

Caring Partnership Ltd

Hillside

Inspection report

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West Yorkshire
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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

This was an announced inspection carried out on the 5 May 2016. This was the first inspection of the service since they became a newly registered service, due to a change of address in August 2015.

Hillside is based in Leeds and is regulated to provide personal care to people living in their own homes.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People who used the service told us they felt safe with the staff and the care they were provided with. We found people were cared for by appropriately trained staff who were supported to understand how to deliver good care. Robust recruitment procedures were in place. Risk assessments were in place to help ensure people received safe care.

People received assistance with meals and healthcare when required. We found there were appropriate arrangements for the safe handling of medicines.

The registered manager and staff were able to demonstrate an understanding of the principles of the Mental Capacity Act (MCA) 2005. Staff told us they would always ensure they had the consent of people who used the service before they provided any care or support. People who used the service confirmed this.

The care plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information. The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with privacy, dignity and respect in their own home. People who used the service told us staff always provided the care they required.

There were quality assurance systems in place to help drive forward improvements in the service. Action plans were not always generated to ensure improvements could be measured; however, the registered manager said they would make sure these were in place in the future.

People who used the service, relatives and staff spoke highly of the registered manager and their commitment to the service.

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.

Staff had a good understanding of safeguarding and how to appropriately report abuse. Risk was assessed well and managed in order to keep people safe.

We found there were appropriate arrangements for the safe handling of medicines.

There were enough staff to support people and meet their needs. We saw the recruitment process for staff was robust.

Is the service effective?

Good ●

The service was effective.

People felt that they were supported by staff with the skills and experience to provide the care they needed.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

People's nutritional and healthcare needs were met if they needed support with this.

Is the service caring?

Good ●

The service was caring.

People were very happy with the care and support provided to them. They said staff were kind, friendly and treated them well.

Care was well planned and involved the person receiving care, where appropriate, and their family.

Is the service responsive?

Good ●

The service was responsive.

Care needs were assessed, documented and reviewed. Individual

choices and preferences were discussed with people who used the service.

The service had systems in place to manage complaints and people were given information on how to make a complaint.

Is the service well-led?

Good ●

The service was well- led.

People who used the service and their relatives told us the service was well run and organised.

Staff we spoke with were positive about the leadership of the registered manager and management team; and told us they enjoyed working for the service.

There were effective systems in place to monitor and improve the quality of the service provided.

Hillside

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 5 May 2016 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The inspection team consisted of an adult social care inspector, a specialist advisor in governance 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed all the information we held about the service, including statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of this inspection there were 65 people receiving personal care from the service. We spoke on the telephone, with seven people who used the service, two relatives and five care workers. We visited the provider's office where we spoke with the registered manager, the training manager, the operations manager and two regional managers. We also spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at five people's care plans and five people's medication records.

Is the service safe?

Our findings

All of the people we spoke with told us they, or their family members felt safe when receiving the service. Comments we received included; "I feel very safe, they make sure I am safe, especially if I have a funny turn" and "I get a very safe service, I am confident of and trust them 100%."

We spoke with staff about their understanding of protecting vulnerable adults. Staff had a good knowledge and understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. Staff were confident the registered manager would respond appropriately. Staff said they had received training in safeguarding vulnerable adults. Records we looked at confirmed this. The provider had safeguarding procedures and information about the local safeguarding authority. The management team understood how to report any safeguarding concerns.

There were systems in place to keep people safe through risk assessment and management. We reviewed risk assessments for five people who used the service. We saw individual risk assessments were completed and included medication, premises, cleanliness and infection control. We did find for one person a moving and handling assessment had not been completed regarding the need to change position regularly. Staff at the office confirmed this would be completed. Staff we spoke with showed awareness of risk management plans and could describe how they kept themselves and people who used the service safe. One staff member described the risks associated with food allergies for a person.

The registered manager told us staffing levels were determined by the number of people who used the service and their needs. The registered manager described how teams of staff worked in geographical areas to ensure provision of consistent staff support for people. People we spoke with told us they, or their family member, received care services from familiar or regular care workers who were punctual and always stayed the required duration of time for the planned visit. A relative said, "The staff are always on time and very polite and kind." A person who used the service said, "The staff are very reliable and always on time, sometimes even being early." Staff said that if two were required to meet people's needs, two were always available and they had enough time to meet people's needs fully. All staff we spoke with said they did not feel rushed and were able to provide the care that was needed.

In the PIR, the registered manager said, 'In order to ensure that we provide the best staff for the service user we begin by ensuring that we have good recruitment policies in place. If the candidate is successful then security checks e.g. enhanced DBS for both the supporting of children and adults, and a number of references are undertaken and it is only then that an offer of employment will be made on the successful completing of the above.'

We found there were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Written references had been obtained prior

to staff commencing work and these were obtained from the staff member's last employer to show evidence of previous good conduct.

We looked at the systems in place for managing medicines and found there were appropriate systems and arrangements in place to assist people to take their medicines safely. There were procedures for staff to follow to ensure adequate supplies of medication were always available to people and this was agreed at the start of the service. People told us they received the support they needed with their medication.

