

H.S.L Care Ltd

H.S.L Care Limited

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

H.S.L Care Limited is a domiciliary care agency, providing personal care to people living in their own homes, including some people with a learning disability and/or autism. The agency mainly (but not exclusively) cares for and supports people from South East Asian ethnic communities. The agency's office is situated in south Manchester. At the time of the inspection the service was providing personal care to 65 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risks to people and staff where possible.

The service had a medicines policy in place, recently reviewed. We have made a recommendation about the management of some medicines.

Systems were in place to recruit staff safely and they were equipped with the skills required to provide effective care and support; this was achieved through support and guidance for the management team, regular training and refresher training and observations of practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported some people to access other healthcare professionals when required and also supported some people to manage their medicines safely.

People were supported by a small group of regular staff which provided continuity and familiarity. Staff had

developed relationships with people and knew them well; people received person-centred care as a result. People told us staff promoted their independence and treated them with dignity and respect.

People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

There were enough trained staff on duty to support people safely. Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs were thoroughly assessed before starting with the service. People and their relatives had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively; people's comments supported this view. Staff received regular supervisions and annual appraisals were planned.

People were supported in a friendly and respectful way. People and their relatives were complimentary about the staff and their caring attitude.

People's care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences. There was clear evidence care plans were reviewed regularly or as people's needs changed.

People knew how to make a complaint, although no formal complaints had recently been made to the service. There was an effective complaints process in place to deal with any complaints that might be raised in the future.

The registered manager and staff were committed to providing high quality care and support for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

H.S.L Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector on both days of the inspection and an Expert by Experience on day one of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 05 June 2019 and ended on 10 June 2019. We visited the office location on 05 June 2019 to see the manager and office staff; and to review care records and policies and procedures; and we spoke to people who used the service and their relatives. We spoke with other care staff by telephone on 10 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with the provider, registered manager, business manager, quality assurance and training manager, care coordinator and four members of care staff.

We reviewed a range of records relating to the management of the service, including policies and procedures, audits and governance records. We looked at six people's care records and medication records. We looked at six staff files in relation to recruitment and staff supervision.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of anyone using the service. Care staff said they would report any issues to the registered manager or local authority.
- Processes were in place for safeguarding concerns to be promptly reported to the local authority and other key agencies and action taken to ensure people's safety. The service had a safeguarding policy, easily accessible to staff that covered key areas such as how to identify abuse or neglect.
- People we spoke with and their relatives each confirmed they felt safe, happy, and satisfied with the care they received. One person said, "I am happy with their [staff] daily work; always asking me how I am feeling or is there anything they can do, or do I need anything. I always feel safe when they are here."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing . Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition. Care plans and risk assessments outlined measures to help reduce the likelihood of people being harmed.
- We found no evidence of any serious injuries having occurred.
- The service had a system for recording and monitoring accidents and incidents. Staff had recorded the actions they had taken in response to any incidents to prevent these reoccurring.

Staffing and recruitment

- Safe recruitment procedures were in place. All pre-employment checks were completed before a potential new staff member started working at the service, including checks with the Disclosure and Barring Service to ensure potential they were of suitable character to work with vulnerable people. Job application forms were fully completed, and the provider had verified applicant's identities and addresses. Interview forms recorded questions and answers, and a health questionnaire was also completed.
- There were procedures in place to help assure the provider that staff employed had the required skills to undertake the role of a care worker.
- At the start of employment new staff were provided with a handbook which set out conditions of employment, roles and responsibilities, training standards including the care certificate for staff who had not previously worked in social care, health and safety and policies and procedures . There were enough staff on duty to meet people's needs and no-one we spoke with told us they had any missed visits.

Using medicines safely

- The provider understood potential risks associated with medicines and risk assessments were completed. The provider had a medicines policy in place, recently revised, however this needing improving to ensure all

aspects of medicines administration in people's own homes were considered.

We recommend the provider considers current guidance regarding the administration of controlled drugs in a domiciliary care setting and take action to update their practice accordingly .

- At the time of the inspection the service was not responsible for the ordering, receipt or disposal of anyone's medicines, which was the responsibility of the person or their family members and did not support anyone who required controlled drugs.
- Management audited records of all medicines administered by members of staff.
- All staff who administered or supported people with medicines had received appropriate training, and refresher training.
- People had medication care plans in place which showed the service had liaised with relevant healthcare professionals as necessary, and historical feedback forms we saw, completed by people who used the service, or their relatives showed no concerns had been raised about their medicines.

