Home Care Assistance U.K. Limited

Home Care Assistance UK Ltd

Inspection report

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Date of inspection visit:
12 July 2016

Date of publication:
25 August 2016

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

The inspection took place on 12 July 2016 and was announced. The provider was given 48 hours' notice as we needed to be sure the registered manager would be available to talk to us. The service was last inspected in January 2014 when it was issued with a requirement notice relating to staff recruitment. The service had addressed this issue and staff recruitment was now completed safely.

Home Care Assistance UK Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection they were providing support to one person.

The service had a registered manager in post. 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.

Relatives told us they felt sure that people were receiving personalised care in a safe way. Staff described the measures they took to reduce risks and provide safe support. Written risk assessments did not contain the level of detail required and relied on staff knowledge. We have made a recommendation about risk assessments.

Staff received training to ensure they had the knowledge and skills required to perform their roles and responsibilities. This included specialist training on the use of equipment and health issues. Staff told us they received regular support and supervision from the registered manager but this was not recorded. We have made a recommendation about supervision of staff.

People were supported to eat and drink enough and to maintain a balanced diet. Staff worked closely with health professionals to ensure that people's health needs were met.

Staff described how they offered people choices and respected their decisions. The service was working within the principles of the Mental Capacity Act 2005.

Staff demonstrated a caring attitude towards people they supported. Relatives spoke highly of the attitude of the staff and registered manager. People were supported to maintain their friendships and relationships.

Relatives told us the service was flexible and made changes according to people's needs. Staff knew the details of how to support people according to their preferences and how to respond if their needs changed. This was not consistently reflected in the care plan. We have made a recommendation about care plans.

The service had a robust complaints policy with clear timescales for action. The service had not received any complaints.

The service had a positive culture that was focussed on providing personalised support to people in their homes. Relatives and staff told us the registered manager was approachable and contacted them daily to ensure the quality of the service. The registered manager did not record these contacts. We have made a recommendation about quality assurance mechanisms.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

A relative told us they thought people were safe using the service.

Staff were knowledgeable about how to mitigate risks and protect people from harm. They understood how to raise concerns about abuse.

Risk assessments lacked detail about the measures in place to reduce risks.

The service had a robust medicines policy and staff received training on administering medicines. At the time of our inspection no one was receiving support to take their medicines.

Is the service effective?

Inspected but not rated

Staff received the training they needed to perform their roles. They told us they received supervision but this was not recorded.

The service was following legislation and guidance regarding consent to care.

People were support to eat and drink enough and to maintain a balanced diet.

Staff worked closely with health professionals to support people to maintain their health.

Is the service caring?

Inspected but not rated

A relative told us they thought the staff had a caring attitude.

Staff knew people they supported well and described how they built up relationships with them.

Staff supported people to maintain their relationships with family and friends.

Is the service responsive?

Inspected but not rated

A relative told us the service was flexible and adapted with people's changing needs.

Care plans had been updated following changes in peoples needs. However, care plans lacked detail in some areas and did not reflect the knowledge of staff.

The service had a robust complaints policy. A relative told us issues were resolved quickly.

People were supported with activities of their choice.

Is the service well-led?

Inspected but not rated

Staff and a relative spoke highly of the registered manager and told us they were approachable and responsive.

The registered manager maintained regular contact with people, staff and relatives to ensure the service was of a good quality.

The registered manager did not keep records of the checks they completed.

Home Care Assistance UK Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was conducted by one inspector.

Before the inspection feedback was requested from local authority commissioning teams and the local Healthwatch. We reviewed the information we already held about the service, including statutory notifications we had received and previous inspection reports.

At the time of our inspection the service was working with one person. We reviewed their care file and records of care delivered. We were unable to speak to them. We spoke with their relative. We also spoke with the registered manager, two care workers and two health professionals. We reviewed three staff files, including recruitment and training records. We reviewed various other documents relevant to the running of the service.

Inspected but not rated

Is the service safe?

Our findings

At our last inspection in January 2014 we found that staff were not always recruited safely as the recruitment process was not robust, employment references, employment history and criminal records checks were not in place. At this inspection these issues had been addressed and staff were recruited in a safe way. Staff files contained application forms which included details of their employment history with any gaps explained. Employment and character references had been supplied and verified by the service. The service was carrying out criminal records checks with the Disclosure and Barring Service (DBS) to ensure that staff were suitable to work in a care setting.

