

H.G. Care Services Limited

# H.G. Care Services Limited- Rochdale Office

## 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

The inspection took place on 5 February 2019 and was announced. This was the first inspection for this service.

H.G. Care Services Limited-Rochdale Office is a domiciliary service providing support and personal care for people in the Rochdale area.

This service is a domiciliary care agency which provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, and younger disabled adults.

Not everyone using H. G. Care Services Limited – Rochdale Office receives regulated activity; 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.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of the inspection the registered manager was unavailable. The inspection was facilitated by the branch manager.

The service had appropriate safeguarding and whistle blowing policies. Staff had undertaken training and were confident on how to recognise and report any concerns.

The staff recruitment procedure was robust and there were sufficient staff employed to ensure people's needs were met. Calls were monitored to help ensure the safety of both staff and people who used the service.

General and individual risk assessments were in place and kept up to date. All appropriate health and safety measures were implemented by the service. Accidents and incidents were logged, along with actions taken to minimise any further risk.

Medicines systems were safe and staff had received training in medicines administration. Medicines audits and staff competence checks were undertaken regularly. Appropriate infection control measures were in place

Care files included a thorough assessment and appropriate health and personal information.

Staff induction was thorough and there was on-going training and development for staff at the service. Staff supervisions were held regularly.

People's nutritional and hydration needs were recorded within their care plans. Any dietary needs were

documented and fluid balance charts put in place when required.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA).

People we spoke with felt the service was good and staff were kind and caring. Dignity and privacy was respected and staff had regard to equality and diversity when supporting people. Confidentiality and data protection were taken seriously.

People were fully involved with setting up their care and support. There was a service user guide for people who used the service.

People told us the service responded to their needs and documentation was person-centred. The service worked within the Accessible Information Standard, ensuring information was available in a number of formats.

Care plans and risk assessments were reviewed regularly and relevant people included in the review process. The complaints policy was appropriate and up to date. Complaints were logged and responded to appropriately.

The service had a policy and procedure for end of life care to be implemented in the event of someone nearing the end of their life whilst receiving support from them.

The service had an appropriate statement of purpose in place and there was a business continuity plan.

Staff and people who used the service felt well supported by the management and regular satisfaction surveys were sent out for staff and people who used the service to provide feedback.

There were a number of audits and checks in place to aid continual service improvement. The service worked in partnership with other agencies as required.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. The provider had not been inspected prior to this inspection, so as yet had not displayed a CQC rating.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The service had appropriate safeguarding and whistle blowing policies. Staff recruitment was robust and there were sufficient staff employed to ensure people's needs were met.

General and individual risk assessments were in place and kept up to date. All appropriate health and safety measures were implemented by the service. Accidents and incidents were logged, along with actions taken to minimise any further risk.

Medicines systems were safe and staff had received training in medicines administration. Medicines audits and staff competence checks were undertaken regularly.

### Is the service effective?

Good ●

The service was effective.

Care files included a thorough assessment and appropriate health and personal information.

Staff induction was thorough and there was on-going training and development for staff at the service. Staff supervisions were held regularly.

People's nutritional and hydration needs were recorded within their care plans. Any dietary needs were documented and fluid balance charts put in place when required.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service was caring.

People we spoke with felt the service was good and staff were kind and caring. Dignity and privacy was respected and staff had regard to equality and diversity when supporting people.

Confidentiality and data protection were taken seriously.

People were fully involved with setting up their care and support. There was a service user guide for people who used the service.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People told us the service responded to their needs and documentation was person-centred. The service worked within the Accessible Information Standard, ensuring information was available in a number of formats.

Care plans and risk assessments were reviewed regularly. The complaints policy was appropriate and up to date. Complaints were logged and responded to appropriately.

The service had a policy and procedure for end of life care to be implemented in the event of someone nearing the end of their life whilst receiving support from them.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had an appropriate statement of purpose in place and there was a business continuity plan.

Staff and people who used the service felt well supported by the management and regular satisfaction surveys were sent out for staff and people who used the service to provide feedback.

There were a number of audits and checks in place to aid continual service improvement. The service worked in partnership with other agencies as required.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do.

