

# Health Care Support Services Limited

# Health Care Support Services Ltd

## Inspection report

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Date of inspection visit:  
15 June 2016

Date of publication:  
23 August 2016

Website: [www.healthcaresupportservices.co.uk](http://www.healthcaresupportservices.co.uk)

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection was carried out on 15 June 2016 and was announced.

Health Care Support Services Ltd is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit the agency was providing a service to 24 people. The frequency of visits and duration across the service varied dependent on individual needs and circumstances.

There was a registered manager in post who was present during the 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.

People were not protected from the risk of harm and abuse because concerns of abuse were not appropriately responded to. Assessments of risks to people's safety and wellbeing had not been consistently completed. It was not clear what actions had been taken following accidents and incidents to reduce the risk of further harm.

There was a lack of effective monitoring systems to identify any areas for improvement and as a result people's health and wellbeing was compromised.

Where decisions had been made on people's behalf there were no records to show that these decisions were in their best interests. Staff and management did not have a full understanding of their responsibilities under the Mental Capacity Act 2005.

People felt safe because they received support from regular care staff who were given enough time to meet their needs safely. Appropriate checks were completed to ensure prospective staff were safe to work with people who used the service.

People were supported by suitably trained staff who had the knowledge and skills to meet their needs. Staff received support and guidance to complete the role required of them.

People received support with food and drink where required. Staff monitored people's health and referred them to health care professionals as and when needed.

People were positive about the support they received. People were cared for by staff who were kind and considerate. Staff treated people and their property with respect. Staff promoted people's dignity and independence.

People and their relatives were complimentary about staff and the management of the service. People

received a flexible service where they could request and receive changes to how their care was provided.

People and their relatives were encouraged to give feedback on the quality of the service and to make suggestions for improvement. People felt comfortable to raise complaints and were confident that they would be dealt with. Where complaints had been received we saw appropriate action had been taken and improvements made.

You can see what action we told the provider to take at the back of the full version of the report

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People were not protected from harm or abuse because safeguarding concerns were not appropriately responded to. Incident forms had not been reviewed and it was unclear what if any action had been taken to reduce the risk of further harm to people. People felt safe because they received support from the same regular staff.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Where decisions were made on behalf of people there was no record that these had been made in their best interest. Staff and management did not have a clear understanding of their responsibility under the Mental Capacity Act. People were supported by staff who had received training relevant to their role.

### Is the service caring?

**Good** ●

The service was caring.

People felt staff were caring and considerate. People were given choices and involved in decisions about how they wanted their care to be provided. People were treated with dignity and respect and staff supported them to remain as independent as possible

### Is the service responsive?

**Good** ●

The service was responsive.

People benefitted from a flexible service where they could request and receive changes to how their support was provided. People were supported by staff who knew them well and were aware of their preferences. People were comfortable to raise concerns or complaints and were confident these would be dealt with.

## Is the service well-led?

The service was not consistently well led.

There was a lack of effective leadership. Checks in place to monitor the quality of the service did not effectively identify areas that required improvement. People and staff were encouraged to provide feedback on how to improve the service. People and their relatives were complimentary about staff and the management of the service.

**Requires Improvement** 

# Health Care Support Services 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.

This inspection took place on 15 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection team consisted of two inspectors 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 the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with eight people who used the service and two relatives. We spoke with seven staff which included the registered manager, the current and incoming operations manager, the care coordinator and three care staff. We viewed three records which related to assessment of needs and risks. We also viewed other records which related to management of the service such as complaints, accidents and recruitment records.

## Is the service safe?

### Our findings

People were not protected from the risks of harm or abuse because concerns of abuse were not appropriately responded to. Staff we spoke with were knowledgeable about the different forms of abuse and how to report concerns. We saw two separate incidents where staff had reported concerns of possible abuse, one of these was an allegation of theft. The staff had followed the provider's policy by completing an incident form and reporting the incident to the operational manager. However, neither the operational or registered manager had reported the allegations to the relevant authorities as they should have done. The operational manager had also failed to review the incident forms to record what if any action they had taken in response to the allegations. We spoke with the operations and registered manager who had not recognised the incidents as safeguarding concerns. They agreed to report both concerns on the day of our visit. We also found that the provider's safeguarding policy did not reflect the local safeguarding referrals process.

