Care Quality Commission

Headstart Employment Limited

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Inspection report

1A High St, Sutton SM1 1DE

Date of inspection visit: 3 December 2015
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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

This was an announced inspection that took place on 3 December 2015. At our previous visit on 10 April 2013, we judged that the service was meeting all the regulations that we looked at. Headstart is a domiciliary care agency providing personal care and support for four adults living in their own homes.

The service had a registered manager in post at the time of this inspection who told us they were due to retire from this role. A new manager was recently appointed and has applied to the Care Quality Commission to become the new 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.

People told us they felt safe with the service they received. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service and staff about how to report suspected abuse. This meant appropriate action was taken to deal with suspected abuse and help provided to protect people who use services

Summary of findings

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe.

The registered manager ensured there were safe recruitment procedures to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff received training in areas of their work identified as essential by the provider. We saw documented evidence of this.

People told us they were prompted by staff with taking their medicines and this was confirmed by staff. Staff had received training so they were able to safely administer medicines if necessary.

People said they were treated with kindness and compassion in the care they were provided with by staff and they said that their care was good.

Staff told us they received training on how to promote and maintain people's dignity and privacy. This had helped people to feel they mattered and were understood.

Staff respected people's privacy and dignity. People said staff asked them how they would like things to be done and were polite.

Staff told us that wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them.

People told us they were involved in the care planning process and they said the service responded to their needs and individual preferences. People also said that staff supported people according to their personalised care plans, including supporting them to access community-based activities.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the agencies' complaints policy.

People gave positive feedback about the management of the service. The director and the manager were clear in their views about the importance for service improvement based on feedback provided by people. They told us their aim for the service was to progress towards providing a better standard of care. We found there was a positive management ethos that included an open and positive culture with approachable staff and a clear sense of direction for 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?

Good

The service was safe. People told us they felt safe. There were good safeguarding procedures in place to help keep people safe and staff understood how to safeguard the people they supported.

Risks to people and staff were assessed and risk management plans were in place to help minimise risks to people. People's care plans provided clear information and guidance to staff.

Recruitment practice was safe and thorough. The manager ensured there were appropriate staffing levels to meet the needs of people who used the service.

People told us that staff prompted them with their medicines when necessary. The service had good policies and procedures in place for staff to follow for the administration of medicines.

Is the service effective?

Good

The service was effective. People told us they thought the service was effective and that staff had the skills and knowledge to meet their needs. We saw that staff received regular training, supervision to ensure they had up to date information to undertake their roles and responsibilities.

Staff told us they thought the support and training they received helped them to do their jobs more effectively.

People were supported to eat and drink according to their plan of care.

Staff supported people to use public transport, to attend healthcare appointments and they liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good

The service was caring. People told us they found the staff supportive and caring. People liked the consistency and continuity of having the same regular staff to support them.

People said staff treated them well and were respectful of their privacy.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive. People told us they were involved in developing their care and they said their care plans were regularly reviewed and met their care and support needs.

Staff supported people to access the community such as with travelling and this reduced the risk of people becoming socially isolated.

People were aware of the agency's complaints policy and knew how to make a complaint if they wanted to do so. We saw there was an appropriate complaints policy and procedure in place that staff were also aware of.

Summary of findings

Is the service well-led?

Good

The service was well-led. The manager told us they planned to carry out a survey to gather people's opinions about the service in 2016. The registered manager told us they would use this information to develop the service and to make sure people were happy with the service they received.

The manager and the director were clear in their views about the importance for service improvement based on feedback provided by their surveys. They told us their aim for the service was to progress towards providing a better standard of care.

We found there was a positive management ethos that included an open and positive culture with approachable staff and a clear sense of direction for the service.

Headstart Employment Limited

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 3 December and was announced. We told the provider one day before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. One inspector undertook the inspection.

We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and changes within the organisation.

We gathered information by speaking on the telephone with three people who used the service, the director, the retiring registered manager, the new manager and two members of staff. We looked at the three people's care records and four staff records and we reviewed records related to the management of the service.

Good

Is the service safe?

Our findings

The people we spoke with said they were happy with the service they received from Headstart. They said they knew the staff who supported them well because there was consistency with the staff and this had also helped them to feel safe. One person said, "I have had the same carers for a long time, they know what help I need, this is the best way because it helps me to feel safe." Another person said, "I have had the service now for more than a year and I am pleased with the help. I like the regular carers because I know who they are and I feel safe with them." Staff we met were wearing their identity badges. This has helped to ensure people who use the service knew exactly the caller's identity and where they were from.

Staff told us they had received all the training they needed to carry out their safeguarding roles and responsibilities. They described to us how they would recognise the signs of potential abuse and how they would respond to any abuse they might encounter. They said they would report it immediately to the manager. We looked at staff training records and we saw all the staff had completed a safeguarding adults course in the past year. The manager told us that any concerns or safeguarding incidents that arose were reported to the local authority safeguarding teams and to the Care Quality Commission.

We saw the provider had policies and procedures to do with safeguarding adults, staff whistle blowing, how to make a complaint, and reporting accidents and incidents. Staff told us they had read these policies and we saw they had signed to say they had read and understood them and they knew what actions to take if necessary. This helped to protect people from the risk of abuse.

