

## H & S Direct Solutions Limited

# H & S Direct Solutions

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

H & S Direct Solutions supports people who live in the community with a domiciliary care service. They provide personal care for older people and younger adults, people who have a physical disability or sensory impairment and those living with dementia or mental health issues. The main office is based in Preston. At the time of our inspection, the service supported 25 people who received a regulated activity in their own homes.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

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

At the last inspection on 04 September 2017, we rated the service as requires improvement. This was because we found a breach of legal requirements. The registered manager did not ensure people's needs were properly assessed before a package of care was arranged. Not all support plans were detailed and held person-centred information. We further made recommendations about safe recruitment; sufficient risk management records; documenting of consent; review of their complaints policy; service user guidance information; and effective quality assurance auditing.

During this inspection, we saw the provider had made improvements to recordkeeping and their care planning systems. They recognised assessing people before taking on packages of care maximised the potential for the service to meet their needs. We found care planning was detailed and followed a person-centred approach. When we discussed this with staff, we found they had a good level of awareness. One staff member commented, "I always ask myself, 'how would I want to be treated?' I have that bond and it hurts me if something goes wrong or if a service user is hurting." People and their relatives were complementary about the responsiveness of care delivery. A relative told us, "I am so happy about the care [my relative] receives that I would have no hesitation recommending it to anyone else."

When we discussed safety with people and relatives, we were told this was consistently maintained by H & S Direct Solutions. One relative commented, "At every twist and turn they've been wonderful." Staff we spoke with demonstrated a good level of awareness about protecting people from poor practice or abuse.

The management team now followed safe recruitment procedures to ensure staff were suitable to work with vulnerable adults. We saw staffing levels matched each person's requirements to maintain continuity of care. A relative told us, "All the carers know [my relative's] routines and the communication is very good. It reassures us that she is safe and happy."

We found care records included risk assessments that detailed each person's independence level, risk factors, control measures and action to support them. All records were signed by people who used the service and staff to ensure their understanding of protocols to mitigate risk. The registered manager reviewed accidents and incidents and had systems to reduce risks to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. We discussed the principles of the MCA and consent with staff and found they had a good awareness. A staff member said, "It's not taking over and about always taking their consent."

We saw information made available to people about raising concerns had been improved. Those we spoke with told us they found the provider being responsive to their minor complaints. One relative said, "We experienced them as being very flexible and respectful. They did precisely what we asked them for in response."

The registered manager had made required changes to their service user guide to provide correct details to people about the support they received. Additionally, new audits were implemented with measurable outcomes and actions taken to mitigate risk to people and staff. We saw examples of the registered manager addressing identified concerns to maintain everyone's welfare.

We observed, where applicable, staff administered people's medication in their own homes safely. They signed records on completion of procedures to evidence each person had taken their medicines. The management team provided training to ensure they had good levels of awareness.

When we discussed staff effectiveness with people they said they were well trained and skilled. Staff files we looked at evidenced they had guidance to carry out their duties confidently and competently. One staff member said, "It's good training that helps me to do my job effectively."

Care documentation included an evaluation of associated risks and measures to reduce the potential of malnutrition. People and their relatives confirmed they could choose what they wanted to eat and had ample meal portions.

We found H & S Direct Solutions had a strong focus on meeting people's diverse and cultural needs. Those who used the service and their relatives told us the management team checked whether staff respected their customs and traditions. Care records evidenced people and their relatives were fully included in their support planning.

We saw staff were respectful when they interacted with people and consistently maintained their privacy and dignity. A relative stated, "[The staff member's] a lovely girl. She knows how to talk with us. It's not patronising and she chats on our level. She understands what it likes to get old."

The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe. When we discussed the leadership of H & S Direct Solutions, we received complementary comments from staff, people who used the service and their relatives.

## 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 ●

We found action had been taken to improve the safety of the service.

The registered manager had sustained their improvements to staff recruitment.

The registered manager had sustained their improvements to the management of risks to people who received a package of care.

People and relatives confirmed they had the right level of support from staff who understood their needs.

The registered manager regularly completed medication audits to check their procedures were safe.

### Is the service effective?

Good ●

We found action had been taken to improve the effectiveness of the service.

The registered manager had sustained improvements to their MCA and consent recording procedures.

The registered manager provided a range of training, supervision and competency testing to support staff in their roles.

Staff had assessed people's nutritional requirements where this formed part of their package of care.

### Is the service caring?

Good ●

The service was good.

H & S Direct Solutions had a strong focus on meeting people's diverse and cultural needs.

