Herefordshire Housing Limited

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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

Summary of findings

Overall summary

The inspection took place on 27 July 2016 and was announced. Hereford Housing Limited is registered to provide personal care to people living in their own homes.
The company operates two distinct services: an enhanced living scheme for people living in their own flats and a community-based reablement service. There were 66 people using the service at the time of our inspection.

A registered manager was in post and was present during our 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 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 provider had trained staff in how protect people from harm and abuse. Staff knew how to recognise the signs and symptoms of abuse, and how to report these to a manager or senior member of staff. The risks associated with individual's care and support needs had been assessed and managed. People's involvement in decisions about risks had been encouraged. The provider followed safe recruitment practices to ensure all new staff were suitable to work with people.

People received the support they needed from staff with their medicines. Staff had received medication training and their competency in this area was checked.

Staff had the necessary skills and knowledge to meet people's needs effectively. Staff received an induction to the service and participated in an ongoing programme of training. Staff attended regular one-to-one sessions with a senior member of staff or manager, as part of which any training needs were discussed.

The management team understood the requirements of the MCA. Staff sought people's permission before carrying out care tasks, listened to them and respected their decisions.

People received the support they required with their food and drinks. Any risks associated with people's eating and drinking were assessed and managed. Staff supported people to have a healthy, balanced diet.

Staff supported people in a caring manner. People felt listened to and able to express their views. Staff treated people with dignity and respect.

People's involvement in care planning was encouraged and they received personalised care and support. People knew how to raise any concerns or complaints about the service,and felt confident about doing so.

The registered manager promoted an open culture within the service. People and staff found the management team approachable. Staff felt well-supported by the registered manager and received consistent leadership and management.

The provider had developed quality assurance systems to assess the quality and safety care and supported provided, and to drive improvement.

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

People were protected from harm and abuse by staff who had been trained in how to keep people safe. The provider had assessed, recorded and managed the risks to individuals. The provider followed safe recruitment practices. People received their medicines safely with the support of trained staff.

Is the service effective?

Good

Staff had the necessary knowledge and skills to support people effectively. Staff sought people's consent before carrying out care tasks. People had the support they needed to ensure they had enough to eat and drink. Staff supported people to access health services.

Is the service caring?

Good

Staff adopted a caring approach towards their work with people. People were supported to express their views about the care and support they received. Staff treated people with dignity and respect.

Is the service responsive?

Good

People received personalised care and support. The provider encouraged people's feedback and acted on this. People knew how to raise complaints about the service.

Is the service well-led?

Good

The registered manager promoted an open culture within the service. They provided consistent leadership and management to the staff team. The provider had developed quality assurance systems to drive improvement.

Herefordshire Housing 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 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 27July 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 someone would be in.

The inspection team consisted of 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.

As part of our inspection, we looked at the information we held about the service. We also contacted representatives from the local authority and Healthwatch for their views about the service. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with 13 people who used the service and one relative. We also spoke with 12 members of staff, including care staff, senior care staff, the care and support manager, the registered manager, the wellbeing services manager and the head of total wellbeing services

We looked at the care records of two people, and records associated with the handling of complaints and the provider's quality assurance systems.

Good

Is the service safe?

Our findings

People explained to us how staff helped them to feel safe in their own homes. They told us the friendly and respectful manner in which staff approached their work played an important part in this. One person told us, "I feel safe because there's someone there, and I've grown to trust them." Another person said, "I've been given brilliant support. I feel completely safe. There's someone there to catch me if I fall."

People were encouraged to voice any concerns they had about their care and support. The provider's contact details were printed on the front of people's care files kept in their homes. People told us that they would make use of these contact details, if they needed to. Staff understood their role in supporting people to bring to the provider's attention anything that was worrying them. They told us they would listen to people's concerns, make a record of these and pass this information on to a senior member of staff, as appropriate. One person told us, "I feel safe because I can talk to the carer if I have a problem."

The provider had taken steps to keep people safe from harm and abuse. Staff had received training in the different forms of abuse and how to spot the potential signs and symptoms of abuse. They also underwent periodic checks by a senior member of staff or a manager to confirm their competency in this area. Staff gave us examples of the kind of things that would give them a cause for concern, such as unexplained bruising or injuries, changes in people's mood or behaviour, or loss of appetite. They told us that they would immediately report any concerns of this nature to a manager or a senior member of staff, and would make an appropriate record of these. The provider had developed written procedures for dealing with any allegations of abuse, and had previously notified the Care Quality Commission and other external authorities in line with these.