On the care files we inspected we saw people had individual risk assessments and risk management plans. We saw they had been developed together with people in order to agree the best ways of keeping them safe whilst also enabling them to have choices about how they were cared for. Staff said they used the risk management plans to assist people safely with their care. When we looked at people's care files we saw that risk management plans had been followed appropriately by staff.

The service had other risk assessments and risk management plans in place to ensure that risks were minimised for staff. Part of the initial assessment process included an environmental risk assessment that identified any potential hazards or risks that staff might face. We saw on the care files we reviewed there were action plans in place for staff to follow in order to reduce the potential hazards and risks identified.

We inspected staff files and saw they contained evidence that recruitment checks had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, two suitable references and evidence of relevant qualifications and experience. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People told us they had their needs assessed before the service started. The manager told us that before any service was provided, an initial assessment of people's needs was carried out. This assessment together with the risk assessment helped to identify what level of staffing was required to carry out the tasks identified in the care plan. Where more than one member of staff was required this was identified in the care plans that we inspected. The manager told us that when a person's needs changed, the level of staff cover was adjusted accordingly.

People told us the assistance they received with their medicines was more like "a reminder "for them to take their medicines. They told us sometimes staff would hand the medicines to them for them to take with a glass of water. Staff told us that they had received training to do with administering medicines to people and the training records we inspected evidenced this. Staff told us the procedures they followed to do with people's medicines and they were consistent with the agencies policies. We saw these records on people's care files.

Good

Is the service effective?

Our findings

People told us they were happy with the support they received from staff who they thought fulfilled their roles appropriately. One person said, "Well I couldn't manage without them. I couldn't live here without their help." Another person said, "The help I get is essential for me. It certainly enables me to live at home."

Staff told us they had induction training at the start of their work with this agency. They said they had found it useful in preparing them for their work. We saw certificated evidence of the induction training staff had received. The manager told us they also shadowed new staff before they started working with people to help them become familiar with the work and the people they supported. A member of staff said, "This was very helpful for me." Staff said the training they received was good. They said they had the knowledge and skills to be able to do their jobs effectively. One member of staff said, "All the training I have done has helped me to do my job more effectively because it has helped me to understand how I can do the job better." We looked at staff training records which confirmed that staff had received all the training assessed by the provider as being essential. This has helped staff deliver care and support to people more effectively.

We were told by staff that this year they had not received annual appraisals of their work. We saw evidence of previous year's appraisals when we inspected the staff files. The manager told us that they were planning to carry out an appraisal for all staff in the next 3 months. We saw from the appraisal format we were shown that this included a review of working practice and identification of any staff training needs.

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. We checked whether the service was working within the principals of the MCA.

All of the people who received care and support from this agency at the time of this inspection were able to make their own decisions about their care. Headstart had appropriate contracts in place with each person whose files we inspected. The manager told us that if they had any concerns regarding the person's ability to make decisions they would involve the person's relatives or other relevant health or social care professionals to make best interests decisions for them .

We saw the manager had appropriate experience and knowledge of the staff team to help them develop the skills and knowledge they needed to meet people's needs effectively. The manager told us staff were supported to keep up to date with best practice both by the use of in house training and by external training such as that offered by the local authority.

The manager told us all staff were supported with a range of regular supervision that included one to one supervision and spot checks. They said they believed this provided staff with the best support to enable them to do their jobs effectively. We saw up to date supervision records for staff that evidenced they had regular supervision every six to eight weeks. The records we saw also showed the service had plans for developing staff in terms of training and further qualifications which were discussed during supervision meetings and then followed up. Staff told us the manager was ready and available to provide informal support to help them provide effective care to people.

People told us that some of the care and support provided to them by staff involved accompanying them with travel and with the preparation of food. Care plans we inspected detailed where this support was needed and how it was to be provided. In some cases staff were required to reheat meals that had already been prepared and then to ensure that they were accessible to people. Where staff prepared meals for people, people told us that they were asked what they would like to eat and then their choices were prepared for them. Staff told us they helped some people to eat their meals as and when it was necessary and as detailed in people's care plans. Staff also told us that before they left their visit they ensured people were comfortable and had access to food as well as drinks.

People said their health care appointments and health care needs were arranged by themselves or their relatives but that staff helped them to attend the appointments as

Good

Is the service effective?

necessary. Staff confirmed this and told us they liaised with other healthcare professionals where it was part of the person's care plan and we saw evidence of this on the care plans we inspected.

Good

Is the service caring?

Our findings

People said staff were kind and caring in the support they received from staff and they said their care was good. One person said, "The care and support I get is good, I like my carers, they are kind and caring and I like to see them every day they come."

People said staff understood the help they wanted and needed and they said they received a caring service. One person said, "My carers always ask me how I would like things to be done. They are very caring." Another person said, "Yes they do ask me what I want help with on the day as well as doing the regular things set out in my care plan." Staff told us they knew what support people needed from reading the care plans and from talking to people. Staff said they took time to speak with people to ask how they would like their care and support to be provided in a way that suited them best. One member of staff said, "We always read people's care plans so we know what needs to be done. We ask people as well." Another member of staff said, "I ask people how they would like me to help them so they are happy with what I do for them. I think it's especially important to respect their wishes when I'm providing personal care." From these comments from staff we saw they staff respected people's privacy and dignity.

