

Momentum Care And Support (Yorkshire) Limited

HCF The Springs

Inspection report

HCF The Springs, Southmoor Road
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Tel: 01977612789

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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

HCF The Springs is a domiciliary care service providing support with personal care to people living in their own homes. 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 our inspection the service was supporting one person with personal care.

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

The person we spoke with was happy and smiled when speaking about the service and clearly at ease in the company of staff.

There were enough care staff to meet people's needs and to provide one to one or two to one support as needed. Recruitment procedures were appropriately followed for staff to make sure they were suitably checked. This was supported by staff records.

Staff had received appropriate training to meet people's needs and as their needs changed staff were looking at ways to access further relevant training, such as dementia care.

People were supported with medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were trained and supported to understand their roles and responsibilities and understood the importance of respecting people's diverse needs and promoting independence.

The service worked in partnership with other agencies to make sure people received the right care and support.

Auditing and quality assurance processes were in place to enable the service to identify areas to improve. The registered manager was open and transparent and created a culture which was friendly and welcoming.

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

Rating at last inspection

At the last inspection the service was rated as good (report published 22 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

HCF The Springs

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in Wakefield and the surrounding areas.

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 a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 July 2019. We visited the office location on 12 July 2019.

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 spoke with one person who used the service who was supported by staff to come to the office to meet with us. We spoke with the registered manager at the office location and spoke with one member of care staff.

We reviewed a range of records. This included the person's care record and medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People were supported by a small and regular team of staff who worked consistently with them and were familiar with their individual needs.
- Recruitment processes were robust to ensure staff were suitable to care for people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff received training and were very confident to recognise and report any concerns about people's safety and welfare.
- The registered manager understood their safeguarding responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management

- Risks to people's health and safety and welfare were identified and managed safely. Risks within one person's environment were assessed and adaptations were made for them to enjoy their garden, for example, such as a level patio surface and handrails on steps.
- Staff understood how to support people and manage any known risks as well as being alert for unexpected risks, such as when out in the community or when visiting hospital, appointments or going shopping. Baseline assessments and care plans highlighted risks and guidance for staff, such as the risk of choking.
- Procedures were in place to make sure staff knew what to do in the event of an emergency.

Using medicines safely

- Systems were in place to ensure people's medicines were managed safely.
- Where people were supported to take their medicine, medicines administration records (MARs) were kept in their homes. The MARs showed which medicines people were prescribed and when they were given.
- The MARs were checked by the registered manager to ensure any errors could be identified and action taken to reduce the risk of them being repeated. The MARs we looked at had been completed correctly.
- All medicine records were written in bolder black pen and large print to support one member of staff who had deteriorating sight.
- Staff were trained and confident to support people with their medicines.

Preventing and controlling infection

- Staff understood how to prevent and control the risk of infection.
- The service provided staff with personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager continuously looked for ways to improve the service. For example, they showed us how they had changed the medication administration records to make these easier to read.
- There had been no accidents or incidents involving people supported by the service. The registered manager understood the need to record accidents and incidents, reporting to the relevant agencies and acting to reduce the risk of recurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager explained people's needs were thoroughly assessed and reassessed as these needs changed so care could be as effective as possible. A baseline assessment was carried out from which people's care plans were individually created.
- People, their relatives and where appropriate other health and social care professionals were included in delivering appropriate care. The registered manager ensured any appointments were attended in support of people's changing needs.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and supported to carry out their roles. Staff had supervision and spot checks to make sure their practice was in keeping with people's needs.
- Staff were confident they had been properly trained to provide people with the support they needed. The registered manager was involved in people's care delivery and was a registered nurse, keeping up to date with relevant health information as well as formal training.
- Training included safeguarding, infection control, moving and handling, managing challenging behaviour, learning disability awareness, medication and first aid. The registered manager sent the training plan to us following the inspection and this had additional training to enhance staff awareness of people's needs. For example, training on Downs syndrome and music as therapy.
- The registered manager met and worked alongside staff and staff told us they felt supported in their roles. Handover records had clear accounts of people's experiences so staff following on with people's care knew important details.