People were involved in decisions about risks associated with their care and support. A senior member of staff met with people before their care started to discuss and agree how staff could help to keep them safe. This information was then reviewed and updated with people at regular intervals. One person told us, "We sat down in the beginning and discussed the support I would be getting. Now it's all recorded in the book (care plan)." We saw that written plans had been produced to manage the risks to individuals, following these discussions with people. These plans provided staff with guidance in relation to the risks associated with, for example, people's health needs, their home environment, their mobility, and any behavioural issues.

Staff had been given training in how to reduce the risk of harm to people and themselves by identifying and reporting hazards in people's homes. Staff described a range of common hazards which they looked out for, including trip hazards and obstacles, fire safety issues, food hygiene concerns and unsuitable furniture or equipment. Staff told us that they would report any significant risks identified to a senior member of staff or manager, who would address these issues. The provider had developed systems to ensure that information on risks was shared with all relevant staff. This involved regular staff meetings, handover between shifts, emails, telephone calls and maintaining up-to-date information on risks in people's care files. Handover is the means by which staff leaving duty pass on important information about people and the events of that shift to those arriving on duty.

People were supported by staff who had received training in how to deal with emergency situations, and who had the support of an on-call senior outside of office hours. One staff member talked us through the actions they had taken upon discovering a person had fallen. This had included using the person's personal alarm to request an ambulance, staying with the person until help arrived and, later, completing an accident form. The provider and registered manager monitored any accidents, incidents or near misses on an ongoing basis, in order to learn from these. The registered manager gave us an example of how they had used the information reported by staff regarding the deterioration in a person's mental health. This had prompted the registered manager to work with external professionals to ensure the person had the support they needed to recover in hospital.

The registered manager told us that they assessed, planned and adjusted their staffing requirements, based upon people's individual support needs and the total number of care hours delivered. The provider was seeking to fill a number of care staff vacancies at the time of our inspection. The registered manager explained that they were using regular agency staff to ensure people's needs were met with consistency in the meantime. People confirmed that staff were generally reliable, and that missed calls were not a significant concern. The provider adhered to safe recruitment practices to ensure all staff employed were suitable to work with people. All new staff underwent a Disclosure and Barring Service (DBS) check and were required to provide satisfactory employment references before being allowed to start work. DBS checks help employers to make safer recruitment decisions. The staff we spoke with confirmed that they had been subject to these checks.

People required different levels of support from staff with their medicines, and were satisfied with the help received in this area. However, one person was concerned about the timing of their morning calls, which had, they said, resulted in them not having the right support, at times, to take their medicine at this time of the day. We discussed this concern with the care and support manager who assured us they would look into this matter. The provider had produced written procedures to ensure people received their medicines safely. Staff had received training in their associated roles and responsibilities. Their competency in this area was checked, on a periodic basis, by a senior member of staff or a manager. The provider had also recently employed an in-house trainer with the specific responsibility of delivering tailored medication training. This appointment had been made, in part, in order to further improve the standard of record-keeping around people's medicines and to minimise the risk of medication errors.

Good

Is the service effective?

Our findings

People felt that staff had the necessary skills and knowledge required to meet their individual needs. One person told us, "You can tell they are well-trained by the way they put themselves over and by their manner." Another person said, "They are very competent at what they do." Another person felt it was important that staff recognised the extent of their professional competencies and training, and never worked outside of these. This person told us, "They (staff) are very careful not to exceed their brief."

The provider had developed an induction programme to prepare new staff for their roles. Staff told us that this had been a valuable and unpressured opportunity to understand the provider's procedures and practices, work alongside more experienced staff and get to know the people they would be supporting. One staff member told us, "I was asked if I was ready to go out on my own at the end of it (my induction)." Another staff member said, "Their attitude was that it takes as long as it takes."

People were supported by staff who participated in an ongoing programme of training, following their induction. Staff told us that the training provided reflected the expectations of their job roles and the individual needs of the people they were supporting. They felt able to request any additional training, as needed. A senior member of staff described the benefits of a managerial course they had attended, which had improved their assertiveness and given them some useful tools in leading and supervising staff. Another staff member explained how a record-keeping course had emphasised the difference between fact and opinion and helped them to produce more appropriate care records. The provider kept up-to-date training and development records to monitor staff training needs.