The service employed three care workers, who provided support on a rolling rota. A relative told us they thought there were enough staff who were of a good quality. Staff absences were covered by colleagues, or through the use of an agency who also provided support to people. This meant that staff providing emergency cover were already known to people and they were not being supported by strangers. Staff told us they had previously raised concerns that the structure of their rota was too demanding and that the registered manager had made changes as a result of this feedback.

A relative told us they thought the service was "100% safe." The service had a safeguarding adult's policy which contained information and guidance for staff about how to respond to concerns that people were being abused. Staff demonstrated they understood the different types of abuse people might be vulnerable to and told us they would report any concerns to their manager. Staff told us, and records confirmed, they had attended safeguarding training. Records showed there had been no incidents or cause to raise safeguarding concerns.

The service had a robust policy on the management of medicines which contained details of how staff should administer and record medicines to ensure this was done safely. Records showed staff had received training on administering medicines. At the time of our inspection the service was not supporting anyone with their medicines.

People had a range of risk assessments to address risks they faced in their daily lives. These included mobility, moving and handling, continence, chocking, medicines and any risks associated with people's lifestyle choices. The quality of the information contained within the risk assessments varied. During the inspection the registered manager updated the risk assessments, which meant that those relating to certain tasks were much improved and contained details of how risks were managed. However, other risk assessments, particularly those relating to moving and handling tasks remained brief. For example, risk assessments relating to getting in and out of bed stated, "Needs to be hoisted by two carers." Staff described in detail how they completed these manoeuvres safely. Health professionals we spoke with, and a relative, were confident that risks were managed safely. A relative said, "They [staff] know what they are doing and why. I never have to worry." However, reliance on the knowledge and training of care staff is not a sufficient risk management strategy in the longer term.

We recommend the service seeks and follows best practice guidance on risk assessment.

Inspected but not rated

Is the service effective?

Our findings

A relative told us that when new staff joined the service they were trained on how to work with people by the registered manager. Staff told us and records confirmed they completed training on various areas of care. These included safeguarding adults, health and safety, food safety, infection control, pressure care, fire safety and nutrition. In addition, staff received specialist training on the equipment used by people from relevant healthcare professionals, including physiotherapists, occupational therapists and speech and language therapist. Where people had complex health needs, staff and relatives attended the same training to ensure they were providing support in the correct way. Staff told us they received additional training if they wanted it, or if they were not confident about an aspect of care. One staff member said, "At first I wasn't confident [using specialist health equipment] but we had training and now I'm confident."

The registered manager knew about the care certificate, but none of the staff who had started working at the service had needed to complete it as they already held relevant qualifications in health and social care. The care certificate is a recognised qualification to give staff the foundation knowledge required to work in a care setting.

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. Where people had appointed a person to make decisions on their behalf, the service held appropriate records to confirm this and involved that person appropriately in decisions relating to care and treatment.

Staff told us how they supported people to make decisions on a day to day basis and how they respected people's rights to make unwise choices. One staff member said, "I have to explain it to [person], why we are asking them to do something. They understand, so they can still refuse." Another staff member told us how they would report concerns if they thought someone's capacity to make decisions had changed. They said, "[Person] is really lucid at the moment, they have a brilliant mind. If something out of the ordinary happens I can spot it and I will tell the manager and the family." This meant staff were working within the principles of the MCA.

A relative and staff members told us how they worked closely with health professionals to ensure people's nutrition and hydration needs were met. Staff described the involvement of a nutritionist and how they followed their advice. Care plans contained details on how to monitor hydration levels and included actions to take to ensure people did not become dehydrated. Where people required the consistency of their food and drink to be modified in order for it to be safe for them to eat, staff were knowledgeable about the consistency required and how to prepare food appropriately. This ensured that people's nutrition and hydration needs were met.

Staff told us they worked closely with visiting health professionals to ensure that people were able to

maintain good health. Staff told us how they would discuss any concerns they had about people's health with them, and then raise them with the registered manager, relatives and appropriate health professionals. A member of staff told us, "When [person] had a [specific health issue] we talked to them about what we were worried about, explained it all to them and he made the decision to see the doctor and get treatment." A relative told us, "They have been on special training to meet [my relative's] health needs. I couldn't ask for more." Records of care delivered showed that staff liaised with visiting health professionals and recorded the actions they should take in order to promote good health.

The registered manager told us they completed regular supervisions with staff, either in person or over the telephone. Staff told us this was the case, however, no records were made of these meetings. Staff told us the registered manager was supportive and responsive if they asked for help, and contacted them daily to make sure they had the support they needed.