The agency arranged for staff to receive training on how to promote and maintain people's dignity and privacy. We could see from the things people said to us they felt they mattered and were understood. Care plans that we saw were personalised and provided detailed person centred guidance for staff about how their individual needs and preferences should be met. Care plans included information about people's wishes and preferences, for example when they wanted to get up in the mornings and what they wanted in terms of their food and drink preferences at mealtimes. We saw there was information about people's life histories that helped staff understand people's backgrounds. This included information to do with any disabilities, race, sexual orientation and gender and all this helped staff to support people in a caring way. Staff told us they found this information helpful in getting to know the people they supported better, especially at the start of care being delivered. The manager told us that wherever possible they tried to maintain continuity and consistency of care and support because they realised how important it was for people. They said their staff usually worked with the same people every week except when off sick or on holidays.

A person we spoke with told us, "My carers encourage me to do as much as possible for myself."

Staff told us that wherever possible they encouraged people in this way, so as to help people to maintain their independence for longer.

Good

Is the service responsive?

Our findings

People told us they were able to contribute to the assessment and planning process of their care package and they said they felt central to it. They said their care plans reflected their wishes and their contribution. People said they were happy with the care they received. They said staff were responsive to their needs on the day as they usually asked them if they needed help with anything else.

People said that before they started to receive care the manager went to see them to discuss the help and support they thought they needed and how best it could be provided. One person said, “Right at the start when I contacted the agency the manager came round to see me to discuss what help I needed and how I would like that help to be provided. I have got a care plan folder that includes it all here in my home.”

People told us they were fully involved with their care and we saw people had signed their care plans to show their agreement with what had been written down for them. People told us they had copies of their care plans in their homes that staff referred to. From our inspection of people’s care plans we could see that some of the care people received included taking them to healthcare appointments or other social activities such as going to bowling or using public transport to go shopping. All the care plans we inspected had been reviewed six monthly and were done together with the people involved.

People told us they had not had cause to complain about the services they received. They said if they were unhappy about something they would report it immediately to the manager. One person said, “I would have no hesitation in reporting anything I was unhappy about to the manager. If they didn’t do something about it then I would call social services. I am sure though they would respond because they always have whenever I have raised anything with them in the past.” We found that people we spoke with felt they were able to talk with the manager or staff about anything. We were shown the provider’s complaints policy and procedure. It was appropriate and “fit for purpose”.

The agency also provided people with a handbook that explained all the policies and procedures including the complaints process and what they could do if they were not happy with the quality of service they received. The manager told us if any complaint was to be made the process set out in the agencies’ policies and procedures manual would be followed. The registered manager told us the process they followed included a general review of complaints so as to identify actions necessary to improve the service appropriately.

Good

Is the service well-led?

Our findings

People told us they thought the service was good. One person said, "They [the staff] have been great. The manager is a good one. I think it is well led." Another person said, "The director and the manager care about how the service is run and they ask us for our opinions and respond to suggestions we may make if needed."

At our inspection of this service we met with the director, the retiring registered manager and the new manager who has applied to the Care Quality Commission to become a registered manager. We found there was a positive management ethos within this service that included an open and positive culture where the managers lead with a clear sense of direction for the service. Staff said the service was forward looking and the managers considered how the staff team could provide people with better standards of care and support. Staff also told us the manager was keen to ensure continuity and consistency in the way their service was provided for people. Staff said they had been given good training opportunities to help them widen their knowledge and skills base. The manager said they wanted to develop training further so that it better met staff's individual needs. They said they were planning to use a new training facility next year to do this. Staff said they were encouraged to learn and develop professionally.

The manager told us that people's views had not been sought formally this year about aspects of the running of the service via quality assurance feedback forms. However they said a survey was being planned for the start of 2016.

The manager said they telephoned people to check on their satisfaction with what was provided for them. In previous years the feedback was recorded and we saw it was positive. The manager said it was important for any service improvement to be based on people's feedback. They told us their aim for the service was to progress towards providing a better standard of care.

One person who used the service told us, "The manager visits us occasionally to see if we are alright and our care and support is good." Staff told us the manager came to observe them at people's homes to ensure they provided care in line with people's needs and to an appropriate standard. A staff member told us, "There are spot checks to see how we are doing. We never know when it's going to happen so we always have to be ready." The manager told us if any concerns were identified during spot checks this was discussed with individual staff members during one to one meetings so the concerns were addressed. We saw notes of the spot checks that evidenced this.

Meetings were held with staff about the general running of the service and issues to do with best practice discussed so that improvements could be made. We saw minutes of meetings that had been held since the last inspection. The agenda for these meetings included time keeping and there was discussion about the new training referred to above. We saw that staff were positive about the developments that were planned.

We saw the provider had good recording systems in place and the information needed for this inspection was accessible and in good order.