Preventing and controlling infection

- People we spoke with told us care staff had supplies of gloves and aprons that they used as required and a stock of these was available in people's homes or at the office premises. A relative told us, "They [staff] wear a plastic apron over their uniform when assisting [my relative] with personal care and always leave everything clean and tidy."
- The provider considered whether staff followed good practice in relation to infection control procedures during their observations and meetings with staff.
- The provider asked people using the service for their feedback in relation to staff practice regarding good hygiene and infection prevention and control.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of any incidents.
- The provider had a system in place to facilitate the analysis of incidents and accidents and the registered manager used this to identify any trends, for example, if incidents were occurring at a specific time of day or in one place.
- Accident and incident forms were completed with a good level of detail and showed the immediate action taken and follow-up actions necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life.
- People's needs were comprehensively assessed and formally reviewed every three months, or as and when required, if a change occurred.
- People's preferences, likes and dislikes were acknowledged and recorded in their care plan information. People were involved in their care planning and the people we spoke with, and their relatives confirmed this.
- All the people we spoke with told us care staff sought their permission and explained their tasks or the assistance they intended to provide before undertaking their care duties. Everyone we spoke with reported and commented on the reliability and kindness of their carers.

Staff support: induction, training, skills and experience

- Staff received adequate training, support and induction to enable them to meet people's needs. The provider assessed staff competence during induction and as part of routine spot-checks and observations.
- Staff we spoke with told us they felt they had received appropriate and relevant training to meet the needs of the people they were supporting. One staff member said, "When I first started I had an induction period and we did training including moving and handling and safeguarding, care planning, and policies and procedures. I had an observation of practice and they [manager] checked on what I was doing and that I was wearing my uniform and recording records properly."
- People using the service consistently told us they felt staff were capable and competent in the caring role. One person told us, "Staff are always punctual and reliable. They all do a very good job and speak with me in a respectful way. I am glad I have them helping me otherwise I do not know what I would do."
- The staff members we spoke with told us they felt they received consistent support. Records of audits and spot-checks demonstrated the provider had considered staff competence, learning and support needs.

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support

- All the people we spoke with confirmed they received a good standard of care which had a beneficial effect on their health and general wellbeing. One person told us, "I get help with all my personal care, drinking and eating and sometimes with my medication. All staff are trained and professional. I would recommend their service." A second person said, "My carers are good and well-trained. I appreciate their input when we discuss my care plan and any suggestions to help me like maintaining my family contacts or arrange to get some fresh air in the park."

- Staff supported some people to maintain a diet of their choosing as not everyone required assistance in this area; support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals.
- Daily records were kept of the support provided to people each day.
- The service assessed and monitored any risks associated with nutrition and worked closely with the person's doctor and other diet and nutritional professionals. Where appropriate people had a nutrition care plan in place, and daily food and fluid intake was recorded. One person told us, "They [the service] are outstanding. I am so very grateful for the help. She [care staff member] is very good at explaining and listening; always patient and reliable; always makes me a drink and treats me with respect. The office is good, when I need to change times for hospital appointments and nothing seems too much trouble."

Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary.
- Staff were committed to working collaboratively with other professionals and services supporting people to achieve better outcomes and achieve continuity in their care. For example, staff liaised with other healthcare professionals and services such as doctors and dieticians.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs.

Ensuring consent to care and treatment in line with law and guidance

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 may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- No-one who used the service was subject of an order made by the Court of Protection that resulted in the care being provided restricting their liberty, rights and choices.
- Staff gained people's consent before providing care and support and people were supported to make their own decisions and choices.
- Written consent was also recorded in people's care file information.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by regular staff members, which provided continuity and familiarity for people who used the service. A relative told us, "They [staff] are so reliable. [My relative] has had really good care by professional people who explain everything when assisting her."
- Staff had developed trusting relationships with people, and people told us they felt comfortable in their presence. One person told us, "I am very familiar with my carers and have had the same carer for 18 years; she is a dear friend and like family to me. Over the years she has been an absolute God send. I will miss her so much when she retires and stops working for me." A second person said, "My carer attended upon me for three weeks, coming every day; this was a great help at a time when I was struggling and not well. It was great to have a familiar face caring for me; such a dedicated reliable person."
- Staff spoke fondly of people they supported and knew their needs and preferred routines well.
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were. One person said, "My carers are very good and friendly, always so nice when helping me. I am very happy with my carers and their help."
- During the inspection we found no evidence to suggest anyone using the service was discriminated against, and no-one told us any different.
- We saw the equality and diversity standard was a core element of training delivered to all staff to ensure that the needs of people were met, including the LGBT community. This specific training enabled each member of staff to have a greater understanding of any sensitivity surrounding each person.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these.
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care.
- Some people's care plans contained pictorial information to help them understand and decide, for example, about what they liked to eat.
- People and their relatives had been included when care was being planned and reviewed.

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to providing the best possible care for people; they respected people's privacy and dignity and could tell us the ways they did this, such as ensuring curtains and doors were closed if supporting people with personal care. One person said, "I am well looked after; my dignity is always

respected. Whatever I need is no problem. I am happy to recommend them all."

