their regular care workers. One person said, "My regular carer is very good, although sometimes they are taken away from me because they drive and are allocated to other people". Another person told us "The carers that visit me in the week are very good, I have different carers at weekends and they seem to rush". We spoke with the registered manager about the continuity of care and they told us they were in the process of employing more staff to meet people's needs and to ensure continuity of care as much as possible.

People were provided with appropriate information about the home in the form of a service user guide. This guide outlined the standard of care to expect and the services offered. People told us they were treated with dignity and respect. One person said, "My carer is considerate and makes sure the curtain is pulled when I am having a shower." Another told us "They always make sure that they close doors."

People told us they were involved and consulted about their care and support and their individual needs were identified and respected. Care plans contained a personal account of people's history; preferences about their care and detailed guidance for staff on how best to meet people's individual needs. For example, the preferred name they liked to be called by. One person told us "I am always involved and know what's going on". A relative we spoke to told us "I am very involved in my [relative's] care planning and work closely with the agency".

People were supported to be independent where possible, for example to wash their faces or brush their hair. One person told us, "I want to do what I can; I wash my own face". Another told us "I do what I can when I can and if I need help they help me".

Staff told us they knew where to locate important information about people within their own home's and had access to people's identified care needs and risk assessments. They told us care plan records were updated regularly and were reflective of people's needs. One member of staff said, "Whenever I visit someone I always make sure I look at their care plan to make sure I am doing things correctly and that there have been no changes in their needs".

Staff were also knowledgeable about people's needs in relation to disability, race, religion, sexual orientation and supported people appropriately to meet identified needs or wishes

Is the service responsive?

Our findings

People told us that care workers carried out their duties as discussed and in accordance with their care plan. One person said, "They know what to do and get on with it." A relative said, "It's all written down, they always know what they are doing".

Assessments of people's needs and risks were conducted when people joined the service. The registered manager told us that prior to any person being accepted by the service a full assessment of their needs was undertaken by a team leader to ensure the service could meet their needs.

We saw care files were well organised and easy to follow. Care files included individual support plans addressing a range of needs such as communication, personal hygiene and physical needs. Care files also included people's life histories and staff recorded daily progress notes that detailed the care and support delivered to people. People told us they had a choice in the gender of their carer. One person said "I always have a lady carer." One relative we spoke to told us, "My husband insists on having a male carer and the agency always provide this".

Support plans were person centred and identified people's choices and preferences. Staff knew people well and remembered things that were important to them. For example, one person told us, "They know I like to sleep late so have a call later in the day". Another told us "I am also given a choice clothes I want to wear, whether it's a dress or trousers". Support plans and risk assessments we looked were reviewed on a yearly basis or more frequently if required.

We saw the service had a complaints policy in place and the procedure was displayed in the main office and available in people's care files for reference. One person told us, "I know how to make a complaint and would do if I felt the need." Another person told us, "I know the complaints policy is in my care file and know that the manager would sort any problems I might have." We noted that details of complaints were clearly documented and we saw that they were responded to in a timely manner. For example, the service had received a complaint about the late arrival of a carer; we saw that in response spot checks had been conducted over a period of four weeks to ensure that carers arrived on time.

Is the service well-led?

Our findings

People we spoke with were positive and complimentary about the care and support they received and the way in which the service was managed. People told us they thought the service was generally well run. One person said "When I've rung the office, they always answer". Another person told us "The carers are brilliant and office staff are nice. I think it's a good service but like anything there are always some issues, like carers being late due to public transport".

The home had a registered manager who had been in post for some time and was knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety.

Staff told us they were happy working in the service and spoke positively about the leadership which was receptive to staff input. One member of staff told us, "I like the manager and the team, we all pull together". Another member of staff told us, "I do think the service is well run, the manager and owner are hands on". And a third member of staff told us "I like working here, I have no complaints". Staff also told us that the manager and provider was really supportive and operated an open door policy. One member of staff said "I can go to them at any time if I have concerns and they will act".

There were effective processes in place to monitor the quality of the service and the registered manager recognised the importance of this. Records demonstrated regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people using the service. These included care plans, risk assessments and safeguarding. Regular spot-checks were carried out to ensure that staff were wearing their uniforms and identification badges, that they were punctual and were meeting people's needs. This enabled the managers to have an oversight of the service and to remedy any risks which might affect people's health, safety and well-being. One person we spoke to told us "I think it's very good that spot checks are carried out". One member of staff told us, "The manager does spot-checks whilst we are with the client which helps, it gives me the opportunity to always learn".

The provider produced a monthly staff newsletter which provided staff with information about the running of the service and any changes that may affect the way in which they worked. We looked at the most recent newsletters and saw that each month one of the CQC's five domains of safe, effective, caring, responsive and well led were discussed to ensure staff were meeting them. We saw that the provider ran a carer of the month award and star carer award quarterly. The provider told us that they ran these awards to recognise and celebrate staff achievements. They told us that they had a strict criteria for scoring staff for the award that took into account any positive feedback from people using the service and the compliance rates for attending calls and meeting people's needs.

We saw that team leader meetings were held bi-monthly and care worker meetings were held on a weekly basis to ensure the service ran smoothly. We looked at the minutes of recent meetings held which included

discussions around spot checks, personal protective clothing, the introduction of the Care Certificate and policies and procedures. Minutes documented included advice and actions to be taken to ensure improvements to the service were made when required. For example, ensuring care staff attend their one to one weekly meetings and that team leaders document these. Staff told us they were provided with a staff hand book when they joined the service to act as a guide and to remind them about the provider's policies and procedures.

The service took account of the views of people using the service through regular surveys. We saw that the home also carried out an annual service user survey for 2015, feedback received was very positive. For example, one person wanted to make a change to their care package and the agency took action to implement the changes. The provider told us that if there was any negative feedback this would be analysed and the information would be used to produce an action plan and make improvements at the service.