We recommend the service seeks and follows best practice guidance on recording support and supervision provided to staff.

Inspected but not rated

Is the service caring?

Our findings

A relative said, "The staff have a personal approach, they have time for my relative as an individual. They [staff] make sure he has everything he wants." A healthcare professional said, "I feel they know [person] well. They [staff] know about his interests and communications. They interact well together, make jokes and everyone laughs." Staff were knowledgeable about people's pasts and interests. Care plans contained details of people's significant relationships and staff facilitated people to have contact with people who were important to them.

Staff told us how they got to know people's communication, through the use of assistive technology where appropriate, and this helped them build relationships with the people they supported. One member of staff said, "We have time to talk, to get to know each other." Another member of staff explained how they had built their relationship with a person they worked with. They said, "I got to know them from the other staff and the file, and when you're on a long shift you're with them so you can chat and spend time with them. The family are telling us things as well."

Care files contained details of people's views on their care and their understanding of the risks they faced. Staff explained how some support had been changed after people expressed they would prefer a different approach. For example, a staff member said, "[Person] wasn't keen on [specific way of delivering support] and refused it. So we spoke with the healthcare professionals and we work with what they do like."

A relative told us they were given time alone with their relative when they wanted, and felt that staff respected their relatives choices and preferences. Staff described how they promoted people's dignity during the provision of care, for example, by ensuring doors were shut, and people were given time alone when they wanted it.

Inspected but not rated

Is the service responsive?

Our findings

A relative told us, "The service has changed along with my relative's changing needs." Records showed that care plans were updated in response to changing needs, for example, following admission to hospital. People's views on their care and preferences on how they wished to spend their time were recorded in care plans. Care plans were updated every six months or more frequently if people's needs changed. Records showed the service worked closely with other professionals to ensure that people received the support they required when their needs changed.

Relatives and staff told us the registered manager telephoned daily to ensure that care was being delivered appropriately and continuing to meet people's needs. However, there was no record to confirm these calls had taken place.

Relatives felt confident that people were receiving personalised care. One relative said, "They always put [my relative] first." Staff described what activities people enjoyed and how they facilitated people to be involved in them. Activities included watching sports and playing board games.

The service had a robust complaints policy which included details of timescales for complaints to be resolved and how people could escalate concerns if they were not happy. The service had not received any formal complaints. A relative told us they had never had reason to complain, and that if they made any suggestions for changes the registered manager took these on board quickly.

Care files contained details of people's needs in different areas of care, including personal care, meal preparation, eating and drinking, domestic tasks, relationships, decision making, sensory needs, mobility, moving and handling, health, hobbies and interests. Staff were able to describe people's needs and preferences in detail. The knowledge of staff was not reflected in the documentation which lacked detail. This was discussed with the registered manager who sent us copies of updated care plans which contained a better level of detail but still did not match the knowledge expressed by staff in conversation. Staff confirmed they learnt what support to provide from people, their relatives and more experienced colleagues.

We recommend the service seeks and follows best practice guidance on care planning.

Inspected but not rated

Is the service well-led?

Our findings

Staff and relatives spoke highly of the registered manager. A relative described how the registered manager ensured that staff were confident and competent before they started working with people. They said, "[Registered manager] is always on hand, talking to them, making sure me and my relative are involved." The relative told us how they could speak easily to the registered manager who took action to address any concerns. They said, "I don't think a day goes by without contact from [registered manager]. We had a bit of an issue once, but [registered manager] took the right decision and sorted it out."

The registered manager described in detail the support provided to people, and knew them, their preferences and needs well. They had built up a strong relationship with relatives who told us they "Could not ask for more" from the registered manager. The attitude and approach of staff providing care was aligned with that of the registered manager. This demonstrated that a positive, person centred culture had been developed in the service.

Staff also described how the registered manager contacted them daily and visited regularly to check on their welfare and performance. Staff said that the registered manager was responsive to their suggestions and listened to their ideas. The registered manager was not recording the contact they had with staff, relatives and people using the service. Following discussion they recognised the importance of recording these checks and have started to keep a running record of their contact with the service. While the service is only working with one person, informal mechanisms had been effective in ensuring the manager had oversight of the service and understanding of the quality of the service delivered. However, they would not be sufficient for a larger service.

We recommend the service seeks and follows best practice guidance on quality assurance and audit processes for domiciliary care services.