We observed staff assisted people to be as independent as possible through their communication and care delivery.

### Is the service responsive?

Good ●

We found action had been taken to improve the responsiveness of the service.

The provider had made improvements to recordkeeping and their care planning systems.

The registered manager had made improvements to their complaints procedures.

People and their relatives told us staff were supportive of their social needs.

Records contained detailed information about each person's end of life care requirements.

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

**Good** ●

We found action had been taken to improve the service's leadership.

The registered manager had sustained improvements relevant to their quality assurance oversight and service information materials.

The management team regularly completed satisfaction surveys to obtain feedback from people and relatives about the quality of their care.

Staff told us the management team were supportive and they felt valued as employees of the service.

# H & S Direct Solutions

## Detailed findings

### Background to this inspection

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

The inspection visit at H & S Direct Solutions was undertaken on 12 December 2018 and was announced. We gave 48 hours' notice of the inspection to ensure people who used the service, staff and visitors were available to talk with us. The inspection team consisted of one adult social care inspector.

Before our inspection, we checked the information we held about H & S Direct Solutions. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived in their own homes. We also contacted other health and social care organisations, such as the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced using H & S Direct Solutions.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. 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 spoke with a range of people about this service. They included two people who used H & S Direct Solutions, four relatives, five staff and the registered manager. We did this to gain an overview of what people experienced whilst using the service.

We examined care records of four people who used H & S Direct Solutions. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked staff training and support documents. We reviewed recruitment records related to three staff and looked at documentation relevant to the management and safety of H & S Direct Solutions.

# Is the service safe?

## Our findings

Following our last inspection on 04 September 2017, we made a recommendation the provider sought guidance about safe recruitment of personnel. This was because not all staff had a professional reference to ensure opinions were sought from a reputable source.

During this inspection, we found the registered manager had sustained their improvements to staff recruitment. Three staff files we looked at were consistent and held required information. This included professional references and criminal record checks from the Disclosure and Barring Service (DBS). Furthermore, the registered manager had details about each candidate's full employment history to assess reasons for any gaps. Staff received a full induction following their recruitment to help them settle in their new roles. This evidenced the management team followed safe procedures to ensure staff were suitable to work with vulnerable adults. A relative told us, "Yes, I understand the staff have been heavily vetted and are suitable for the jobs they do."

Following our last inspection on 04 September 2017, we made a recommendation the provider sought guidance about safe risk management. This was because people's documentation was not always regularly reviewed to enable, where applicable, prompt access to professional healthcare services. Additionally, Personal Emergency Evacuation Plans (PEEPs) were not effective because they did not clearly identify how people should be assisted in an emergency

During this inspection, we found the registered manager had sustained their improvements to the management of risks to people who received a package of care. Each person's PEEP contained clear, precise information to guide staff to their evacuation requirements. We found care records included risk assessments that covered mobility, health and safety, finances, falls, medication, personal care and pressure relief. Details comprised of the person's level of independence, risk factors, control measures and action to support them. All records were signed by people who used the service and staff to ensure their understanding of protocols to mitigate risk.

When we discussed safety with people and relatives, we were told this was consistently maintained by H & S Direct Solutions. One person said, "I do feel safe and relaxed." A relative told us, "Day or night they are on call if we ever need them, that reassures me we are in a safe place." Another relative added, "[My relative's] very safe. I'm very happy with the support he has at night, which means I can sleep well."

Staff we spoke with demonstrated a good level of awareness about protecting people from poor practice or abuse. One staff member stated, "I would report anything to the local authority and the office." We found the registered manager had underpinned staff skills with relevant training.

The registered manager had a good monitoring system to check people received their packages of care as agreed and on time. We saw staffing levels matched each person's requirements and sickness/leave was managed between the team to maintain continuity of care. When we discussed this with people and relatives, they confirmed they had the right level of support and staff who understood their needs. One

relative stated, "We get the same small group of carers, which is really important for [my relative]. She is vulnerable and needs to be with people she can trust and be happy with."

We observed, where applicable, staff administered people's medication in their own homes safely. They wore gloves to reduce the risk of contamination, explained the purpose of each medicine and provided a drink. We observed one person, whose first language was not English, was prescribed 'when required' medication. There was always one staff member at each visit who could speak their language. We saw communication was effective and corroborated so that medication administration was continuously safe. Staff signed records on completion of procedures to evidence people had taken their medicines as prescribed. They talked us through what they would do if someone refused their medication. One staff member stated, "I explain why it is important and encourage them to take it. If they still refuse I write it on the chart and inform the office."

