

H & S MEDICAL LIMITED

# H & S Care & Medical Professionals

## Inspection report

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## 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

### About the service

H & S Care & Medical Professionals is a domiciliary care agency which provides personal care to people living in their own homes in the community. 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. At the time of this inspection the service was providing personal care to 21 people.

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

At the last inspection it was identified that, when people were new to the service, care plans and risk assessments were not always made available in people's homes in a timely way. At this inspection there was evidence that some improvement had been made regarding this. However, some staff told us there were still times when they had had to rely on word of mouth information until care plans were put in place. This meant staff did not always have the written information they needed to provide people's care and medicines safely.

The registered manager had employed an office manager to help them to deliver improvements in the service. There was evidence of better management oversight and the checks and audits of the quality and safety of the service had been strengthened, and this helped to drive improvement. Although there remained a need for these systems to be embedded into practice. The records kept of people's feedback had been improved and showed their opinions were sought on a regular basis, so that they could contribute to improvements in the service. Improvements had been made in the way risks and medicines were assessed and in the way people's care was planned for.

Records had been improved in relation to staff training and support. They showed staff received training and support to make sure they had the skills and knowledge to carry out their role effectively. However, some staff told us there were times when they felt they needed better training and instruction in the use of the moving and handling equipment people used.

Records had been improved in relation to people's capacity to make certain decisions and better reflected the consent given for their care. 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.

Feedback about the service from people and their relatives was positive. People were protected against the risk of abuse and staff underwent pre-employment checks to make sure they were of good character and suitable to work in care.

Where part of their care package, people were appropriately supported meals and drinks, and in gaining access to health care service.

People were happy with the staff and said the same staff usually provided them care, maintaining consistency and helping establish good relationships. People told us staff were helpful, caring and friendly. They felt they were involved in decisions about their care and staff respected their wishes. People told us they were treated with dignity and respect.

#### Rating at last inspection:

The service registered with CQC in 2017. At the first inspection in 2018 the service was rated Requires Improvement (inspection report published August 2018). and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the previous breaches had been met. However, enough improvement had not been made and sustained, and we found a new breach of regulation. You can see what action we have asked the provider to take at the end of this full report.

#### Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# H & S Care & Medical Professionals

## **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 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.

#### Service and service type:

H & S Care & Medical Professionals is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 notice of the inspection. This was because we provided time for the agency to request permission from people for us to contact them by phone to gain their views of the service.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 carried out telephone interviews with people using the service on 15 August 2019. We spoke with three people's family carers.

We carried out an inspection visit to the office location on 22 August to see the registered manager and to review written records. We looked at three people's care records. We checked records relating to the management of the service including training data and quality assurance records. We spoke with one member of staff, the office manager and the registered manager.

#### After the inspection

We carried out telephone interviews with four people using the service, three relatives and four staff members. We continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection the risk assessments that were in place needed some improvement. In addition, when people were new to the service, care plans and risk assessments had not always been made available in people's homes in a timely way.

- At this inspection some staff told us that when people were first receiving the service, there were sometimes still delays in care plans and risk assessments being made available in people's homes. This meant staff did not always have access to clear guidance to assist in the reduction of potential risks or to ensure people's care was managed safely.
- Some staff told us there had been times when they had been expected to lift or move people without appropriate instruction in the use of people's equipment. This meant staff had had to rely on verbal instruction about people's needs and preferences.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence that overall improvement had been made in the risk assessments for each person.
- People were happy with the care and support provided and said they felt safe in the staff's hands. One person said they did not know what they would do without their regular care staff and one relative said, "The carers use the hoist, a glide board and shower seat, all very safely."

### Using medicines safely

At the last inspection people received the right medicines at the right time. However, medication documentation needed improvement.

- At this inspection we found improvements had been made to people's medication documentation kept at the agency's office. However, the staff we spoke with told us up to date written information about people's medicines was not always available in people's homes. This meant staff did not always have access to clear guidance about the support people needed with their medicines.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a

breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received positive feedback from people about the support they received to take their medicines.
- Records we saw showed staff received training in medicines and managers carried out audits of medicines records to check people received their medicines as prescribed.
- Records we saw showed managers regularly observed staff's practice when dealing with medicines, to make sure they were competent and followed good practice guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place that helped reduce the risk of abuse to people.
- People and their relatives told us they felt the service was safe. One person told us, "I feel safe with [staff] and they are helpful." A relative said, "Yes, I think [person] feels very safe with [staff]. [Person] would tell me if not. I have never seen anything to concern me about [person's] safety with them."
- Staff received training to understand and properly apply safeguarding policies and procedures and those we spoke with were aware of their role in safeguarding people.