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

- People were supported to eat and drink in line with their care plan and staff knew people's particular favourite foods. Staff helped one person grow their own fruits and vegetables in line with their particular dietary needs.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

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

- The service worked effectively with other professionals. For example, when people's health needs deteriorated they made referrals to relevant health professionals to ensure people received the support they

needed.

- People were encouraged to make healthier lifestyle choices.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. The Court of Protection make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made.

- There were no Court of Protection Orders in place at the time of our inspection.
- Staff described how they consulted with people and asked for their consent before providing care and support.
- Staff had a good understanding of the MCA and how to promote people's rights.

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.

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

- Staff were aware of people's diverse needs and how to treat each person as an individual.
- The registered manager promoted equality and diversity. People's care records had information about their individual preferences and staff understood these.

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

- People were involved in decisions about their care and treatment.
- Staff told us they communicated in a range of ways with people and used language and other cues, such as facial expressions, body language and sounds to help them understand how people may be feeling.
- The registered manager told us they were considering increasing ways to communicate with one person whose speech and understanding was becoming less clear. They said they used information in pictures, photographs and posters to help them know the routine of the day, or which member of staff would be coming to support them.
- People's care records showed how staff recognised and responded people's individual views.
- The registered manager was aware to refer people to advocacy services if needed. Advocates provide independent support to people who, for whatever reason, may find it difficult to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they respected people's privacy and dignity, for example when people may need personal care when out in the community
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People experienced care and support which was responsive to their needs. One member of staff we spoke with said, "[Name of person] is treated like gold. [They] demand so and they deserve so."
- People's care records were very detailed and person-centred; they included information about their support needs and preferences. For example, one person liked a particular routine and enjoyed buying books and staff told us how they facilitated this as and when the person wanted to be supported in this way.
- Staff supported people with choices they wished to make, such as going on holiday and choosing a new car.

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's communication needs were assessed. Care records included information about supporting people with their communication needs.
- Appropriate support was provided where necessary. The registered manager told us they were very aware of the increasing need to communicate more clearly with one person whose verbal communication and understanding was declining. They said they were using pictorial and visual cues to help support the person better.
- For staff with a visual impairment, the service used an adapted colour enhanced computer keyboard, large print and bold type face to help them read information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The risk of social isolation was considered during the assessment process. Staff understood where people wanted contact with others and how to facilitate this.
- People were supported to maintain contact with their family, friends and people in their local community.

Improving care quality in response to complaints or concerns

- People were given information about the complaint's procedure in an easy read format.
- The service had not received any complaints.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection. The registered manager told us they had supported one person through a bereavement and this had helped them understand some of the issues associated with end of life.
- The registered manager was aware of how to sensitively support people with discussions and arrangements for end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager demonstrated an open and transparent approach and was very keen to offer a service tailored to the needs of individuals.
- The person we met and spoke with knew the registered manager by name and was very affectionate towards them.
- Records showed people had regular contact with the registered manager and they were actively involved in people's care and knew them very well.
- Staff told us the registered manager was very supportive and regularly worked alongside them. They were confident the registered manager would always act in people's best interests and any issues they raised would be dealt with. One member of staff told us how they had left the service and returned because they enjoyed being able to provide high quality person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their legal responsibilities.
- There were systems in place to identify and manage risks to the quality of the care provided. For example, processes were in place to monitor staff practice, any incidents or accidents and make improvements where needed
- Staff were supported to understand their roles through regular supervision and meetings. The registered manager sent us a copy of the updated handbook for all staff with relevant guidance to support them in their role.
- The registered manager notified CQC about events as required by law.
- Policies and procedures were in place, although these were in need of updating. The registered manager acknowledged this was something they were intending to do. They sent updated policies following the inspection.

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

- People were involved in discussions about their day to day support. This was done informally through conversations with staff and the registered manager and more formally through care reviews.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other agencies to ensure people received care and support which was safe and met their needs.
- The registered manager and staff attending regular training to make sure they kept up to date with current best practice.
- The registered manager kept up to date with legislation through their continuous professional development as a registered nurse and through reading journals and relevant care updates.