- Staff valued the importance of maintaining people's independence and promoted this where possible, for example, people were encouraged to carry out tasks they could such as selecting their own clothes or choosing what shopping they wanted doing. A relative told us, I do not think there is anything to improve on. We as a family are happy with [my relative's] carers and can always discuss any problems with staff at the office."
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely in the office premises.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained personalised information about their abilities, health needs, likes and dislikes. Staff could tell us details about people's needs, the support they required and the person's preferred routines; this enabled staff to provide person-centred care and support people in line with their preferences. One relative told us, "[My relative's] care needs are always requiring change, and we plan this on each visit. Luckily, they [the service] are always willing to adapt when we need to be flexible for [my relative's] comfort. They [staff] are never rushed and always talking and explaining things, they arrive on time and provide a professional service. I would indeed be happy to recommend this company."
- People's care was regularly reviewed to ensure people received appropriate support.
- People were involved in decisions about their care and supported to engage in care planning. One person told us, "My personal needs are attended to each day in a very considerate way. They always remind me about any medical appointments and arrange my meals. I am happy to recommend the staff."
- People could choose the staff who supported them; we saw examples where people had identified the gender of care staff they wished to support them, and this was respected. One staff member said, "People can choose the gender of carer who supports them, and we explore any cultural issues at the initial referral stage."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We found the service consistently met the requirements of the AIS.
- People's communication needs were assessed, recorded and highlighted in their care plans; this helped ensure staff understood how best to communicate with each person.
- The registered manager was aware of the AIS and provided adapted information for people; for example, information about the service was available in an easy to read format, in pictorial format or in different languages, on request.
- Any particular communication needs were identified as part of the process of initial assessment, for example a person with a visual impairment could have their care plans prepared in the braille format. Other care plans contained pictures to help the person understand.
- For people whose first language was not English, the service could use 'translators' to enable people to understand.

Improving care quality in response to complaints or concerns

- At the time of the inspection, the service had not recently received any formal complaints from anyone using the service or their relatives. The last formal complaint was in September 2018 and this had been fully investigated and responded to. The provider had a complaints policy and procedure in place for responding to any complaints; this was also available in an easy to read version, or in alternative languages to make it accessible for people.
- People told us they knew how to raise any concerns. One person told us, "All of them [staff] do a good job in helping me which I appreciate more each day. I've no complaints as they work well and are very professional."
- Any minor issues or requests which had been raised were responded to appropriately.

End of life care and support

- People were supported to make decisions about their preferences for end of life and their wishes were respected if they did not feel ready to discuss this.
- The registered manager said they would liaise with relevant professionals to ensure people got the care they needed.
- At the time of our inspection no-one using the service was receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff worked as a close-knit team and there was a clear sense of pride in working for H.S.L Care Ltd. from the staff we spoke with. Our observations showed the registered manager was visible to people using the service and staff. One staff member said, "I think the registered manager is very supportive of me, and support is embedded within the company. I feel supporting staff is part of the organisation's values and mission statement." A second staff member told us, "I feel the managers are very supportive, and I feel supported in my role."
- It was clear from our discussions the registered manager valued people and was committed to providing a person-centred service. They had developed a positive culture within the service which was open and transparent. One person told us, "They [the service] are always there for me when I need their help, each day is a blessing. They keep me up to date with any changes. If I have any problems my family will call the office, I have never needed to complain as I am very happy with the kind work, they always do."
- Discussions with staff demonstrated they shared the same culture and values. One member of staff told us, "I love what I do, caring for people, and being able to help people to be as independent as possible and staying at home." A person told us, "I think my carers are professional in the way they help me cope with my situation. I appreciate their efforts on my behalf. They are good at discussing and explaining the needs for my care planning. I need their help with everything. Their suggestions for my daily routine and family commitments have enhanced my quality of daily life."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service. The registered manager completed a range of audits and checks on a regular basis; any shortfalls were identified and addressed during monitoring visits or when any issues were raised at staff meetings or during staff supervision meetings.
- The registered manager was aware of their regulatory requirements; for example, they were aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; continuous learning and improving care

- The service involved people and their relatives in discussions about their care and this was recorded in their care file information.
- People told us they felt listened to and their views were acted on. One person told us, "I am pleased to recommend my carers for the help and work they do each day without fuss or a problem. I like people to talk with, and they each have an interesting story to tell. We chat a lot and I enjoy our time together as it helps me when I am fed up."
- Plans were in place to gain feedback from people through questionnaires to drive improvement. We looked at the results of the most recent service evaluation questionnaires sent to people and their relatives and saw responses were positive. Other comments received included, 'Thank you all so much for the care and support you gave to [my relative] over the past few months. [My relative's] biggest wish was to be able to stay at home and we would not have been able to achieve this without your help; thank you for all your kindness and care, it has meant so much to us all,' and, 'With many thanks for all your help, kindness and support in caring for [our relative] so well.'
- The registered manager worked closely with other agencies and professionals to achieve good outcomes for people. This included working as part of a team with other services to provide support for people, including doctors, the local authority and community nursing teams.
- People, relatives and staff confirmed the registered manager was accessible and they could get in touch with them.
- The management team had regular contact with members of staff each day and week and staff could call into the office at any time; they regularly sought feedback about what had gone well and what could be improved. Staff said they felt well supported and respected. One staff member said, "One of the good things with this company is there is a huge investment in people regardless of cost, and the company can see the value of training staff." A second staff member said, "We have observations of practice and afterwards we discuss any issues; managers also give us praise for doing good things." A third commented, "I feel the managers are very supportive and they support me in my personal life as well."