We looked at medication records for five people who used the service; this included a review of medication administration records. (MARs) We saw these were completed in full, with no gaps which meant people had received their medication as prescribed. Staff showed a good knowledge of the importance of timing medications appropriately and gave the example of ensuring visits were appropriately timed for people with diabetes so they were not left without food after being given insulin (by district nurses).

The service had a policy for as and when necessary (PRN) medication administration and instructions for use were detailed in people's personal support plans. We saw examples of when staff had administered PRN medications and documented their reasons for doing so; '[Name of person] complained of pain so I gave two co-codamol' recorded in the daily log.

We saw staff were trained in medication administration and this was a mandatory training course. Records showed that staff's competency was checked regularly to ensure practice remained safe. Refresher training was due for some staff and the registered manager was aware of this; with plans in place to address. There were several documented policies with regard to medication administration. These policies covered areas including supply, storage and disposal, non-compliance, self-administration, administration and refusal.

Staff told us they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed. We looked at records of accident and incident management and saw these were completed to show what had occurred and the action taken in response to them to prevent future re-occurrence.

Is the service effective?

Our findings

People who used the service and their relatives said they found their care workers competent in carrying out their role. One person said, "Staff are very well trained and confident." Another person said, "Well trained; most definitely."

Staff told us they received a good induction which had prepared them well for their role. They said they had 'shadowed' experienced staff as part of their induction training. Staff told us they received good training and were kept up to date with refresher training to make sure their skills were kept up to date. Their comments included; "It's very thorough, the best training I have ever had", "Very good training, well explained and made to feel OK to ask questions" and "Very valuable training, and have been able to put into practice well."

The provider had identified the training that staff needed in order to provide care and support effectively. This included the Care Certificate which is an identified set of standards that health and social care workers adhere to in their daily working life. There was a rolling programme of training available and this included; safeguarding, moving and handling, mental capacity act, food safety, medication and first aid. The training record showed most staff were up to date with their required training. If updates were needed they had been identified and were in the process of being organised to ensure staff's practice remained up to date.

In the PIR, the registered manager said, 'We have a training schedule that provides mandatory training and also specialist training to meet individual service user's needs. The training schedule informs us of when training is next required.' They also said, 'During supervision sessions the training is discussed and the staff member must demonstrate that they have understood the training and can apply it to their working practice. Supervision is a two way tool and at this point any gaps in knowledge are identified and can be rectified during the session or further training arranged.'

Staff we spoke with told us they were well supported by the office staff and the registered manager. Staff said they had regular supervision and appraisal which gave them an opportunity to discuss their roles and options for their future development. We looked at supervision records which confirmed staff received supervision on a regular basis.

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.

Staff we spoke with and the management team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent. We saw for one person they had been identified as lacking in capacity to manage their own medicines and their family member had been involved in the decision to ensure medicines were administered in their best interests. Consent forms were present in

all the care records we looked at. (Consent to Care and Support). People who used the service said they were always asked prior to any care interventions taking place. One person said, "They wouldn't do anything without my say so."

We found people who used the service or their relatives dealt with healthcare appointments, although staff told us they did sometimes arrange GP or district nurse appointments for people when needed. Staff members told us if people became unwell during their visit then they would call either a GP or an ambulance and would stay with the person until help arrived.

People received the support they needed to meet their nutritional needs and ensure good hydration. Care plans gave good detail on the support people needed with their meals. For example 'I would like my food chopping into bite sized pieces.' Staff told us before they left their visit they made sure people had access to food and drink. Staff we spoke with were aware of people's specific dietary requirements and how they liked their meals.

Is the service caring?

Our findings

All the people we spoke with gave positive feedback regarding the kind and caring nature of staff. Comments we received included; "They are excellent; very kind indeed", "I couldn't be happier; the carers are brilliant", "The carers always make sure I am sat down, happy and safe before leaving" and "I am very happy with the care I am getting."

People who used the service and their relatives said they felt involved in planning and reviewing their care and support. One person said, "I feel very involved; they understand me and my problems." People also told us they were able to make choices about the care they received and staff respected their privacy and dignity. One person said, "They always ask me about everything and if I want things done and more importantly how I want things done."

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. They spoke of the importance of keeping people covered as much as possible during personal care and being well prepared so as to minimise any interruptions such as when helping people at the toilet. One staff member said, "It's important to do things efficiently to preserve dignity and self-esteem for people; but to also respect people's pace."

Staff said they were trained in privacy, dignity and respect during their induction. They also said this was looked at when 'spot checks' were carried out to ensure they did their job well when working with people. Records we saw confirmed this. People who used the service or their relatives were involved in giving feedback during spot checks. One person had commented; 'Although [name of staff member] is new showing good interaction and works well.'

Staff rotas were organised so people who used the service had regular care workers. People confirmed they knew the care workers and were introduced to them before the service began. One person who used the service told us how important this was to them as they had problems with their memory and this meant they didn't have to go through things with different people all the time.

The registered manager and staff we spoke with knew people who used the service very well. They were able to tell us about people's likes and dislikes and their individual care preferences. Staff were able to tell us about things that were important to the people they supported; such as the need to maintain independence.