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## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 February and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to ensure there would be someone available to facilitate the inspection.

The inspection was carried out by one Adult Social Care Inspector from the Care Quality Commission (CQC).

Prior to our inspection we contacted the local authority commissioning team and the safeguarding team. No concerns were raised about the service.

We looked at notifications received by CQC. We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

During the inspection we spoke with the branch manager, a company director and two members of support staff. We spoke with four people who used the service prior to the inspection. We contacted three health and social care professionals. All the feedback we received was positive.

We looked at records including three care files, three staff personnel files, policies and procedures, training records, health and safety records, audits and meeting minutes.

## Is the service safe?

### Our findings

The service had an appropriate policy and procedure with regard to safeguarding, which included relevant contact numbers for staff to use for advice and guidance. A safeguarding log was in place to record any concerns. However, there had been no recent safeguarding issues. All staff had received training in safeguarding vulnerable adults and children and those we spoke with were able to explain what safeguarding was and how they would report any concerns. There was also a whistle blowing policy, giving staff guidance on how to report any concerns about poor practice they may witness.

An up to date staff recruitment policy was in place and we looked at three staff personnel files. Each included an application form, interview notes, proof of identity and two references. Any gaps in employment were explored by the service. Each new employee was subject to Disclosure and Barring Service (DBS) check. These checks help ensure employees are suitable to work with vulnerable people.

The service was reliable. People told us the carers were punctual and there were no missed visits. One person told us, "They [staff] usually turn up on time. They are delayed now and again, but let me know if they are going to be late." Another said, "They are sometimes ten or fifteen minutes late – at the most. They let me know and they always turn up".

We looked at staff rotas and saw that all calls were covered by staff. The service used a call monitoring system. Staff were required to log each call via telephone so that the service could monitor their movements. This helped ensure people who used the service did not have any missed visits and helped ensure staff safety.

There were individual and general risk assessments in place, in line with the service's policy and procedure. Environmental risk assessments were held within people's care files and included information about both the inside and outside of the property. There was a safety hazard checklist, reference to pets and any risks related to them and Control of Substances Hazardous to Health (COSHH) assessments. Individual risk assessments related to issues such as mobility, moving and handling, nutrition and hydration and smoking. There was a summary of risks with measures in place to minimise them.

All appropriate health and safety measures were in place. There was an up to date fire risk assessment for the office, with recommendations, which had been actioned by the service. Each person who used the service had a personal emergency evacuation plan (PEEP) in place in their home. This outlined the level of assistance they would require in the event of an emergency evacuation. Accidents and incidents were logged, along with actions taken to minimise any further risk.

There was an appropriate policy and procedure with regard to medicines and all staff received training on induction and regular refresher courses. Staff had regular competence assessments to help ensure their knowledge and skills in this area remained up to standard and those we spoke with were knowledgeable about the medicines processes. The service had produced a medicines awareness handout with regard to common drugs, their uses and possible side effects, for staff to use for guidance.

The service had a policy and procedure relating to infection prevention and control. All staff had received training in this area and those we spoke with told us plastic aprons and gloves, for use when providing personal care, were provided by the company. They said, "We never run out and we know how and when to use them".



## Is the service effective?

### Our findings

We asked if the service was effective. One person we spoke with told us, "They [staff] are a good help. They make sure I am out of bed and give me a strip wash and make my breakfast." Another said, "I can count on them to make a regular meal." A third person commented, "The carer actually does stuff."

We looked at three people's care files. Each included a welcome letter with an explanation of the service and the call monitoring system. There was also a general information sheet with contact numbers for the office and numbers to use out of hours.

We saw a thorough assessment in each file, carried out by the service prior to the person receiving support. This included information about people's health and support needs, abilities and difficulties. There was a care plan in place for each person, and a document with a schedule of tasks and times in which these were to be done. Care plans were updated as and when things changed and reviewed annually if support needs remained the same. The care files were easy to read and navigate through and archived documents were clearly marked as such to make it clear which documents were current.