The registered manager regularly completed medication audits to check their procedures were safe. Records we sampled gave clear instruction and there were no gaps. The management team underpinned staff skills with training and competency testing to ensure they had good levels of awareness.

We checked how the registered manager reviewed accidents and incidents and found safe systems to mitigate risks to people. This included body-mapping and monitoring of any injuries. A relative told us, "My [relative] marks very easily. [A staff member] tell us if they have noticed this or that and ask us to keep an eye on it between their visits. They're very good like that." Environmental risk assessments and staff training enhanced people's safety. We found the management team audited procedures to assess the continuity of everyone's welfare.

Throughout our inspection visit, we found staff made good use of personal protective equipment, such as disposable gloves and aprons. The registered manager ensured infection control procedures were maintained with effective staff training. People we spoke with told us staff consistently washed their hands before and after providing personal care.



## Is the service effective?

### Our findings

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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection (CoP).

Following our last inspection on 04 September 2017, we made a recommendation the provider tailored and improved their mental capacity procedures. This was because assessments were completed routinely and were not always decision-specific.

During this inspection, we found the registered manager had sustained improvements to their MCA procedures. At the time of our inspection they told us no-one who used H & S Direct Solutions had a CoP to safeguard them. We saw staff completed an assessment only when they observed changes in a person's mental health. MCA documents were contained in care files as a part of each individual's suite of paperwork. Staff recorded, where applicable, an assessment was not undertaken as the person had full capacity. We found staff had MCA and DoLS training to underpin their knowledge and skills. People we spoke with confirmed staff did not limit their freedom. A relative said, "The care plan is all detailed in her file, so we know what they can and can't do. They may suggest, but they respect our decisions and never overstep their remit."

Following our last inspection on 04 September 2017, we made a recommendation the provider sought guidance on the principles of consent. This was because consent to care forms were not always completed accurately.

During this inspection, we found the registered manager had sustained improvements relevant to recording of consent. They had introduced a care file audit to check formal, signed agreement was in place. The new consent form covered confirmation of involvement in care planning and risk assessment, personal care, medication and mobility. A relative told us, "The staff have built up a good rapport with [my relative] and they consistently offer choice. The staff are very respectful and sensitive." We found care documentation was signed by staff and the person or their representative. When we discussed the principles of consent with staff, we noted they had a good understanding. One staff member commented, "I offer people a choice of how they want to have a wash and what they want to wear. I will only proceed if they are happy to do so."

When we discussed staff effectiveness with people and their relatives they confirmed they were confident in their skills. They told us staff were well trained and experienced. One relative said, "I would think [the staff member] is well-trained, she could teach us a thing or two."

The registered manager provided a range of training to support staff in their roles. This included,

medication, movement and handling, safeguarding, MCA and DoLS, information governance, environmental safety, dementia, communication and food hygiene. The training manager for H & S Direct Solutions told us, "We do face-to-face as well as online training. It's a good mix to help people who have different learning styles to develop in different ways." Staff confirmed they had guidance to carry out their duties confidently and skilfully. One staff member said, "We had a new hoist for [a person who used H & S Direct Solutions] and before we were allowed to use it [the supervisor] came out and trained us."

The management team strengthened staff experience and support through supervision and competency testing of skills. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. Sessions were provided every three months and covered, for example, professional and personal progress, communication, personal care and training needs. A member of the management team told us, "I regularly monitor staff abilities. I assess they are doing medication right, providing proper and dignified care, using equipment correctly and keeping people safe."

Care records we looked at included hospital passports that contained information about the person's medical history and care needs. This meant other services, such as hospitals, had good details when people were transferred between care agencies. A variety of other organisations involved in the individual's care ensured a multi-disciplinary approach to the continuity of their support. These included GPs, district nurses, social workers, occupational therapists and care co-ordinators. People and their relatives told us they were kept up-to-date in the support of their changing needs. A relative said, "They always inform us if there has been an emergency or about any medical appointments. It keeps us up-to-date."

Staff had assessed people's nutritional requirements where this formed part of their package of care. One person commented, "They make me what I want to eat and are very good at cooking." Documentation included an evaluation of associated risks and measures to reduce the potential of malnutrition. We noted staff had good levels of training in food hygiene and safety. People and their relatives confirmed they could choose what they wanted to eat and had ample meal portions. One relative commented, "[My family member] will often wake in the night feeling hungry and the carer will make her a snack or even a meal. She gets precisely what she wants."