Staff showed respect for the fact they were working in someone's own home. They said they were mindful of keeping tidy, asking permission, for example, to use the toilet and being respectful of how people wanted things done. A person who used the service said, "They (the staff) are so polite; I always feel at ease with them."

Is the service responsive?

Our findings

Records showed that people had their needs assessed before they began to use the service. When a referral was received the service completed a needs assessment and care plan with the person concerned. The registered manager told us they would not agree to provide packages of care when they considered they did not have the staff available to meet a person's needs.

In the PIR, the registered manager said, 'Each and every client we support has a care plan in place which is focused around meeting the individual's needs in a truly person-centred way, a way which puts their best wishes, needs and preferences at the forefront of the service we deliver.'

We looked at the care plans for five people who used the service. The care plans were written in an individual way, which clearly described people's support needs. They was a detailed plan of the care needed at each timed visit. For example, 'Check integrity of skin, position the crash mat at the side of the bed covering the corner of the wall with a cushion so that [name of person] does not bang head. Place a duvet on the crash mat so that [name of person] can cover their self if they fall out of bed' and 'on count of three the slide sheet should be moved in the direction in which [name of person] needs to be positioned.'

Staff were provided with clear guidance on how to support people as they wished. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for people. We saw staff completed a record of each visit they made. This included information on what care had been provided. Staff told us they would always contact the registered manager if they thought that a person's needs had changed. They said they were confident the registered manager would arrange re-assessment or update the care plan. They said there were good systems of communication in place to ensure this. We saw that care and support plans were reviewed annually and as required.

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. People who used the service said they knew who to raise concerns with if they had any. One person said, "I've no complaints at all, but if I had I wouldn't hesitate to ring up; I'm certain they would listen to me and sort anything out."

In the PIR, the registered manager said, 'We actively encourage our clients to speak honestly and openly about their support, ensuring that they understand any improvements they wish to make are not see as complaints that will "get staff in trouble" but are a helpful and vital part of our commitment to providing high quality social and community care.'

They told us in the PIR they had received three complaints in the last 12 months. It was clear from the records we looked at that people had their comments listened to and acted upon. The registered manager also told us in the PIR, they had received seven written compliments. They said, 'Our staff team have been praised for the level of personal service that has been provided to our clients and their families. The compliments have been provided from a number of differing care services, such as home care, community care and end of life care.' It was clear from speaking with people who used the service that they found the

service responsive to their needs.

We saw from staff meeting minutes that any feedback on concerns and complaints was discussed with staff in order to prevent re-occurrence of issues.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by an operations manager, two regional managers, a training manager, senior support staff, induction mentoring staff and a team of care staff. Staff we spoke with were clear about their roles and responsibilities and felt able to talk to the management team if they had any concerns.

People who used the service and their relatives all spoke highly of the management team and how the service was well run. One person said, "It is a good company, I have been with them for over a year." Another person said, "You can ring the office at any time. They respond well, come out to see you if needed and they always get back to you." People told us they would recommend the service to others. In the PIR, the registered manager said, 'I, as the Registered Manager, am confident in the culture that has been established within our organisation in that no other need of our business is prioritised over the care and compassion we provide for our service users.'

Records showed that senior staff completed regular 'spot checks' on the performance of staff. We saw these checks included feedback from people who used the service, all of which was complimentary about staff's performance and conduct. Staff said they felt well supported in their role and felt they could contribute ideas and suggestions on the running of the service. They described the management team as approachable and committed to providing a good service. Staff told us they enjoyed their job. One staff member said, "This is definitely a good place to work." Another staff member said, "It's a fabulous job, I love it."

People who used the service and their relatives were asked for their views about the care and support the service offered. In the PIR the registered manager said, 'We complete quality assurance questionnaires with every one of our clients on a regular basis to check if they are happy with the service we provide and ask for their feedback on any improvements they feel we could make to tailor their support to better suit their needs.' We looked at a random selection of quality assurance questionnaires and saw overall people were highly satisfied with the service. We noted that any issues or concerns raised were responded to. For example, one person had said staff needed to take more time and this had been followed up by a conversation with the person and arrangements to undertake a spot check for the staff member. Another person had asked for a monthly meeting with the registered manager and this was arranged. The registered manager said any suggestions made through the use of questionnaires would always be followed up to try and ensure the service was continually improving and responding to what people wanted.

The registered manager told us they had a system of audit in place to monitor the quality of the service provided. These included audits on call times, daily record entries and medication. We saw the daily record books were signed by senior staff to show entries and medication records had been checked. However, no documented action plans were generated from the checks that took place. The registered manager said they contacted staff directly if there was anything to feedback.

Staff confirmed they received calls, e mails or had meetings to discuss issues found. We saw feedback from

MAR chart audits had been fed back to staff at a staff meeting to ensure practice improved. We also saw a recent e mail reminding staff of professional boundaries to be adhered to. Staff we spoke with confirmed if any incidents occurred within the service this information was shared to ensure lessons were learnt. The registered manager agreed a formal report on audit findings needed to be introduced. They agreed to make sure a system was put in place to enable this.