

HBS Care Ltd

Home Instead Central Hemel Hempstead & Chilterns

Inspection report

The Lockhouse
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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 

Overall summary

We carried out this announced inspection by visiting the office on 21 May 2015. Between this date and 02 June 2015, we spoke with people who used the service and members of staff. At the time of the inspection, the service provided care and support for 73 older people in their own homes.

The service has a registered manager. 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.

Summary of findings

There were systems in place to safeguard people from the possible risk of harm. There were risk assessments in place to provide guidance to staff on how risks to people could be managed and minimised.

The provider had effective recruitment processes in place to ensure that staff employed to work for the service were fit and proper for their roles and of good character. There were sufficient numbers of staff to support people safely.

Staff were skilled and knowledgeable in how to support people in accordance with their agreed care plans. Staff received regular supervision and support, and had been trained to meet people's individual needs.

Staff were aware of their responsibilities and understood their roles to seek people's consent prior to care being provided. People received care and support from a team of caring and respectful staff.

People's needs had been assessed, and care plans included their individual needs, preferences, and choices. The provider had a formal process for handling complaints and concerns.

There were effective quality monitoring processes in place. Regular checks and audits had been carried out and people's views had been sought regarding the quality of the service.

Summary of findings

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.

There were systems in place to safeguard people from the possible risk of harm.

There was sufficient numbers of staff to meet the needs of people safely.

There were robust recruitment processes in place.

Good



Is the service effective?

The service was effective.

People received care and support from staff who had been trained, were skilled and knowledgeable in meeting their individual needs.

People's consent was sought prior to care or support being provided.

The provider worked closely with other healthcare professionals to ensure that people's needs were met.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff promoted people's dignity and treated them with respect. They understood people's individual needs and they respected their choices.

People were provided with information about the service.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported in accordance with their agreed care plans.

There was a complaints procedure in place.

Good



Is the service well-led?

The service was well-led.

The service had a registered manager.

Quality monitoring audits and checks had been routinely carried out in view of continuously seeking to improve the service.

The views of people had been sought and their comments were acted on.

Good



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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.

This inspection took place on 21 May 2015 and it was conducted by one inspector. 48 hours' notice of the inspection was given because we needed to be sure that there would be someone in the office.

Before the inspection, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the manager and three care staff. We spoke with 10 people who used the service by telephone on 02 June 2015.

We looked at the care records for seven people who used the service, the recruitment records for six staff and supervision records. We also looked at the training records for all the staff employed by the service and information on how the provider assessed and monitored the quality of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe and were happy with the staff who visited them. One person told us, “I feel safe with all the carers.” Another person said, “I feel very safe and I have no concerns about them.”

Staff confirmed that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of harm that people might be subjected to. One member of staff told us, “If I have any concerns about an allegation of abuse, I would report it to my manager.” The manager said that they were aware of reporting any safeguarding concerns to the Local Authority or the CQC. They also said that they would gather as much evidence as possible and forward it to the safeguarding team and let them deal with it. Information about safeguarding was available to staff. People told us that they were provided with information on safeguarding in the folders kept in their homes together with the telephone numbers of whom they should contact if they needed to.

There were personalised risk assessments carried out for each person which included information on the actions staff should take to reduce the risk of harm. The identified risks included an assessment and how to mitigate the risks when supporting people in meeting their needs. In addition home safety checks for the use of equipment such as hoists and the environment had been carried out prior to support being provided. Staff told us that at each visit they carried out an initial informal risk assessment to ensure that there were no hazards to the safety of people and themselves. One member of staff said, “At each call you carry out a risk assessment as soon as you walk in the house.” Another

carer said, “The senior staff introduced me to the service users and explained about the risks to each person.” They also said that they referred to people’s care plans and the daily logs to obtain further information relating to the safe practices in supporting people.

People told us that they were happy with the number of different staff who supported them. One person said, “Two regular carers visit me and I feel safe with them.” Another person said, “They visit three mornings each week and when they are on holidays, the replacements are good as well.” The manager told us that they had sufficient numbers of staff to meet the needs of people who were supported by the service.