Staffing and recruitment

- Records we saw showed safe recruitment procedures were in place. This helped to make sure people received care from staff who were of good character and suitable to work in care.
- Enough staff were employed to meet the needs of the people being supported. Most people told us staff usually attended on time. One relative told us, "[Staff] didn't get here on time at first, but they have settled down now there is a new manager. She has sorted the times out and it is a lot better. They always do everything and ask if there is anything else before they leave."

Preventing and controlling infection

- People we spoke with confirmed staff wore gloves and aprons, when appropriate. One person told us, "Staff are very clean and hygienic people." A relative said, "Yes, [staff] always wear gloves and aprons when helping [person] wash or shower."
- Records showed managers regularly observed staff's practice, to make sure they followed infection control guidelines.

Learning lessons when things go wrong

- There had been no accidents or serious incidents reported since the service was registered. However, the registered manager described how future incidents would be reviewed and analysed, so the service could learn lessons and make improvements where 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the registered provider had not ensured all staff had received appropriate training to enable them to carry out the duties they were employed to perform. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18 [Staffing].

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The records of staff training had been improved and showed staff received the necessary core training, as well as additional training specific to the needs of the people they were supporting. However, some staff said when people were first provided with the service, there were still times when the instruction they received regarding people's moving and handling needs could have been of better quality.
- The registered manager provided evidence to show they were working towards new staff being supported to complete the Care Certificate where they did not have a background in care. The Care Certificate is a set of 15 minimum standards that social care workers are expected to adhere to in their work. However, there was still a need for this to be embedded into practice.
- People spoke positively about the skills and knowledge of the staff. One person said, "Yes, [staff] are well trained and always come in with a smile on their face".
- A relative said, "Generally they are well trained. They are all very chatty and friendly. We have [staff member] who is marvellous with [person]."
- Records of staff supervision sessions and appraisals had been improved and showed staff met regularly with their supervisor to review their individual work and development needs.
- Staff we spoke with had undergone an induction programme that included core training and shadowing more experienced staff.

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

- People's needs and preferences were assessed before being provided with care and their care and support was planned with them. However, care plans were not always available in people's home for staff to look at.
- One person said they had involved in their assessment and had been introduced to their regular care worker beforehand. They said, "My social worker got us together." They went on to say their regular care worker was, "Brilliant."
- One person's relative told us, "Yes, [senior staff] came to the hospital to chat and do their assessment,

before [person] came home."

- People were happy with the way care and support was assessed and delivered. People told us they received their visits from a regular team of care workers. This provided consistency of support and helped to build relationships. One person said, "It's usually the same ones." One relative told us, "We have the same regular team. They come as a 'double up' and tend to work together. We have the odd new one, but not very often."
- Staff we spoke with had a good knowledge of the needs of the people they supported.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we found there was room to improve the written information in people's records in relation to their capacity and consent.

- At this inspection improvements had been made in people's records about people's capacity to make particular decisions and the evidence of their consent to care.
- People confirmed staff asked for consent when providing care. One person said, "[Staff] will say, 'Is it okay if we do this or that?'" One relative said, "[Staff] always knock on the door before they come in and ask if things are OK with [person]."
- The registered manager told us they had not needed to apply to the Court of Protection for authorisation to deprive anyone of their liberty.
- Staff received training on the MC.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people received support with food and drinks their support plans included their needs and preferences in relation to food and drink.
- People were happy with the support they received. They said they were supported to drink enough and to have a diet that suited their preferences and dietary requirements.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us the staff helped people to gain access to health care services.
- People confirmed that advice provided by healthcare professionals was kept in their files in their homes, to help staff to provide care and support in line with their health care needs.

# 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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relative spoke positively about the respectful way staff approached them. One person said, "Very much so. They are very respectful and never rush to do things." One relative said, "They respect [person's] privacy. For instance, when [person] is using the toilet, they come out and shut the door. They are all very respectful, and to me too."
- Care staff we spoke with gave good examples of how they promoted people's independence. This was confirmed to be the case by people's relatives. One relative said, "Staff have helped [person] to improve tremendously. [Person] no longer needs the hoist and is improving daily because of their support."
- Records showed managers checked that staff upheld people's privacy and dignity when they observed staffs' practice during spot checks.
- Care plans we saw placed emphasis on treating people with dignity, respecting their privacy and encouraging people to be as independent as possible.

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

- People were very complimentary about the staff. One person said, "[Staff] really care about the job they do and nothing is too much trouble for them." A relative said, "I do think they are all very caring. We have one [staff member] who is very kind and caring." They went on to tell us small things the staff member did that the person loved.
- People and their relatives confirmed staff treated people in a very caring way.
- People's individuality and diversity was respected. For instance, people's individuality was reflected in their care plans. This included their preferences, their backgrounds and histories, and their religious and spiritual beliefs.