Staff demonstrated that they would take appropriate action in the event of an incident or accident. They would initially ensure the person's safety and wellbeing and would seek assistance or medical attention if necessary. They subsequently informed the office and completed the necessary report forms which were given to management to review. However, we found that the concerns raised by staff were not consistently investigated or acted upon in a timely manner. The operational manager had not requested a review of the people's needs to ensure their support levels remained safe or appropriate. As a result people and staff were not protected from the risk of harm. The registered manager was not aware of these shortfalls and agreed to review their current systems.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered and operations manager told us they completed both individual and environmental risk assessments. Staff told us they were provided with colour coded risk assessments that allowed them to easily identify the support people required at a glance. They told us they knew people well and were aware of the risks associated with their care and how to minimise these. We found that although risk assessments were in place they did not always record the outcome or the actions required to address them.

People appreciated that they received the same regular staff and were notified if a different staff member was going to attend. They were asked if they were happy with the arrangement. One person said, "It does give me peace of mind that a stranger will never turn up unannounced. I always know who's coming, and that's so lovely of them – it makes me feel safe at home". A relative told us they had been apprehensive about having a care agency in to care for their family member. However, after getting to know the staff they were reassured their family member would be looked after safely. They said, "I have every confidence in them all".

People and their relatives felt that staff had sufficient time to meet their needs and would remain with them until they had done what was required of them. One person told us, "They [staff] are excellent, they know my limitations and they don't rush me ever – I think they do an excellent job". Another person said, "I'm so glad

they [staff] don't rush me – you get nervous if someone's in a hurry. But they always tell me, 'Don't worry, you take your time'. I can't tell you what a difference it makes". Staff told us there was enough staff and they were allowed enough time to travel between people's homes. They told us if they were running late they would either contact the person directly or inform the office. This was confirmed by people we spoke with. One person said, "They'll [staff] ring me if they're going to be very late. It doesn't matter to me, I'm not going anywhere. It's nice that they let me know, I appreciate that". The operations manager told us they monitored people's support needs to ensure that they had sufficient time to meet people's needs. Staff told us that the provider completed checks to ensure they were safe to work with people before they started work for the service. These included references from previous employers and checks with the disclosure and barring service (DBS). The DBS is a system which allows organisations to check potential staff are suitable to work with people who use their services. Records we looked at confirmed these checks had been undertaken.

People we spoke with told us they, or their relatives, administered their medicine. However, they were confident that if their circumstances changed that this aspect of their care would be handled professionally and efficiently by staff. All the staff we spoke with apart from one told us they had completed medicine training and had a competency test prior to administering medicine on their own. The care coordinator told us the other staff member had been observed by senior staff and deemed competent in administering medicines. Staff demonstrated they would take appropriate action in the event of a medicine error. They would contact the doctor for advice and report the incident to the office.



## Is the service effective?

### Our findings

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 operations and registered manager told us that some people that they supported lacked the mental capacity to make certain decisions. We saw that a relative had signed a 'consent to care' form on behalf of their family member. The operations manager told us the person's relatives had Lasting Power of Attorney (LPA) for them. A LPA allows people to appoint one or more people to help them make decisions or make decisions on their behalf if they lose mental capacity to make certain decisions. The operational manager was unable to confirm whether the relative had an LPA for health and welfare for the person. This demonstrated a lack of understanding of the law and their responsibility as a provider to protect people's human rights.

Another person's care records described them as 'bedridden' and stated they frequently asked and made attempts to get out of bed. On one occasion a staff member had recorded that the person had asked them to lower the bedrails. When staff told them they could not do this they became anxious. The staff member wrote, "[Person's name] got angry so we left. On a later date when staff attended they found that the person's legs had got entrapped in the bed rails and the staff member had to call another staff member to help free the person. The operations manager had completed an investigation into the incident but had not identified this as a safety issue or considered whether the use of restraint was appropriate. Staff told us that the district nurses had since provided bumpers to cover the cots sides. We found that the person's care plan and risk assessments had not been updated to reflect this and did not record that the person was cared for in bed. Staff told us the person would not be able to get out of bed and that the person lacked mental capacity to make a decision about the use of bed rails. There was however, no record of a mental capacity assessment or best interest decision for the use of bed rails. We therefore could not be assured decisions made were in the person's best interest. When we spoke with the registered manager and staff we found that they did not have a full understanding of their responsibilities under MCA. The operations manager told us they had arranged for MCA training to be completed.