The service had a thorough induction programme, linked to the Care Certificate. The Care Certificate is a set of standards that people employed in a care setting are expected to adhere to. The induction included an introduction to the company and the key policies and procedures all mandatory training and shadowing of a more experienced staff member. Shadowing feedback forms were completed by the mentor to demonstrate how the new employee had worked and there was an induction checklist to help the service ensure all expected learning and training had been completed over the required period. One staff member told us, "The induction was brilliant, I haven't worked in this type of job before, but I felt equipped to do it".

Training was on-going and the training matrix evidenced that all available staff were up to date with mandatory training. There was a new in-house trainer who had contributed to improvements in training and staff development. Some staff were also completing National Vocational Qualifications (NVQs), supported by the service. Staff told us there were plenty of opportunities for training and they could ask for extra courses if they felt these were required. One told us, "I always get training and feel competent".

There was a policy and procedure for staff supervisions and appraisals and a matrix was in place to help ensure all supervisions and appraisals were carried out at the required time. Supervisions were undertaken three monthly and appraisals annually. These meetings gave staff and managers the opportunity to discuss issues such as rotas, health and safety, safeguarding and whistle blowing, personal development and training, work issues and any concerns. These were signed by the person being supervised and their supervisor.

People's nutritional and hydration needs were recorded within their care plans. Any dietary needs were documented and fluid balance charts put in place when required. Meal planners were included where carers were responsible for making meals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Care files recorded the need to gain consent prior to carrying out any care tasks. Staff had undertaken training in consent and the MCA and those we spoke with were able to give examples of the application of the MCA in practice. There was an appropriate policy and procedure in place and easy read MCA information for staff to access. We saw one example where one person with capacity had refused to accept aspects of their support, required to keep both them and staff safe. Discussions to resolve this had been sensitive and respectful. Agreement had been reached by all parties.

## Is the service caring?

### Our findings

People we spoke with felt the service was good. One person told us, "The service is fine, alright. I am happy enough with them." A second person said, "Yes, I love the service. It has improved my life so much." A third commented, "I am happy with the service, quite happy with them. A fourth said, "I am happy with them."

Staff we spoke with demonstrated a caring and compassionate attitude. One person who used the service said, "They [staff] are polite, definitely." Another told us, "They [staff] are helpful and I have improved a lot". A third commented, "Staff are polite and nice." A fourth said, "Staff are very pleasant, all very pleasant."

One staff member told us, "I enjoy my job. I want to learn more and develop within the care industry". Another said, "I do like my job".

We asked staff how they respected people's dignity and privacy and they were able to give us examples of how they did this. For example, one staff member told us they would make sure blinds and curtains were drawn when offering personal care. Another explained how they would endeavour to dress the person as quickly as possible, and wash half of the body at a time, whilst keeping the other half covered.

There was a policy and procedure in place with regard to equality and diversity. Staff we spoke with had undertaken training and were respectful of people's differences, choices and preferences. We saw evidence that people with protected characteristics were cared for without discrimination by the service.

There was a service user guide for people who used the service. This included the company's mission statement, the background to the company, information about quality assurance, services offered, documentation, fees and payments. There was information on confidentiality and data protection, information about the staff team and some details about the service users' rights. Contact details for the service were included, along with an outline of how to give feedback and how to make a complaint. There were contact details for alternative agencies, such as the local authority and the Care Quality Commission for people to use in the event of being dissatisfied with the response from the service.

The service worked with partners, such as social work teams, who were also involved with people who used the service. They had contact details for a local advocacy service for anyone who required an independent advocate to speak on their behalf.

Within the care files we saw evidence that people were fully involved with the setting up of their support and on-going monitoring and review. We saw that people were encouraged to be as independent as possible and to do what they could for themselves, with the carers offering support where required.

The service was aware of its responsibility with regard to confidentiality and data protection. They had an appropriate and up to date policy and procedure in place.

## Is the service responsive?

### Our findings

We asked people if the service responded to their needs. One person told us, "I rarely see anyone, but asked for a particular carer to always because they are very talkative and lift my mood. They [the service] did this for me." Others agreed that the service was responsive to their needs and wishes. A health and social care professional we contacted told us, "I have found the service responsive and flexible to meet the service users' needs."