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

- People were involved in making decisions about their care. The records we saw showed people's views were part of how their care was assessed, planned, and delivered.
- Those who were important to people, such as close relatives were involved, where appropriate. People's relatives confirmed they and their family member had met with the staff to put together their family member's care plan. Comments included, "Yes, we feel involved in [person's] care. We only have to ask if we need anything and they do their best" and "I would say we are involved, and they always include me in any discussions too, which is very good."

# 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection the registered provider had not ensured staff were always provided with the written information that would enable them to meet people's individual needs. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 [Good Governance].

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection we found improvements had been made in people's care plans. This made them more person centred and to include better quality of information regarding their backgrounds, beliefs and preferences. This included what and who was important to people. However, care plans had not always been made available in people's homes in a timely way. This meant there had been times when staff had to rely on word of mouth instruction to help them to respond appropriately to people's needs and preferences.
- People said they were fully involved in decisions about their care and that staff were aware of their needs and preferences. One person told us their regular worker was, "Wonderful" and so responsive to their needs that nobody else could replace them. One relative said of the care staff, "They are not a bad lot at all. They have a good attitude for the job and I think that is very important."
- Staff we spoke with gave good examples of how they promoted choice when caring for people, to enable people to have control over the care they received. This was confirmed by people and their relatives. One relative said, "[Staff] definitely know [person] well, and how they like things doing and in what order."
- Managers always asked people's views during their spot check visits to people's homes, to observe staffs' practice.

Improving care quality in response to complaints or concerns

At the last inspection we found the complaints policy had not been shared with all people using the service.

- At this inspection the registered manager provided evidence that they had effectively addressed this, making sure information about how to complain was provided to people when they started to use the service.
- Records we saw showed complaints were taken seriously, investigated and used to improve the service.
- Feedback from people and their relatives was that they would be confident to raise any concerns, should they need to. Comments included, "I would have no problem complaining if I needed to" and "I did complain about the times of visits in the early days, and they did their best to accommodate us. It is much

better now."

#### 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.

- People had care plans that set out how they should be supported in communication.
- When asked if the service and the staff gave information in a way people could understand, people confirmed they did. One relative also commented, "Yes, I think they have got to know [person] very quickly, including how they communicate."

#### End of life care and support

- At the time of the inspection the service was not providing care to anyone at the end of their life. Although, people's wishes for this time of their lives were discussed with them and included in their care plans, as appropriate.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the registered provider did not have effective systems and processes in place to monitor and improve the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had systems in place to monitor the quality and safety of the service. Quality assurance checks had been improved and operated effectively. and system for gaining people's views about the service had been formalised. However, these improvements needed to be further embedded into practice. However, despite the considerable improvements made, feedback from some staff indicated there remained room to improve the timeliness of producing people's risk assessments and care plans, including guidance about their medicines and the use of moving and handling equipment.
- Care was audited by means of spot check observations and audits of documentation.
- Actions were taken to address any shortfalls or areas for improvement identified by these audits.
- People and their relatives felt the service was managed well and had a good opinion of the management team. One person's relative said, "I think it is very well managed now. The new manager is doing a grand job. Much better now."
- Records showed staff had job descriptions for their roles and staff we spoke with had a good understanding of their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Staff we spoke with answered our queries in an open, helpful and professional way.
- The people and relatives we spoke with said they were happy with the service they received from the care staff and the office staff. One relative said, "We are very happy with them. We get on well with them all."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Records we saw showed people were visited regularly and occasional phone calls had been made to ask about people's satisfaction. They had also been asked to complete surveys regarding their satisfaction with

the service.

- People were aware of how to contact the service. One relative said, "There is always someone there to answer the phone. I also have the manager's mobile number and can call her any time at all." Another relative told us, "I never have a problem getting through to them. There is always someone to answer the phone, it's never an answerphone."
- Staff meetings took place and most staff told us they felt valued and supported by the management team. However, there were staff who felt the managers did not understand the need for realistic travel times between visits.

Continuous learning and improving care, Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider was keen to promote a learning culture.
- There was a culture of learning from incidents, complaints and feedback, which staff contributed to. This had helped to improve people's experience of the service.
- Managers told us they encouraged staff development and training, and records of staff supervision confirmed this.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs.
- The registered manager and the staff we spoke with discussed working with doctors and district nurses, to make sure people were well supported.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not always ensured staff were provided with appropriate information to assist in the reduction of potential risks or to ensure people's care and medicines were managed safely. This placed people at risk of harm.</p> <p>This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>