

Home Support Services (Havering & Essex) Limited

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Inspection report

Orion House
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Essex
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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 announced inspection took place on 26 April 2018. At our previous inspection on 22 March 2016 the service was rated Good with a breach relating to notifications and monitoring systems. At this inspection we found the service had improved and the overall rating remained Good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. On the day of our inspection there were 160 people using the service in the London boroughs of Havering and Essex.

On the day of our visit we met the two registered managers. 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.

Medicines were administered safely with the exception of the recording of topical creams and medicines in blister packs. We recommended that best practice guidelines were followed.

People told us they were happy with the care they received. They told us they were treated with dignity and respect by staff who were polite and kind.

Staff were aware of the safeguarding guidelines in place and knew the steps to take to record any abuse.

Risks to people were assessed with clear actions to take to reduce the identified risks. These were known and understood by staff.

Infection control guidelines were followed in order to keep people clean and minimise the spread of infection.

People told us there were enough staff to meet their needs which was confirmed in the rotas and records we reviewed.

There were robust recruitment checks in place, which ensured only staff that had been assessed as suitable to work with vulnerable people were employed. Staff were supported by regular spot checks, supervisions and annual appraisal. They attended training in various subjects in order to perform their roles effectively.

People were supported to maintain a balanced diet that met their individual preferences. They were supported to access healthcare services in order to enable them to maintain their health.

Most care plans were person centred and were reviewed regularly together with people and their relatives. We made a recommendation to ensure all aspects of care plans were person centred as aspects such as

food preferences and daily routines were not always included.

There was an effective complaints process, which was understood by people and staff. People told us they were able to raise concerns and that the management followed up any concerns with the aim to resolve them satisfactorily.

People and their relatives and staff thought the service was managed well and that there was always someone available over the phone whenever they needed assistance.

The quality of care delivered was monitored through audits spot checks and surveys and action was taken to ensure people's views were listened to.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was well-led. Since our last inspection we were receiving notifications as required by law. There were effective quality assurance systems in place to ensure the quality of care delivered was monitored and improved.

People, their relatives and staff thought the service was well-led and that their complaints were listed to with the exception on two that were still being considered.

There was an open and transparent culture where people and staff felt free to raise any concerns.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 announced inspection was completed by one inspector and took place on 26 April 2018. We gave the service 48 hours' notice of the inspection visit because it provides a domiciliary care service and we needed to be sure someone would be there to facilitate our inspection.

Before the inspection we reviewed information we held about the service and contacted the local authority and local healthwatch to obtain their feedback of the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent out 50 questionnaires to people and their relatives and received 16 responses telling us of people's experiences.

During the inspection we spoke with twelve people over the telephone. We spoke with three care staff, the care manager and the two registered managers. We looked at 10 care records and eight staff files including recruitment, induction and supervision records. We reviewed feedback from people and their relatives about how the service was run. We reviewed policies, complaints logs, telephone monitoring logs, supervision and spot-check records. We also looked at 10 medicine administration records.

Is the service safe?

Our findings

People told us they felt safe. They told us they trusted staff who supported them. One person said, "Yes, I think I am safe. They always let me know as soon as they are in the house and leave my alarm with me in case of an emergency." Staff were aware of the need to keep people's property secure and ensured keysafe codes were never left in an unsecure place to protect people from harm.

People were protected from abuse because appropriate guidance was followed. Staff were aware of how to recognise and report abuse and had attended training. One staff member told us, "Any report of abuse is taken seriously. We complete a body map and incident and let the coordinator know who in turn notifies the manager and social services." The safeguarding policy was up to date and known by staff. We found safeguarding issues had been investigated and actions had been put in place to prevent them from happening.

There were risk assessments in place in order to help assess and mitigate risks. These included mobility, moving and handling, falls, fire safety, the environment and nutrition. Staff were aware of these and could explain how these were used and updated as and when people's condition changed. One staff member gave an example of how a mobility risk assessment had resulted in a referral to a physiotherapist and occupational therapist in order to ensure the person was able to move safely.

People told us they were received their medicines as prescribed. Medicines were managed safely with the exception of five out of 10 medicine administration records (MARS) had not been completed properly. Either the name of the topical medicine administered was missing or there was just a signature to say medicine had been given without specifying what exactly had been administered. We spoke to one of the registered manager about this and they said they would address this recording issue with staff but confirmed there was a detailed list of all medicines in people's homes to assist staff. We recommend best practice guidelines are followed in relation to recording when medicines have been administered.