We noted that the service had a recruitment policy and disciplinary procedures they followed to recruit and, if necessary, to terminate staff contracts respectively. The staff records we looked at showed that all the required checks had been carried out before an offer of employment was made. We noted in each file that an application form had been completed, interview notes had been kept, written references from an appropriate source such as a current or previous employer had been obtained, and Disclosure and Barring Service (DBS) checks had been carried out to ensure that staff of good character were employed to work for the service. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The service has a policy not to administer medicines but for staff to only prompt or remind people to take their own medicines. One person said, “I do take my own medicines.” Another person said “Carers sometimes remind me to take my medicines which I do.”

Is the service effective?

Our findings

One person said, “The carers are experienced and know what to do. They are brilliant.” Another person told us, “Carers are punctual, helpful and very good.” The staff we spoke with said that they worked as a team to support people and maintained continuity of care. One carer said, “We support people well and the care is good.”

The service had a training programme for staff which included an induction for all new staff. One member of staff told us, “I had four days of induction. It was very helpful. I was able to ask questions where I was not sure.” Another member of staff said, “After my induction, I shadowed other carers which gave me confidence on how to support people in meeting their needs.” Staff told us that the induction had been effective in helping them acquire the right skills and knowledge necessary to support people. A computerised record of all staff training was kept including when updates were due. All the staff said that the training they had received had helped them to enhance their knowledge and had enabled them in their roles. A member of staff said, “If we feel that we need additional training, we discuss it with the manager and I did the training in dementia care recently.”

We noted that staff had received on-going regular formal supervision and appraisals so that their work was appraised and that any identified areas for training had been discussed and provided. Staff confirmed that they had regular supervision and they could speak with the manager whenever they needed support. These meetings were used as an opportunity to evaluate the staff member's performance and to identify any areas they needed additional support in.

The care records we looked at showed that written consent and agreement to the care and support people required had been obtained. For some people they needed help with personal care and others required support with to prepare meals and housework. One person said, “Staff always ask before they do anything. Sometimes I do not feel hundred per cent, so I stay in.” Staff understood their roles and responsibilities in ensuring that people consented to their care and support. One member of staff said, “We always make sure that people are happy with the care we provide and they tell us how they would like to be supported.”

People said that staff were very helpful and made sure that they ate and drank enough. One person said, “First thing the carers ask me is whether I would like a cup of tea. They know I love my cup of tea first thing in the morning.” Staff told us that they supported some people with their meals and they made sure that people had enough to eat and drink. One carer said, “We always make sure that people have drinks left next to them when we leave.”

People told us that they and their relatives made arrangements to seek the help and support of other health professional as and when required. Staff said that if someone was not feeling well, they would contact their GP and informed the office staff. The care notes we looked showed that people had access to other health and social care services, such as GPs, community nurses and social workers. We also noted that one person who was on a ‘PEG (Percutaneous Endoscopic Gastroscopy) tube’ had their daily feed intake monitored by the dietician. A PEG is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube.

Is the service caring?

Our findings

People told us that the staff were friendly, caring, kind and considerate. One person said, “Carers are obliging. One day I ran out of milk and they went and got it for me.” Another person said, “They are all lovely people.”

People were involved in making decisions about their care and support. They told us that they had been involved in planning their care and support they needed in accordance with their individual choices and preferences. One person said, “I can do everything for myself. The staff visit for a short while. They are a companion.” Staff told us that their visits varied from people to people and they were not rushed. They also said that they made sure that each person’s care needs were met before they leave. One care staff said, “People will tell us how they would like to receive their care and support at each visit. We ask them before we proceed with the support they need.” The care records we looked at contained information about people’s needs and preferences, so the staff had clear guidance about what was important to people and how to support them appropriately. As part of the care planning, people also chose whether they would prefer to be supported by a male or female care staff.

People told us that the staff understood their needs well and knew how to support them. Staff confirmed that they

had a good knowledge of the people they supported, their care needs and their wishes. One care staff said, “We always work closely with people and their relatives to ensure that people’s individual needs are met.”

People told us that staff respected their dignity and privacy. One person said, “Carers are respectful.” Another person said, “The staff respect me as a person. When they help me with a wash, they shut the door and cover me well.” The staff demonstrated that they were aware of the importance of respecting people’s dignity, privacy and independence. One member of staff said, “When providing personal care, we ensure that people are covered up and the curtains drawn.” Another member of staff said, “We knock on the door and call out their names before we enter. It is their home and we do respect them.”