Documentation within people's care files was person-centred and included information about people's backgrounds, employment, hobbies and family. Their preferred name was recorded as well as their likes and dislikes, interests and social activities, cultural and religious needs and whether they had a preference for a male or female carer. We asked staff how they ensured care and support they offered was person-centred. One staff member told us, "We involve the person, ask them what they like, give them choice and let them make their own decisions if they can".

We saw that care plans and risk assessments were reviewed regularly and relevant people included in the review process, namely the person using the service and their family or advocate. The service had a matrix of when each risk assessment was due for an annual review, but this was done responsively, as and when needs changed. Any changes were documented to ensure care and support remained current.

Communication needs were documented to help ensure people were fully included. One staff member we spoke with told us, "We use facial expressions. The person (who used the service) smiles when they are happy or sometimes claps. You can tell when they are upset".

We looked at how the service worked within the Accessible Information Standard. The Accessible Information Standard applies to people using the service (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss. Information provided by the service was available on request in other formats, such as alternative languages, large print or braille.

The complaints policy was appropriate and up to date. This was outlined within the service user guide to help ensure people were aware of how to make a complaint if they needed to. There was a complaints log in place with actions to address any concerns recorded. People we spoke with felt they could raise concerns easily. One said, "Any problems I would tell the carer." Another told us, "No complaints at all at present, but I would know how to complain if I needed to."

The service had a policy and procedure for end of life care to be implemented in the event of someone nearing the end of their life whilst receiving support from them.

# Is the service well-led?

## Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of the inspection the registered manager was unavailable. The inspection was facilitated by the branch manager.

The service had an appropriate statement of purpose in place which set out the company's aims and objectives, staff profiles and services offered. The complaints procedure was outlined within the statement of purpose, with contact details for other relevant agencies and information about advocacy services.

There was a business continuity plan in place. This had details of how the service would respond to any emergency to help ensure people did not lack care or support in these circumstances.

We asked people who used the service if they felt the management were approachable. They agreed they were and told us, "The manager comes to see if things are OK and another lady also comes to see if things are OK." All those we spoke with had the office number and said they could get hold of a manager if needed.

Staff told us they were well supported in their roles. One staff member we spoke with told us, "All the management team are very, very supportive. There is always someone at the end of the phone with advice and guidance when we need it". Another said, "Everybody in the office is supportive. I am doing an NVQ and they have supported me with it. You can always ring or come into the office for advice".

We saw that there were regular, three monthly staff satisfaction surveys. The results of these were positive around being happy working for the company, feeling valued, understanding their role, getting along with co-workers, being happy with their hours and notified of changes to rotas, clients supported and personal development.

Staff meetings were also undertaken on a monthly basis and we saw from attendance sheets that these were well attended. Discussions included, dress code, service users, communication sheets, safeguarding, double up calls, call tracking system, whistle blowing, medication, NVQs and rotas.

Service user surveys were undertaken on a two-monthly basis and we looked at the results of some of the recent ones. We saw that the results were positive and people reported they were happy with the care provided. Comments included, "I like my carers"; "The staff are very helpful"; "Very happy with H.G. care."

There were a number of audits and checks in place to aid continual service improvement. We saw documentation of regular staff spot checks, where staff appearance, attendance at calls and conduct when offering support were observed and assessed. Monthly medicines audits were in place and any errors or issues recorded and addressed. There were audits of calls to people who used the service, with documentation of reasons for cancellations of visits recorded. We also saw that people's documentation

was regularly audited to ensure the information remained current and relevant. Complaints, safeguarding concerns and accidents and incidents were recorded centrally and analysed for patterns or trends to aid improvement to service delivery.

Management systems were subject to an annual external audit. The most recent audit concluded that the service was continuing to meet standards.

The service worked in partnership with other agencies as required. Any change in health needs were recorded and discussed with the relevant professionals.

The service held a community contact directory, which included leisure services in the area and details of facilities for people with disabilities, cost, and information about the service. This helped staff identify activities for people who used the service to access safely.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. The provider had not been inspected prior to this inspection, so as yet had not displayed a CQC rating.