People told us there were enough staff to look after them. One person said, "Someone always comes to attend to my needs." Another person said, "Yes, there is staff and usually I get the same [staff]." We also saw records that confirmed that staff were matched to people's requests. We saw three staff rotas and they showed enough time was allowed between care visits to ensure staff got to people on time. We looked at late and missed visits and found they had been investigated and staff concerned had meetings to discuss and ensure there were no repeat missed visits. This ensured lessons were learnt and action taken to minimise the risk of re-occurrence and to keep people safe.

There were procedures in place to deal with foreseeable emergencies. Staff had attended first aid training and demonstrated knowledge of how to deal with emergencies such as a fire or a fall. We found incidents and accidents were reported and investigated. Any identified themes were monitored. One staff told us, "We fill a form if we notice anything amiss such as a fall or maybe medicine missing."

People said staff always wore clean uniforms and wore gloves when required. One person said, "They look presentable and respect my home." Another person said, "They do wear gloves when assisting me to the

toilet." Staff had completed infection control training and told us they had access to personal protective equipment (PPE) at the office. One staff member said, "We have had infection control, and food hygiene training. It was quite helpful and reminded me that hand washing is the most important to prevent the spread of germs."

There were robust recruitment methods in place. These included disclosure and barring checks to ensure staff did not have any convictions or barring that prevented them from working in a social care environment.

Is the service effective?

Our findings

People told us staff were able to assist them safely. One person said, "[Staff] know what they are doing. Well most of them. That makes me feel secure knowing I am in capable hands."

When people started to use the service, full assessments were completed in people's homes. This enabled people to express their needs and personal preferences. One person told us, "Yes someone came the first day to check exactly what we wanted and they introduced the staff and gave us paperwork." Assessment documentation was comprehensive and included a profile of the person's life story and likes and dislikes.

Staff continued to be supported by means of a comprehensive induction that included completion of the care certificate (a set of standards which all care staff should adhere to). Staff received regular training, supervision and annual appraisals. One staff member said, "The training is constant and useful plus we get supervisions and spot checks regularly." We reviewed supervision and appraisal records and found they had clear feedback, noted best practice and identified any areas for development.

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.

We checked whether the service was working within the principles of the MCA. People told us staff always asked for consent before they offered support. One person said, "They always ask even if they know what I like, which I think is very polite." Staff had attended mental capacity training and were able to explain what capacity meant. One staff member told us, "Capacity can vary from time to time but we try and talk to people and if they understand and retain the information then they are usually able to make their own choices."

People were supported to maintain a balanced diet that met their needs. One person told us, "They help me with all my meals." Staff were aware of people that were on special diets. One staff member told us, "If we notice anything like loss of appetite or difficulty in swallowing, we let [coordinator] know and they will make sure a referral is made." The above was confirmed within the care records we reviewed.

Staff told us they worked well as team and received regular updates via text. We also saw one staff come in to get a update of the people they were covering for another staff member. They also attended meetings and visited the office weekly to collect their rotas and receive any new information.

People were supported to access healthcare services in order to maintain their health. Care records stated people had been supported to with hospital appointments. One staff member told us how they worked together with district nurses especially where people had wounds or had to eat before they had injections so that their visits would overlap to ensure people received care that met their needs such as food just before

their medicines or a wash just before a dressing change.

Is the service caring?

Our findings

People told us staff were caring and polite. One person said staff were "Always cheerful and attentive, gentle and amenable." A second person said, "When I see [staff] name on the list I know what excellent care I will receive." Another person commented, "[Staff] certainly knows what caring means. No matter the workload [staff] always makes me feel that I receive the best attention." A relative complimented staff by saying, "They show great compassion and care." Staff spoke about people by their preferred name in great detail and demonstrated an awareness of people's preferences. The above meant people were supported by staff who were caring and compassionate.

Care records reflected people's culture and any religious preferences. One of the registered managers and a coordinator talked us through how people's diverse needs were assessed. A staff told us, "Each person is different and they we respect their individual preferences and religious beliefs." Care records included whether people preferred to have same gender staff for personal care. People confirmed to us that staff respected their religious and cultural preferences. One person said, "It's a two-way process, they listen to me and also make very helpful suggestions."

People were treated with dignity and respect. Staff had completed privacy and dignity training and could explain to us how they respected people's privacy and dignity. One staff member told us, "Having a wash is a very intimate thing so I find trying to talk with people to get them comfortable and not unnecessarily exposing them helps." People told us they were treated with respect and their dignity was preserved. One person told us, "The staff are really good, they talk with me and cover me up, so I don't catch a draft."

People told us they were supported to remain as independent as possible. Staff told us how they left things within people's reach in order to enable them to have a drink when they wanted or switch TV channels.

Staff told us they would inform the office if people were struggling or needed any extra help to deal with personal issues such as wills and finances. Staff said the management would signpost people to relevant services and independent advocacy services to ensure people received personalised support from independent professionals. One staff said, "If asked about something that I am unsure about I always call the office. They are usually very good at linking people to support organisations."

