Saint John of God Hospitaller Services

Hertfordshire Domiciliary Care Services

Inspection report

Highview House
77 Bishops Rise
Hatfield
Hertfordshire
AL10 9BY

Tel: 01707258735
Website: www.saintjohnofgod.org.uk

Date of inspection visit:
04 May 2017
08 May 2017

Date of publication:
14 June 2017

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 04 May 2017 and was announced. On 08 May 2017 we visited people in their own homes to ask for their feedback about the service they received. At the last inspection of this service on 12 April 2016, the provider was found to be meeting the standards we inspected.

Hertfordshire Domiciliary Care Services provides personal care and support to people living in their own homes and supported living accommodation. There were 48 people using the service on the day of our inspection. However, only 11 of those people were receiving a regulated activity from the service. A regulated activity is registered under the Health and Social Care Act and this service is registered for the Regulated Activity of Personal Care.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. In this instance the registered manager was also the provider.

The service had experienced some staffing difficulties and had changed management structure over the last two years. As a result people who used the service had not always experienced care and support which was effective and personalised.

People told us they were overall happy with the service, the only complaint they had was about not knowing which staff member would turn up and when they would receive the care and support they needed. People told us this had no effect on their safety; however they could only plan their days after staff visited them.

The registered manager and the provider recognised that the service they had provided was not always responsive and of good quality therefore they were not taking on care and support for additional people at this time. They had implemented new recruitment processes which were more effective and since November 2016 they managed to recruit a high number of permanent staff, however there were still vacancies in staffing hours.

Staff we spoke with were knowledgeable about people`s needs and the risks involved in people`s daily living, however people`s care plans were not always reflective of their current needs. Although staff were trained in safe administration of medicines they were not always following best practice guidance when administering people`s medicines.

Staff felt that they had received better support from the management team in the past couple of months than before. They told us things had slightly improved and staffing was better; however last minute sickness or absence still caused stress and put pressure on them to cover for these.

There were systems in place to monitor the quality of the service and additional systems were being developed to help ensure the support provided was consistent. This included implementing a system where time specific calls were marked on staff`s rotas to ensure visit times were on time and for the full duration of the time allocated to people.

People told us they felt safe and trusted the staff who offered them care and support. Staff were knowledgeable about safeguarding procedures and how to report their concerns. Staff knew people well and treated them with dignity and respect.

People told us that they were supported to make their own decisions and choices which staff respected. They told us they had discussions with their key worker about their care plans and their needs. The provider had started organising meetings with people to gather their views on what they liked and disliked about the service and how to improve.

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 always safe.

Staff had not always followed best practice guidelines when administering people`s medicines.

Risks involved in people`s daily living were recognised, however these were not regularly reviewed.

People told us they were not informed of which staff would support them and at what time.

Staff told us they often had to cover last minute sickness and they often received the work schedule at last minute which meant they could be late or miss a visit.

People were protected from the risk of abuse as staff knew how to recognise and respond to concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training however not about the specific health conditions relating to people they supported.

People were supported to make their own decisions and staff respected their choices and asked for their consent before assisting them.

People were supported to eat healthy foods and attend appointments with health care professionals as needed.

Is the service caring?

Good

The service was caring.

People told us staff were caring and they were treated with dignity and respect.

People were involved in planning their support.

Confidentiality was promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had not always received care and support in a personalised way.

Care plans were not always reflective of people`s current needs and did not always reflect people`s preferences, likes and dislikes.

People we spoke with told us they were mostly independent in regards to their hobbies and interests, however if needed staff supported them to attend events.

People were knowledgeable about how to raise complaints if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service was in a transition period where new governance and quality assurance systems were being implemented to drive improvements.

A new key working system was being implemented which people and staff found helpful, however due to staff shortages on occasion's key workers found it difficult to fit in the time to meet with people.

Staff received their rotas at the last minute which made it difficult for them to plan for their life and this caused stress.

The registered manager and the provider had identified the issues we found in our inspection and they were addressing these shortfalls following an action plan.

Hertfordshire Domiciliary Care Services

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Hertfordshire Domiciliary Care Services on 04 May 2017. This inspection was unannounced and carried out by two inspectors. On 08 May 2017 we visited people who used the service in their own homes to ask if the care and support they received met their needs.
Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also attended a meeting with commissioners and safeguarding authorities regarding Hertfordshire Domiciliary Care Services on 24 April 2017 where we received feedback about the service from health and social care professionals.

During the inspection we spoke with five people who used the service. Out of the five people only four received the regulated activity of personal care. We visited and talked with a person who didn't receive the regulated activity, however they used to be supported by the same staff who delivered this support to other people and they gave us feedback about the management of the service.