Staff had regular one-to-one meetings with a senior member of staff or manager to identify any additional support needs they may have, and to provide them with constructive feedback on their performance. Staff confirmed that these meetings were helpful, two-way conversations during which they could bring forward any issues, concerns or training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager understood the requirements of the MCA. They told us that capacity assessments were carried out and recorded, as necessary, and that any decisions taken on other's behalf were made in their best interests. The registered manager acknowledged that not all staff had received formal training in relation to the implications of the MCA. They told us they were in the process of addressing this lack of training. The registered manager checked staff members' understanding of the MCA as part of their one-to-one sessions and during staff meetings.

The staff we spoke with recognised what the MCA meant for their work with people. They understood the

role of capacity assessments, the need to ask for people's permission before carrying out tasks, and the importance of respecting their decisions. One staff member told us, "At every step, I talk to them and ask them if it's ok for me to carry on." Another staff member told us about their involvement in best interest decision-making regarding a person's personal care needs. People confirmed that staff sought their consent before performing care tasks. One person told us, "Staff ask my permission before they do any care."

People told us that staff gave them the level of support they needed to ensure they had enough to eat and drink. One person described how they made a cup of tea with staff at breakfast each morning, and how staff checked they had something to eat for lunch later on in the day. Staff recognised people's right to choose what they ate and drank each day. One staff member told us, "I ask them what they want to eat and drink; I don't take it for granted." The registered manager told us that any risks associated with people's nutrition and hydration were assessed, recorded and managed. People's food and fluid intake was monitored and recorded by staff, as needed. One staff member told us that one person had a reduced appetite due to a serious illness. Staff encouraged this person to eat enough through offering them a choice of food that they knew this person would find tempting. Staff also played a role in encouraging people to have a healthy, balanced diet. Another staff member told us how they supported one person to eat more healthily, due to health concerns, following input from a nutritionist. Staff prepared healthy meals for this person, and encouraged them to make healthier choices when shopping for food.

People told us that staff helped them to maintain good health. They described how staff had taken prompt action when their health had deteriorated or they were unwell. One person told us, "They called an ambulance because my heart was racing. They did everything that should be done." Staff spoke with a good understanding of people's individual health needs. Staff kept up-to-date with people's individual health needs by reading people's care files, and through receiving regular updates from senior staff and the management team. We saw that people's care files contained information about any current health conditions or issues. Staff understood their role and responsibilities in relation to monitoring people's health, and reporting any health concerns. One staff member told us, "When in people's flats, if we have any worries about them or don't feel they look well, we pass it on to the supervisor." In helping people to maintain good health, staff worked collaboratively with a range of external health professionals, including GPs, occupational therapists, physiotherapists, speech and language therapists and community psychiatric nurses.

Good

Is the service caring?

Our findings

People told us that staff approached their work in a caring and compassionate manner. One person told us, "With ninety per cent of them (staff), there's the underlying feeling that their work is very important to them and they've shown it through the way I've been treated." Another person said, "You can tell by their attitude and the way they speak to you that they do care."

The staff we spoke with knew the people they supported as individuals, and talked to us about them with affection and respect. Staff told us that they got to know people well through, above all else, spending time talking with and listening to them. One staff member told us, "You talk to people. I'm always asking them questions because I want to know the way they want me to support them. We're talking constantly. I'm there for them and not the other way around."

People told us they felt involved in decisions about their care and support, and were listened to by staff. One staff member told us, ""Anything you need to know is in their (people's) care files. You get to know them more by sitting down and talking to them."
The registered manager told us that one person had previously been supported to access advocacy services in order to ensure their voice was heard on a financial matter. They told us that people would be signposted to advocacy services and offered any necessary assistance to access these in the future, as needed.

People told us that staff showed respect for their privacy and dignity. One person told us, "All of them (staff) show extreme courtesy and respect." Another person said, "They look beyond personal care to the person. They are very respectful of my property and possessions." The staff we spoke with understood the importance of treating people with dignity and respect. They described how they put this into practice in their day-to-day work by, for example, protecting people's modesty when helping them to wash and respecting people's choices and decisions about their care. Staff had received training in relation to dignity and respect, and some of them had signed up to be "dignity champions", in order to act as good role models for other staff. The management team checked whether staff were treating people in a respectful and dignified manner as part of the periodic spot checks they completed with staff. Staff also recognised their duty to protect the confidentiality of the personal information which they had access to as a result of their work with people. One staff member told us, "You can't chat about work at home or at the pub. What happens at work stays at work. Information is only shared within the team on a need-to-know basis."

Good

Is the service responsive?