Is the service responsive?

Our findings

People told us that staff were flexible to their needs. One person said, "I am happy with the staff as they come as requested and are quite good at adjusting the visit times if I have to pop out with family or friends." A relative also commented, "I am thankful for their help as it has meant that [person] can stay at home as they do not want to go into a care home." This meant that people's needs were considered and accommodated as much as possible.

Care plans were developed in consultation with people and their relatives. One person said, "Yes someone comes and asks how things are going and if there is anything I would like to change." Staff also confirmed that a meeting took place to discuss people's needs at the beginning and every six months to ensure people's needs were being met at all times.

Care plans included a personal profile, which included people's past, their professions and family ties. Other aspects of the care plans included specific information such as if people preferred same gender staff and their preferred names. This helped staff to understand people better and enabled them to converse with people about issues that mattered to them. However, we noted in five out of 10 care plans that we reviewed some sections were not always updated to detail people's personal routines such as bed time and hot drink preferences. We spoke to the registered managers about this and they said they were working on improving this. We made a recommendation to ensure all aspects of care records were person centred and reflected people's specific preferences.

People told us they were able to complain if they had any issues. One person said, "I have always had a response when I highlighted any issues." We reviewed complaints made since our last inspection and found they were investigated and resolved with the exception of one where both parties had agreed to move on to another service provider. Staff were aware of the complaints procedure and told us that any concerns were quickly addressed by the coordinator and the managers.

People were supported to have a comfortable experience during the last days of their life. Staff had attended end of life training and were able to explain the support they gave to people and their families. We saw positive feedback of the service from recently bereaved relatives, which commented as follows, "Thank you to all who looked after [person] during a long illness. You really helped us all as a family go through a difficult time." One staff member told us, "It's really sad to see someone you have cared for sometimes for years pass away. I just do my best to keep them smiling and comfortable."

Is the service well-led?

Our findings

At our previous inspection the service was in breach of the Care Quality Commission (Registration) Regulations 2009 as we had not been receiving notifications. During this inspection, we found we had been notified of any concerns as required by law. This included any safeguarding and death notifications that had occurred since our last inspection.

During the last inspection, we had concerns that the systems in place to ensure recruitment checks and Disclosure and Barring Service (DBS) checks were not robust. At this inspection, we found recruitment systems had been improved and now included three yearly DBS refresher checks as per the services policy and best practice guidelines. Staff files were also audited regularly to ensure all the necessary checks had been completed for all new staff. There were several monitoring checks to ensure the quality of service delivered was monitored. This included regular spot checks, telephone monitoring and annual satisfaction surveys. We reviewed the 2016/17 surveys and found there were clear actions taken where people had requested changes to their care package. The survey showed 92% of the 72 people who completed the survey were satisfied with the care delivered.

We found missed and late visits were also logged and monitored to minimise the risk of re-occurrence. One person said, "Yes, they call if they are running late." A staff member told us they had been pulled up once as they had missed a visit. There were systems in place to cover for short term absences, which included asking other staff to cover. Spot checks were also completed to ensure staff were adhering to policies such as making daily entries and delivering care according to people's preferences.

Policies were reviewed on a regular basis to ensure that they were up to date. We were also informed that records including care plans, assessment forms and policies were in the process of being modified and updated to ensure records remained person centred. In addition an up to date business continuity plan was in place and known by staff so that they were able to continue to operate should anything happen to the current premises.

People and their relatives told us they were happy with the management with the exception of two relatives who were unhappy with visit times and some staff, one of which had now changed service providers. One person said, "[Manager] is very good. They call from time to time to check if things are ok." Another person told us "All the managers are approachable. You see them once in while or can reach them by phone." Compliments had been sent by relatives of the service with comments such as, "Thank you for the very good care [person] receives. [Staff member] is very attentive and always lets us know if anything is missed or needed."

People, relatives and staff reported an open culture where they could access the management and discuss any issues and concerns. One person said, "Of course I can call them at any time and they explain thing" A relative confirmed, "In my opinion they are very honest. They always call when something goes wrong. Nothing is ever hidden." Management were aware of the Duty of Candour legislation and how they applied it in practice. The Duty of candour requires providers to act in an open and transparent way.

Staff told us the management was supportive and offered staff flexible working hours to meet their individual personal commitments. One staff member said, "It is very helpful to have a manager that understands my family commitments as this has enabled me to continue to work in a job I love."

We found the provider had developed good working relationships with other stakeholders in order to improve the quality of care and health of people. These included healthcare professionals such as district nurses, GP's social workers and speech and language therapists.