We also talked to four care and support staff, two service managers, the registered manager and the provider. We viewed three people's support plans. We also reviewed records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe when staff provided them with care and support. They told us they trusted staff. One person told us, "It is safe [care and support]. I trust staff." Another person said, "I do feel safe. Staff come every day and I have a cord [emergency call] I pull in case something happens."

People could not tell us if there were enough staff to meet their support needs. They told us staff did turn up to offer them the care and support they needed, however they were not informed about times of the visit or who was the staff member supporting them. One person told us, "They do come in the morning but I never know when exactly. I sit and wait for them to come and after they have been I plan my day." Another person said, "They come in to give me a shower and breakfast every day. I don't know when they are coming or who but they will turn up eventually."

The registered manager told us they had a shortage of permanently employed staff members. They were actively recruiting; however staff sickness or last minute absence meant that the times of visits for people were changed on occasions. People told us that they were not always notified when the times of the visits were changed. The registered manager introduced a colour coding system which highlighted in orange when a visit time had to be changed and then turned green when the person agreed to the change. Where a visit was time critical, for example, if a person needed support to take medicines or needed assistance with personal care to be ready to go to day care a clock face was inserted on the rota to indicate the visit was time specific and could not be changed or moved. We found that this system worked and there were no delayed calls.

The service did not have a visit call monitoring system in place. The supported living manager and the deputy manager told us they were currently looking at various systems as they felt it was very much the way forward for the future. The supported living manager told us that people contacted them to report if their support worker had not arrived at the planned time. However this system of relying on people to inform the service if their worker had not arrived was not robust. For example there was evidence of missed support for a person on 28 January 2017. This was identified by the service and reported to the Welwyn and Hatfield Community Learning Disability Team and referred to the safeguarding authority on 29 January 2017. Following this incident preventative measures were implemented by the registered manager to ensure there were no reoccurrences. However this remained an area in need of improvement.

Staff told us that although staffing had improved there was still a shortage of permanent staff and in addition when existing staff reported sickness or short term absence it caused a change in their rotas. The last minute changes to staff rotas were not always communicated in time and as a result staff did not always arrive on time to the people they were supposed to visit. One staff member told us, "There are more staff now than end of last year. Sickness and absence still causes disruption and if our rota is modified then we are not getting the up to date one in time. At times this caused confusion about who supports who and we don't get to people in time." Another staff member said, "One day a person called me to say where is their support. Only that I knew the rota changed and I alerted the staff who was supposed to go to that person but they didn`t know. With new staff being on induction now, thing are improving slowly." The registered

manager told us that current staff vacancies were being covered by regular agency staff.

Staff were knowledgeable about risks involved in people`s daily living and support. They told us about people they supported who were at risk of eating foods which potentially were harmful for their health and how they encouraged the person to eat healthy. However care plans were difficult to navigate because files contained a lot of historic data. It was difficult to locate current care plans and risk assessments. The provider told us they were planning to review all care plans and risk assessments and would be archiving historic data that was no longer relevant or required. We found that some of the risk assessments we reviewed were not dated so we could not be assured they were relevant. This was an area in need of improvement.

Accidents and incidents were recorded in people's plans and on a central system for the provider. A health and safety lead reviewed all these and reported back to the registered manager. This report included if there were any themes emerging and if they required any further remedial action to be taken. This helped to ensure that where possible a risk of a reoccurrence was reduced.

People's medicines were not always managed safely. A large number of alerts had been raised in recent months by the service to the local safeguarding authorities. Many of these related to medicine errors when people had either missed a dose of their medicines or received time specific medicines later then they should have and poor recording.

The registered manager told us they were in the process of finding a more suitable pharmacist locally who could meet people`s requirements better. They also conducted regular audits to help ensure any issues were swiftly identified and corrected. In March 2017 they had introduced a new medication policy and a group staff session was held to introduce the new policy to the staff team. The registered manager had also developed individual medicine management plans for each person the service supported to help ensure their needs were met. Individual supervisions were being held with staff who had made medication errors and staff received medication training and had their competencies checked every six months. Medicines training was provided in house by a trained nurse. However when we reviewed the Medicine Administration Records (MAR) for people, we found that on some occasions staff had omitted to sign the MAR charts after they had administered medicines. We also found that staff had corrected MAR charts by writing over the error they made and not following best practice guidance by crossing out and explaining the error on the back of the MAR. This was still an area in need of improvement.

Staff were knowledgeable about the risks of potential abuse and knew how to report any concerns they had to the relevant local safeguarding authority, which included by way of 'whistleblowing' if necessary. Information was displayed around the office and information was shared with people who used the service to give them details of who they could call if they needed to.

Staff were recruited through a robust process. All the appropriate pre-employment checks were carried out prior to the staff member being able to work with people the service supported. These included written and verified references, criminal records checks and proof of identity. People who used the service were involved in the recruitment process at their request.