People and their relatives told us that staff explained things to them and ensured they were happy to be supported. One relative told us that staff had to hoist their family member and always did so in a kind, but professional manner taking their time to explain what they were doing. A hoist is a piece of equipment that is used to help move people who need support. A staff member we spoke with said they offered people choices to help them make decisions. They said they took time to explain things to people. Where people had difficulty communicating verbally they would write things down or observe their body language. If people refused support they would give them space and return a few minutes later. If they continued to decline support they respected their wishes and reported the incident to the office. Records we looked at confirmed this.

People told us that they felt their care staff were trained to a high standard and had the skills to meet their

needs. One person said, "They're [staff] very efficient, but in a friendly, nice way – they could handle anything I think". Another person said, "I never feel frightened with them when they hoist me, they explain what they're doing, and they clearly know that they're doing". A relative told us, "They [staff] look after my [Family member] exceptionally well – [Family member] thinks the world of them". Staff told us they had access to a range of on line and face to face training. A staff member told us they found training enabled them to better understand the changing needs of people they supported. Another staff member had found the manual handling training beneficial as they learnt about different pieces of equipment and new ways of how to move people effectively. The operations manager told us they also arranged specialised training to enable staff to support people with specific needs. For example, they had arranged training on Parkinson's disease for the following month. New staff members we spoke with told us they had worked with experienced staff members until they were confident to work independently. They also received essential training on how to keep people safe. Staff told us they had regular one to one meetings with the operations manager where they discussed any concerns they had as well as training they would like to do. They also felt able to contact the office at any time should they require support.

When asked about choice of meals and meal preparation the majority of people told us either they or their relatives looked after this aspect of their care. One relative told us they were happy with the support staff provided with meals and said staff made sure drinks were readily available. They said, "[Family member] is more than happy with the way they [staff] do it- [Family member] likes the same old routine, same meals all the time". Another relative told us staff made sure their family members ate and drank enough. A staff member we spoke with told us that a lot of people they supported made their own meals or they supported them to cook ready-made meals. Where there were concerns about what people ate and drank they said they would complete a nutritional chart to monitor their intake. If there were any concerns they would report them to the office and they would discuss these with the health professional involved..

People told us staff monitored their wellbeing and could recognise if they were unwell. One person said, "They (staff) always take time to listen to me, and they notice immediately if I'm not well". They went on to tell us they had every confidence that if they needed medical treatment staff would take appropriate action. Another person told us, "Sometimes I'll ask their advice if I don't feel well – they're always very helpful". When asked staff demonstrated they would take appropriate action if they found a person to be unwell when they visited. The operations and registered manager told us staff monitored people's health and reported concerns to the office. They in turn liaised with other professionals such as the memory service and district nurses as required. Records we looked at confirmed this.

## Is the service caring?

### Our findings

People and relatives we spoke with found staff caring, compassionate and friendly. A relative we spoke with said, "They [staff] love [Person's name] – they're wonderful to them. On their birthday they [staff] bought them chocolates and flowers out of their own money, with cards too". Another relative said, "My [Family member] has a small team of regular girls who treat them like a queen. Nothing is too much trouble and I know they genuinely love [Family member] – they can't fake it". Staff had good working relationships with people and their relatives. One person said, "They're all lovely, we have a chat and a laugh – it means such a lot to me". This was confirmed by another person who told us, "They're [staff] so nice to me – very sociable and they like a laugh and a joke. I so like having a natter with them, I'm grateful they don't rush off early. . . . They'll always ask, 'Anything else you need?' before they go". A relative told us that staff had got to know their family member well and had a wonderful relationship with them. They said, "One of them (staff), in particular, has a heart the size of a mountain! But they're all fantastic girls. I consider them more like family now". Another relative said, "They [staff] have a wonderful way with them [Family member]". Staff told us they supported the same people on a regular basis and had built up good working relationships with them. One staff member told us they got a lot of job satisfaction from helping people, they said, "I absolutely love it, walking into their houses and seeing the smiles on their faces".