We found evidence the management team referenced current legislation, standards and evidence-based guidance to achieve effective outcomes. This covered for instance, safeguarding, the MCA, disability and dementia. Care records also included current information to guide staff about people's medical conditions, such as arthritis, angina and osteoporosis.

We reviewed arrangements the management team had to meet communication and support needs of people with a disability, impairment or sensory loss. Documentation, such as the complaints procedure and hospital passport, was provided in easy-read format and different languages in line with the local population. This was good practice to ensure people knew what to expect from the service.

## Is the service caring?

### Our findings

People and their relatives told us staff had a caring and respectful nature. One person said, "Yes, I'm very happy with my carers, they are kind and supportive." A relative stated, "No-one else in the world could do more for her than [the staff member]. I call her superwoman because that's what she is to us." Another relative added, "The staff have been very sensitive. They have gone above and beyond for my [relative] and for me."

We found H & S Direct Solutions had a strong focus on meeting people's diverse and cultural needs. The registered manager stated, "[One person] is unable to communicate in English, so we provide staff who are able to speak her language. Otherwise it would not be right for us to support her." Care records provided a clear outline of each person's backgrounds and their preferences in relation to their care packages. A relative told us staff were very respectful of their family member's religious needs. They added, "[The Service] have always sent Christian staff. They all understand our mindset, which is a huge relief and of great importance to [my relative] and me." Care planning guided staff to people's social, cultural and religious needs. Those who used the service and their relatives told us the management team checked whether staff respected their customs and traditions. One relative said, "They truly understand [my relative's] cultural needs. They work within her Muslim needs like during her daily ablutions they understand and follow [my relative's] routines. That's great that."

We observed staff were respectful and patient when they interacted with people and consistently maintained their privacy and dignity. One person said, "[A staff member] shouts on entering to let us know she's there and then knocks on any doors before entering." Information was held in H & S Direct Solutions' service user guide about advocacy services. Consequently, people could access this if they required support to have an independent voice.

Care records held an audit to check people and their relatives were fully included in their support planning. A relative told us, "I am fully involved in my [relative's] care, they strive to ensure that, which I really appreciate." Each care plan and risk assessment area was signed as agreed by the person or their representative. We observed staff assisted people to be as independent as possible through their communication and care delivery.

## Is the service responsive?

### Our findings

At our last inspection of H & S Direct Solutions on 04 September 2017, we found the provider failed to fully assess people's needs before commencing care packages. Assessments did not always clarify if the individual required support and, if they did, what assistance was needed. Care plans were not always detailed and personalised to each person's needs. They included contradictory information and gaps in documentation. Records were not consistently signed by staff to indicate who had completed them.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

During this inspection, we saw the provider had made improvements to recordkeeping and their care planning systems. The registered manager told us, "All the paperwork has been improved and it's come on leaps and bounds. It supports the service users and staff better." They recognised assessing people before taking on packages of care maximised the potential for the service to meet their needs. Care records we reviewed held new documentation that detailed the person's requirements related to, for instance, personal care, nutrition, cognition, mobility and medication. The focus of support planning was upon guiding staff to maintain people's independence and input to their own care. One staff member told us, "I have got to know [one person] very well and I know from her body language if she is in pain or not feeling well."

We found care planning was detailed and followed a person-centred approach. To strengthen this, the management team documented people's preferences and background history. This assisted staff to get to know them and their wishes, such as gender of staff member activities and meals. A relative commented, "The staff are very person-centred. They know my [relative] really well and understand his needs." When we discussed this with staff, we found they had a good level of awareness. One staff member said, "I love getting to really know and understand the service users." We saw evidence of the management team involving people in the review and update of their care. A relative told us, "We have developed [my relative's] care plan together. They review his plan with us on a regular basis."

Following our last inspection on 04 September 2017, we made a recommendation the provider sought guidance about their complaints procedure. This was because information available to people did not correctly highlight the appropriate agencies to refer their concerns.

During this inspection, we found the registered manager had made improvements to their complaints procedures. For instance, the Statement of Purpose and relevant policy included contact details of the local authority. Procedures were available in a variety of languages and included details about timescales and who was responsible for processing concerns. We noted there had been no complaints received over the last year. People and staff we spoke with had a good understanding about raising concerns and how these would be managed. One relative told us their family member, "Has the confidence to do so because the first time she did this she found the staff being really responsive, quick and respectful."