Requires Improvement

Is the service effective?

Our findings

Staff members told us they had been offered more training recently and they felt there was more support from the managers. Staff told us the training they received covered areas such as, safeguarding, manual handling, medication, infection control. However staff told us they had not received training about specific conditions relating to the people they supported. One staff member told us, "I found the training is good, however it would be a lot better to learn about the conditions people live with like epilepsy, diabetes, autism and others." Another staff member said, "I don't really know much about people`s conditions. I read the other day about some condition in a person`s care plan but I had to use the internet to research about it." The support manager told us they were working with a local training provider to develop the training program to include end of life training for staff and specialist training to help ensure staff had a better understanding of people`s conditions. Additional training in relation to food and hydration and MCA and best interest decisions was being arranged as this was an area that had been identified as a gap in staff skills and knowledge. However this remained an area in need of improvement.

Staff and both support managers told us they were very well supported by the senior management team at the service and they could go to them anytime for advice and support. One staff member told us, "We have very regular supervision. One week is staff meeting next week is supervision. I feel supported now. It is better."

Newly employed staff went through an induction period. This included training as well as shadowing more experienced staff for a few weeks before they were asked to work alone. If staff had never worked in care before they had a longer induction period which lasted for six months where they achieved the nationally recognised Care Certificate and learned in more detail about professional conduct whilst at work.

People's choices were respected and consent was obtained prior to support or care being delivered. One person told us, "Oh yes they ask me what I want." Another person told us, "I talk about my care plan with my key worker."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found that staff were knowledgeable about the importance of giving people choice and ask for their consent for the care they received. Staff were clear on people's individual rights. We found that independent advocacy services were available and these had been used by people who needed support to make decisions. We also found that where people showed signs that they may have lacked capacity to understand and make an informed decision staff involved the right professionals and a mental capacity assessment was carried out. Best interest decisions were taken following a process where the health and social care

professionals involved made sure that the care and support the person received was in their best interests.

People were supported to eat a healthy balanced diet. One person said, "They [staff] help me with shopping." We noted that individual plans included people's goals around healthy eating and how staff should support them with buying the healthier option foods when shopping. We also saw that a person who lacked capacity to understand that their diet had an unwanted effect on their health, staff and professionals established a menu which the person followed to ensure they stayed healthy.

People made their own appointments with health professionals with support from staff. Where encouragement was needed to seek medical advice or attend an appointment, staff assisted with this. One person said, "If I need it then staff comes with me to my appointments."

Good

Is the service caring?

Our findings

People told us that staff treated them with dignity and respect. They also told us that staff were kind. When we asked a person if the staff was kind and caring they said, "Oh yes, always." Another person said, "Staff is polite and nice. I know most of them." A third person said, "They will wait for me to say `yes` before they come in."

People told us they thought they were involved in planning the support and care they received. However when we asked if they saw their care plans they were unsure. One person said, "I talk about my care with my key worker, I am not sure about my care plan." People also told us that they could ask staff to support them with different activities as a block support if they wished. One person said, "I always talk to staff and agree which day they are going to support me." However we found that care plans were not always detailed enough or contained information about how people should be supported and it was not clearly recorded if people were in agreement and participated fully in creating their own care plan and the support they needed.

Staff told us they read people's care plans, however they found these confusing. They told us the care plans were not always accurate in reflecting what support people needed however they always asked people how and what support they liked. One staff member told us, "Most people know exactly what they need from us. I always ask people because the care plans are not always descriptive of what support people need." The registered manager told us they were working to update all the care plans to be more user friendly and give staff up-to date information about what support people needed.

The registered manager and staff told us there had been a new key worker system introduced. This meant that each person had an allocated staff member to carry out key activities with, such as reviewing their own care plan. Staff told us that they at times found it difficult to fit in individual meetings with people because they had to cover for staff shortages. People told us they received letters from the service to inform them who their key worker was. We also heard staff talking on the phone with people they were key workers for to try and agree a date they were going to meet.

People told us they knew the permanent staff well and they were able to tell us their names. They valued the relationship they had with staff. One person said, "I have a good relationship with staff. I know [staff`s name] and they get me to do things." Staff spoke kindly and with great enthusiasm about the people they supported. They told us they had developed good relationships with people and they were keen to maintain these. They were able to describe how they protected people`s privacy and dignity whilst supporting them.

People's personal information was stored securely at the office. We saw that staff signed a confidentiality agreement when they commenced employment and this was discussed at team meetings.

Requires Improvement

Is the service responsive?