People told us that staff always listened to them, and included them in decisions about their care. A person told us, "I have a very sore and painful leg which is now heavily bandaged. I sat down with the carers to work out how they could shower me. Together we came up with the idea of covering it with a plastic bag and it works a treat". Another person told us, "They [staff] notice if I'm down. I can have a moan to my carer and they understand how I feel. They'll listen and help me". They went on to tell us how much they appreciated that staff understood both their physical and emotional needs and spent time talking to them if they were upset about anything. Relatives that we spoke with told us they were involved in decisions and kept updated about any changes. One relative told us, "They [staff] look after my [Family member] exceptionally well – [Family member] thinks the world of them". Records we looked at confirmed that people had been involved in developing and reviewing their care plans. Staff we spoke with told us they offered people choices and took time to listen to how they wanted things done.

People and their relatives told us staff treated them and their property with respect. One person told us that staff were professional and protected their confidentiality. They said "I know anything I say won't go any further – that means a lot". Another person told us how much they appreciated how staff treated their pets when they visited them as they were very important to them. A relative told us, "My [Family member's] home is their castle, and they (staff) absolutely understand that, never overstepping the mark". Staff were mindful of people's dignity and privacy. One staff member told us they ensured that they kept people covered up as much as possible when they provided personal care. They felt that it was important to maintain people's independence and encouraged people to do things for themselves where able.

## Is the service responsive?

### Our findings

The registered and operations manager told us that the care coordinator assessed people's needs before they started receiving a service. We found and the registered manager agreed that the templates used did not promote a person centred approach. For example, on risk assessments staff completing the form had to identify the person's normal or abnormal capabilities and there was reference to undignified terms such as 'toileting' and 'feeding'. Care plans were factual and task specific and contained limited detail about people's preferences, likes and dislikes. These shortfalls had not impacted on the quality of care received as staff worked with the same people on regular basis and had got to know them well. Staff told us they were given good information about people's needs before supporting them. However, one staff member thought that care plans would benefit from more detail in some areas and not just a 'tick' in a box. The registered manager agreed with our findings and committed to review people's care plans.

People we spoke with felt that they received support that was personal to their individual needs and circumstances. One person said, "I have the same person each week – I cannot begin to describe how good they are to me. I would view them as one of their best". Another person said, "I've explained to them that I can't reach up because I can't stand without support, so they don't put things out of my reach". A relative said, "They get on so well with my [Family member], they're chatty, friendly and let them take their time. They're really so good to them". People told us staff would always check if they needed anything doing before they left. One person said, "It's the little things they do happily that make all the difference – putting the bins out, bringing the milk in etc – there's never a moan about it."

People told us they were very grateful that staff understood their needs and were quick to notice if they were unwell or not their usual self. One person told us they had been in pain the previous day and that the staff member had noticed straight away and asked, "What's wrong, you're not your usual self. They were spot on, and treated me so kindly". The person explained that staff would advise them if they thought they needed to see a doctor or nurse. Another person said "They [staff] always ask how my legs are, and would notice if they were very swollen or I was in pain". Staff told us they had got to know people well and were able to recognise any changes. They said they reported any changes in people's needs to the office and likewise would be informed of any changes either by text or a telephone call. The operations manager told us where there were concerns about people's health and wellbeing they put additional monitoring systems in place. They used this information to identify any trends or patterns and where necessary would share this information with other professionals. Records we looked at confirmed this.

People and their relatives found that the service was flexible to their changing needs and circumstances. They told us requests for changes to call times were communicated efficiently and appropriate action taken. For example, the office staff would rearrange call times if people had appointments they needed to attend.