Our findings

People told us that they had the opportunity to contribute to their care plans. One person said, "I didn't write the care plan. I told staff what I wanted and they wrote it down." Another person said, "There is a blue book here. The carers write in it what they do and what I can do." This person went on to say, "Yes, I think the staff listen to me. If I mention anything, the carer will write it down." Staff encouraged people to be involved in the initial assessment of their individual care and support needs, and the subsequent review of these. Staff understood the importance of putting people at the centre of their own care. One staff member told us, "It's about the person always making their own choices. They plan for what they want and how they want to live." People confirmed that they received the care and support they needed. One person described how staff had helped them to gradually regain the confidence to walk following a stroke.

Staff told us that they were given the time to read people's care plans and understood the importance of the guidance these provided. One staff member told us, "Without the care plans we'd be going in blind." However, we saw that, although they demonstrated people's involvement, care plans contained limited information about individuals' personal histories, preferences, interests and aspirations. We discussed this with the provider, who assured us that this had been identified as an area of improvement, and would be addressed. This had not impacted upon the people who used the service, whose wishes and preferences had been taken into account by staff.

People knew how to raise any concerns or complaints with the provider, and felt confident about doing so. One person told us, "If I had any concerns, I would phone the HQ and speak to staff there." Another person said, "I go directly to the organisation to resolve it at that level." This person described how the provider had listened to and addressed their concerns about the attitude of a particular member of staff.

The provider had developed formal procedures to ensure that any complaints received were dealt with appropriately. Staff understood their role and responsibilities in relation to these procedures. They told us they would confirm people knew who to speak to regarding their complaint, and offer them encouragement and reassurance to pursue this. We saw that the provider had received a complaint in June 2016, which had been investigated in line with their procedures. Action had been taken to resolve the concerns raised, and the complainant provided with a written response to their complaint.

People's feedback on the care and support provided was encouraged by the provider and the registered manager. People were asked to complete feedback surveys at regular intervals or at set points in their care. We saw that the registered manager collated and took action in response to this information. For example, one person had raised a concern regarding the frequent changes in staff supporting them. In order to resolve this issue, the registered manager had, amongst other things, reorganised the staff rota to ensure greater consistency in the staff supporting this person and others. The provider also operated a key worker system, which involved a named senior member of staff acting as a point of contact for people and their relatives, as a further means of encouraging them to have their say.

Good

Is the service well-led?

Our findings

The management team promoted an open and collaborative culture within the service. They valued the contribution which others had to make, and encouraged good communication with the people who used the service and the staff employed to support them. People told us that they had had varying degrees of contact with the registered manager and senior staff. However, people felt comfortable about contacting the registered manager or senior members of staff, should they need to.

Staff talked to us about their work with enthusiasm. They felt well-supported by a management team who were fair and approachable. One staff member said, "They (management) are always around and quite happy to talk to us." Another staff member said, "[Registered manager] is very supportive and straight-laced. She praises you and is very fair." Staff told us they felt able to bring any suggestions, issues or concerns to the attention of the management team, and to challenge their decisions where necessary. One staff member described how they had questioned why a particular person was still in need of support from the reablement service and was given a satisfactory explanation by the management team. The provider had developed a whistleblowing policy and staff told us they would make use of this, if necessary.

Staff told us that regular staff meetings gave them the opportunity to voice their opinions and helped them to feel involved in the service. One staff member described how, at a recent staff meeting, staff had been consulted about new ideas for group activities which people may enjoy. This staff member's suggestion for a new craft activity had been taken on board by the registered manager, and was due to introduced in the near future. Staff had been issued with job descriptions and understood their job roles and responsibilities. One staff member told us, "It's running smoothly and we all seem to know our roles." The provider had developed a written statement of their vision and values, and the staff we spoke to had an awareness of this.

There was a registered manager in post at the time of our inspection. The registered manager provided effective and consistent leadership and management to the service, providing staff with a clear sense of direction. They described how they kept up to date with best practice through attending regular managers' meetings and management courses, and attending events run by the local authority. The registered manager told us that they felt they had the support and resources they needed from the provider to develop the service and drive improvement.

The provider had developed a range of quality assurance systems to measure and assess the quality and safety of the service. These included specific audits in relation to the content of people's care files, the standard of staff record-keeping and people's medicine records. Staff underwent periodic spot checks and competency tests to confirm whether they were working in a safe and appropriate manner. The provider also employed a health and safety office to review their environmental risk assessments and safety certification, amongst other checks. We saw that where the provider's quality assurance systems had identified areas of improvement, action had been taken by the provider to address these. The Wellbeing Services Manager described the range of measures which had been introduced to further improve the

effectiveness of the reablement service. This included the appointment of an occupational therapist to provide additional support and mentorship to staff, and ensure that people received more targeted support.