People and relatives said staff were responsive to their requirements. One relative told us about changing

their care provider to H & S Direct Solutions and found it was a positive move. They added, "It has been the best thing for [our family member]. They are very good at updating us to any changes." Another relative commented, "What is amazing is all the little things [the A staff member] does. I don't think she realises what a huge difference she makes to our lives." A third relative stated, "They are not willing to walk away just because it's the end of their visit. They always make sure they meet her final needs before they leave."

The registered manager assessed people's needs against staff interests to match them together and enhance care provision. For example, care records included a 'client to carer matching' form, which looked at personalities, likes and preferences. The purpose was to assist in developing bonds between those who used the service and staff. The registered manager then established small teams to maintain a consistent approach to the person's support. One relative told us, "[My relative] has the continuity of carers to build up a good knowledge base of him. It's a trusting relationship with us and [the staff]."

People and their relatives told us staff were supportive of their social needs. One relative said, "[A staff member] talks with [my relative] first before doing anything, like saying 'hi' and checking how she is." Additionally, care records covered each person's social needs. For example, we saw the management team documented in one individual's support plan about assisting them to access the local community and activities. The relative further commented staff were assisting their family member to use computer equipment. They added, "I'm not good with that so I find it really helpful that [A staff member] knows how because it is another hobby for [my relative]."

Records we looked at contained detailed information about each person's end of life care requirements. This included living wills and their spiritual care wishes. We discussed end of life care with one relative who was highly complementary of staff who supported their family member. They told us, "It's the lovely touches like the night sitters will read the bible with her." Staff files held evidence to confirm staff had training in end of life care to underpin their skills. H & S Direct Solutions' relevant policy was detailed and covered related regulations and legislation (such as the Equality Act 2010 and The Essence of Care 2001 (revised 2010) guidance).

## Is the service well-led?

### Our findings

Following our last inspection on 04 September 2017, we made a recommendation the provider ensured their service user guide was bespoke to H & S Direct Solutions. This was because it incorrectly referred to 'the home' throughout, instead of 'the service.'

During this inspection, we found the registered manager had made the required changes to their service user guidance. We saw the adapted guide was held at each person's home. This ensured they had information about what to expect from H & S Direct Solutions as a service providing their care.

Following our last inspection on 04 September 2017, we made a recommendation the provider ensured they maintained accurate auditing records. This was because completion of identified actions from medication checks was scored at 100%, which conflicted with errors found.

During this inspection, we found the registered manager had sustained improvements relevant to their quality assurance oversight. New audits were regularly completed and included, staff files, care records, accidents, complaints, dignity, pressure area care and medication. We saw measurable outcomes were developed and actions taken to mitigate risk to people and staff as part of any lessons learnt. For example, in the last year the service had one missed visit, which the registered manager investigated and found there was a mix up of rotas. They dealt with this through supervision and apologised to and refunded the person who received the package of care. This showed the management team worked transparently and took appropriate action to meet their duty of candour to improve people's lives.

When we discussed the leadership of H & S Direct Solutions, we received complementary comments from people and their relatives. One relative told us, "They are a very flexible service that meet [my relative's] needs." A relative said, "They have good managers running that company."

The management team regularly completed satisfaction surveys to obtain feedback from people and relatives about the quality of their care. These checked, for instance, visit times, informed of changes, dignity and respect, respect for customs and traditions, flexibility, safety and staff training. Comments we saw included, 'Excellent service,' 'Nothing to improve' and 'Same carers coming gives me continuity.'

Staff told us the management team were supportive and they felt valued as employees of the service. One staff member said, "[The registered manager] is a very good manager. She's firm but fair and very approachable." Another staff member stated, "[The Service] is a very good company to work for. They are good employers and are very supportive." Part of each staff member's supervision sessions included a direct discussion about suggestions to improve the service. A third employee commented, "They're a good management team. They definitely 100% listen to you."

The registered manager provided regular team meetings as part of their communication systems. We saw minutes from the last meeting covered, for instance, training, care planning, medication and safeguarding updates. Staff told us they were kept updated about service changes and good practice. One staff member

commented, "They communicate through all sorts of things, like our [social media] group, texts, on call, emails and team meetings. It keeps me up-to-date with anything that's going on."

The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe. These included Dementia Friends, certified as Disability Confident Committed, local authority 'Registered Care Managers Network' and Lancashire Care Association. This assisted the ongoing development of the service through the sharing of good practice. Additionally, two staff members were designated as champions in the MCA and safeguarding. They attended local authority meetings related to these areas to receive training and up-to-date guidance.