Staff were able to tell us how they maintained confidentiality by not discussing people who used the service outside of work or with agencies who were not directly involved in the persons care. We also saw that the copies of people’s care records were held securely within the provider’s office.

People’s comments showed that they were happy with the care and support they received from a consistent group of staff. One person said, “The staff are brilliant and I would recommend them to others.” The manager told us that they worked well as a team in ensuring that people received good care and maintained their general wellbeing.

Is the service responsive?

Our findings

Each person had their needs assessed and appropriate care plans were in place to ensure that people's needs were met appropriately. People's choices, preferences and wishes had been taken into account in the planning of their care and had been recorded in their care plans. One person said, "Carers do their work well as I have asked them to." Staff confirmed that they referred to each person's care plan and their daily logs before providing personal care to ensure that continuity of care was maintained. They also said that they asked people about their general wellbeing and whether they needed help or support from other health care professionals.

We noted from the care plans that there was clear guidance for staff on how people should be supported in meeting their needs. For example, for one person the care plan stated that staff should ensure that the person's catheter bag was emptied and they were hoisted appropriately. For another the care plan showed how staff should support the person with their mobility. We also noted that the care plans had been reviewed regularly or when people's needs changed. One person told us that the senior staff came to do spot checks and talked to them about the care and support they received. Staff told us that they found the care

plans informative and easy to follow. One member of staff said, "We discuss when there are changes in people's needs and we read the daily care notes. This helped us to ensure that continuity of care and support was maintained."

People had a varied service agreement. The majority of people required support with personal care and some people were also supported to access the local community facilities. One person said, "I had a stroke and the carers come to help me with a shower." Staff told us that most people wanted help to get them ready for the day and they planned their activities themselves with the support of their relatives.

The service has a complaints procedure. People told us that they would feel comfortable raising any concerns they might have about the care provided. One person said, "If I have any concerns, I would call the office." Another person said, "I have a copy of the complaints procedure but I do not have any concerns." People told us that they would in the first instance, speak with the staff and then the manager or the office staff if necessary. The service had a complaints procedure which was included in the information pack given to people at the start of their care package. Everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service. We noted that there had been no complaints received but few compliments. One person said, "I have no complaints. All the staff and office staff are very helpful."

Is the service well-led?

Our findings

The service has a registered manager. She told us that she was exploring the possibilities of undertaking management courses to complement her role as a registered manager. Staff told us that the manager provided leadership, guidance and the support they needed to provide good care to people using the service. People told us that they knew who the manager was and that they found them to be approachable and helpful. A member of staff said that the manager was supportive and that they had a vision in ensuring that people were provided with good care and support so that they maintained their independence.

Staff told us that they were encouraged to make suggestions and discuss any actions that they could collectively make to ensure that they provided good quality care. We noted from the most recent minutes of the staff meeting that they had discussed issues relating to incidents and accidents so that they could learn from them to prevent further occurrences. They also discussed changes in people's needs so that these were met safely and effectively and the day to day management of the service. Staff told us that the discussions during these meetings were useful to ensure that they had up to date information that enabled them to support people appropriately. One member of staff said, "We work as a team and we have good communication within the team and we provide a personalised care to each individual."

The manager said that they worked in partnership with people and their relatives, as well as, health and social care

professionals so that they had the necessary information to enable them to provide the care that people required. They also encouraged others to provide feedback about the service by sending annual questionnaire surveys. The results of the survey completed in 2014 showed that people were generally happy with the quality of the service provided and the support they received from staff. However, the findings had been presented in statistical data which did not address the not so positive feedback nor an action plan developed to address the issues raised. A person told us, "The service is very good and the carers are wonderful." Another person said, "I could not ask for more. The service is great."

A number of quality audits had been completed on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information. Where issues had been identified from these audits, the manager took prompt action to rectify these. Robust records were kept in relation to people who used the service, the staff employed by the service and to evidence how the quality of the service was assessed and monitored. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence. For example, when a person had fallen from their commode, their risk assessment had been reviewed and staff were made aware of the changes in the support the person required. Regular spot checks had been carried out by senior members of staff to ensure that safe practices had been maintained when delivering care and providing support to people who used the service.