Our findings

People told us that their general support needs were met. However they told us they would have liked to know in advance the exact times when staff were going to attend to offer them care and support. One person told us, "I would like to know who is coming and when so I can plan for my day in advance." Everyone we spoke with told us that staff helped them in a way in which they needed and liked. For example, support with personal care, either physical or emotional support and when dealing with appointment or other letters. One person said, "They make my breakfast how I like it." Another person described the care they received as, "It is very good [support]. I just don't know when they [staff] are coming."

When people joined the service they were consulted about their preferences and times of visits. We found that the service was responsive to people's changing needs and aimed to offer a flexible service where possible. For example if people wanted to change the day or time of their visit this was accommodated where possible.

People had personal plans which set out their support and care needs, included their goals and promoted their independence. However we found that care plans were not always descriptive of people`s likes, dislikes and the way they preferred their support to be delivered. Care plans contained information and data since people had joined the service and on occasions the up to date information about their current needs was hard to locate. Staff told us they recorded people`s support they received in the daily logs and they read the notes from previous shifts to ensure they kept up to date with what people liked and disliked and what support they wanted.

The registered manager told us and we saw that they were implementing a more personalised care plan for people and people confirmed to us that they had discussions about this with their key workers.

Part of the support people needed was to help them to attend events, meetings, trips out and pursue hobbies and interests. People told us that staff accompanied them to these things if they wanted. One person told us, "Staff will help me with my weekly shopping if I need it." Another person told us, "Staff comes with me and helps me deal with my finances." A third person told us, "I really feel involved. Staff is very good in engaging me in things I like doing."

People were asked to provide feedback on the quality of the service they received. Where issues had been identified actions were put in place to address these. The latest survey had been completed by an external company and suggested actions and suggestions on how the service could be improved were included in the feedback and the analysis of the survey. The deputy manager told us they had a process in place for completing quality monitoring spot checks in people's homes however due to staff shortages these had not been happening on a regular basis and had not been completed for a few months. They told us these were to re-commence after they had recruited in the staff vacancies.

People were also invited to attend monthly meetings where they were able to discuss any concerns they had

about the service. We saw the notes from a recent workshop they held where people who used the service had been supported to discuss how the service could be developed and improved. People were also supported to access advocacy services if they wished to obtain independent advice on any aspects of their support or tenancies.

We saw that complaints and compliments were recorded and people were given easy read documents to help them understand the process for raising concerns. A service user guide was in the process of being developed and will also be in an easy read format.

Requires Improvement

Is the service well-led?

Our findings

People and staff were overall positive about the management of the service. One person said, "I don't really have any complaints. I can phone up and ask to speak with a manager if I want. I think they are good." Another person said, "I don't really know the manager personally but I think everything is ok." One staff member said, "Things are getting better now with the new management structure in place. The communication is improving and there is hope now that things will be good."

The registered manager told us that there had been a complete change to the management structure over the past months. They told us they had to change systems and processes to ensure the quality of the service provided improved. For example they had changed their recruitment process to help ensure there were no delays in interviewing process. They also strengthened the support they provided for newly employed staff to help ensure staff retention.

The registered manager and the provider worked closely with local authorities to review people`s needs and to help ensure the service was safe and responsive to people`s changing needs. In order to address all the shortfalls they identified such as care plan updates, issues around medicines management and building up a permanent staff group they had stopped taking on new people. The registered manager told us there was an agreement with the provider that the service would only start accepting new care packages when all the new systems and processes were fully operational and the service was fully staffed.

The registered manager shared with us a service improvement plan they had developed which included all the areas they had identified as needing improvement and they were working on improving these. All the areas we identified in this inspection as in need of improvement were included in this plan with clear actions and time frames for completion. There was also continuous monitoring and auditing undertaken by the registered manager and the local authority to help ensure that the improvements were effective and positively impacted on the quality of the service people received. However staff told us that there were still occasions where they received their rota`s very late. For example they had received their rotas for the next month on the last day of the previous month. They told us this left them struggling to plan for their own life and caused stress. Staff also told us that although there were some improvements in staffing, staffing shortages meant that they were struggling to carry out their key working sessions with people.

The audits carried out by the registered manager included medicine audits, a provider visits and care plan audits. The registered manager and the provider also held regular staff meetings where they shared and explained the new systems and processes for staff to be able to follow these effectively. They were also trialling new technology which enabled staff to access people`s records electronically and record any changes promptly in people's care plans. Staff who were trialling this were very positive about it and told us it was effective and gave them the opportunity to access information about people as well as their own rotas which meant that if any changes occurred they were alerted promptly.

The head of service transformation manager told us they were in the process of developing an audit tool similar to the one used by CQC to assess compliance with the regulations. They told us that this self-

assessment tool would look at all the areas we checked in this inspection and would identify where staff would need to take action to improve the quality of the care and support people received.