People told us they had received visits from senior care staff who had asked them if they were satisfied with the service they received. One person told us, "A lady came round to ask if we're happy. We certainly are, but I think if we'd had any problems she they have dealt with them – a very nice, kind lady". The registered and operations manager told us that the complaints procedure formed part of the information given to people

when they started receiving the service. Where complaints had been received we saw that these had been dealt with appropriately and action had been taken to improve the service.

## Is the service well-led?

### Our findings

The registered manager was the owner of the service and employed an operations manager to oversee the day to day running of the service. Both the registered and operations manager were present during our inspection. We found people's health and wellbeing had been placed at risk because management had not responded appropriately to concerns raised by staff. We could not be assured that lessons had been learnt as it was unclear what if any action had been taken to prevent them happening again. When we spoke with the registered and operations manager they had not recognised the identified risks to people and staff. They acknowledged that they should have taken action to prevent reoccurrence. We also found that systems that the management had in place to monitor the quality and safety of the service had not been consistently completed. The registered manager acknowledged that the recording of information needed to be improved particularly in response to accident and incidents which included concerns of abuse. They also agreed that the current care plan format did not promote a person centred approach and used derogatory language. They agreed that these would be reviewed.

We found that two alleged incidents of abuse had not referred to the appropriate authorities. We spoke with the registered manager about this. They confirmed that they had not fulfilled their statutory duty to notify us of these alleged incidents. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009

People and their relatives were complimentary about the service they and their family members received. They told us they would not hesitate in recommending the service to others. One person said, "Nothing's too much trouble for them (staff) – they'll find a way to do things". Another person said, "I consider myself to be very lucky to have these people. I wouldn't want to be with anyone else". A relative told us, "The manager knows exactly what goes on". They explained that they had recently met with the operations manager to discuss concerns about their family member. They said, "When I came away [Manager's name] had put my mind totally at rest". They went onto tell us they were very impressed as the operations manager had done everything they had promised.

The registered manager told us the aim of the service was to keep people as independent as possible. This was confirmed by staff we spoke with. The registered and operations manager told us they no longer provided 15 minute calls and calls were at least 30 minute long to ensure a more personalised service. The registered manager told us they hoped to develop the service in the future to take on more people who required support to rehabilitate.

When asked about the quality of the service and whether any improvements could be made people told us everything worked so well no improvements or changes were required. One relative told us, "Believe me I would know if they could improve, and I'd make sure they did, but genuinely I think they're doing a superb job". The registered and operational manager told us people were asked to complete annual surveys on the quality of the service. They said they used the information to make the necessary improvements. We saw that where people had raised concerns or areas for improvement these had been actioned. For example, one person said they were not sure of the complaints process as a result they sent out an information pack

which contained the complaints process. They also informed relatives of what they had done. Another person had requested they received staff rota's sooner and it was arranged that they received them two weeks in advance.

Staff we spoke with told us they felt supported in their role and if they were ever unsure about anything or wanted guidance they could contact their seniors at any time. One staff member said, "I thoroughly enjoy my work. We all work well as a team and I get lots of support". Another staff member said they found management, "Very good and very helpful". When asked what the service did well a staff member said, "They act upon issues quickly and there is always on call support". The registered and regional manager told us they operated an on call system where staff could contact senior staff for guidance or support outside office hours.

Staff were provided with opportunities to give their opinions on the service through staff meetings and surveys. They felt that management listened to their views and took action where appropriate. The operational and regional manager told us regular staff and office meetings were held. The registered manager told us they shared thank you cards with staff at the meetings. They said they were keen to invest in staff and ensure they felt valued. One new staff member said, "I like the ethics here. They are what I want to work towards".

The registered and operations manager told us they monitored staff development through regular supervision and unannounced spot checks. The care coordinator said that these checks formed part of the quality monitoring and staff support program. They explained the checks looked at how staff completed basic procedures as well as staff values and their approach to people. Staff told us they would receive feedback on their practice following the spot checks. Records we looked at confirmed what staff and management told us. The operations manager told us they had development plans in place for each staff member and showed us they kept track of staff training needs. If they felt that staff required additional support and guidance this was managed through one to one meetings.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider did not notify us of significant events that had occurred within the service.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider did not ensure concerns of abuse were not appropriately responded to.