Hinds Care and Support Services Limited

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Inspection report

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Date of inspection visit:
15 February 2018

Date of publication:
20 June 2018

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

Hinds Care and Support Services service is a domiciliary care agency. It provides personal care to children and young adults living with their families in the community who live with learning and physical disabilities. There was currently one child and two young adults using the service.

This is the first inspection of the service since initial registration in April 2017. As a result of this inspection the service was rated as Good.

At the time of this inspection there was a registered manager in post. 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.

The registered manager and care staff had a good understanding of the principles of the Mental Capacity Act 2005 in terms of people's best interest's and how this could impact on the provision of care and support. Care plans demonstrated that the capacity of the child and young adults to make decisions was assessed and families were fully consulted as well as the child and young adults in so far as they were able to be meaningfully involved. However, the service had not confirmed whether the two young adults that lacked capacity had the necessary authorisations in place for either a member of their family or placing authority had legal power of attorney to provide consent. When we raised this the registered manager took action to respond and resolve this issue.

The child and young adults using the service had a care plan which contained information about the person, their families who they lived with and their care support needs. As part of the care planning process, the registered manager carried out risk assessments which covered the home environment, personal care needs, moving and handling, activities people were supported to participate in and health and safety.

Care staff were trained about how to identify types of abuse and there was clear guidance about the actions they should take if they had any concerns. The policies of the service covered safeguarding children and also adults.

It was the usual policy of the service not to provide assistance to children or young adults to take medicines as the responsibility for doing this remained with people's own families. This was clearly outlined in the care plan agreements but in an exceptional case a care worker did provide assistance to a child if they were present when this person needed to take medicine.

The service had safe recruitment processes in place. These included obtaining references and the completion of a criminal record check prior to the care staff commencing their employment, except in one case where an updated check was only received after the person started work. Care staff told us that they felt supported in their role. None of the care staff had been recruited before July 2017. Annual appraisals

had not yet been due as no member of care staff had been working at the service for a year or more, although the registered manager told us this would occur when they were due.

Care staff, when they first started working at the service, received an in-house induction and training, which included first aid, safeguarding, moving and handling and training specific to the needs of the child or young adult they were supporting.

A spot check system was in place in order to monitor the care and support provided to people along with regular reviews of care and support needs. No missed or late visits had occurred.

The service had a complaints policy which was given to people using the service and relatives. The registered manager reported that they had not received any complaints since the service began operating.

Although the service was relatively new, feedback from families had been obtained. These showed a high degree of satisfaction with the service. There was regular contact with people and their families by the registered manager.

Further information is in the detailed findings below.

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. The staff assessed people's individual risks associated with their care in order to mitigate or reduce risk to ensure people's safety.

The provider operated safe recruitment practices although we pointed out that staff should preferably not start work, as had happened in one case, without an updated CRB check already being received.

Care staff were trained in keeping children and adults safe from harm and they had to report any suspected signs of abuse to ensure people's safety.

Medicines, when given, were managed safely and staff were trained to do this and to ensure they were competent.

Is the service effective?

Good

The service was effective. The registered manager and care staff considered mental capacity in terms of best interests, which was tailored to whether each person was a child or adult. However, the proper consideration of the legal authorisation to give consent had not been followed through in all cases. However, when we raised this the appropriate action was taken by the registered manager to resolve the issue.

Care staff received an induction when they started work with the service and all care staff were undertaking the care certificate.

People were pro-actively supported with their care needs by the service.

Is the service caring?

Good

The service was caring. People were treated with respect and staff maintained children and adult's privacy and dignity.

People were encouraged, as far as they were able, to have input into their care and views they were able to express, and those of their families, were respected.

Is the service responsive?

Good

The service was responsive. People's care needs were assessed prior to them receiving care and changes to care needs were regularly reviewed.

A complaints policy was available and was also given to people and relatives when the service began. The service had not received any complaints since it began operating.

Is the service well-led?

Good

The service was well led. The provider had effective systems in place for monitoring the standard of day to day care.

Relatives' and staff were confident about the registered manager's ability to manage the service and to respond to any matters that they wished to raise.

The registered manager was able to show us the quality checks they had already put in place and told us how they would keep the quality of the service under review.

Hinds Care and Support Services

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 15 February 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by one inspector, with another inspector telephoning care staff and people's families to obtain their views.

Before the inspection we looked at information that we had received about the service and any formal notifications that the service had sent to the CQC. We looked at all three care records and risk assessments, three staff files recruitment records and other documented information related to the management of the service. We also spoke with two care staff and the registered manager. During our inspection we also spoke with four of the relatives of the child and two young adults using to service.

Good

Is the service safe?

Our findings

A relative told us "He (care staff) is safe. I am not worried about anything." Another told us when asked if they felt their relative was safe said "Absolutely." A third relative said that they felt "fully involved." and felt their child was safe and received the care they needed from the member of staff.

The service had a safeguarding policy that described the definition of safeguarding for both children and adults and the ways in which the service would respond to any concerns. The policy and procedure outlined that all people had the right to be protected from abuse regardless of their racial, religious and cultural heritage or other diverse needs, including disability. Types of abuse and the action that must be taken if abuse was suspected were also described. Staff were trained in safeguarding during their induction and had received this training prior to beginning to deliver care. No concerns had been raised about the service since it had begun to operate.

The members of staff we spoke with told us they were fully trained and knew what to do to keep children and adults safe from harm. A member of care staff told us that for the person they supported "Strategies re safety and meeting the person's needs are discussed and included in the person's care plan." Another member of staff who worked with someone who could present challenging behaviours at times said "[Registered manager] met with a family member and discuss possible triggers and put strategies to minimise the possibility of things happening and to ensure that care staff and the child were safe. I got the right support from [registered manager]."
The provider used a risk assessment process that held information for care staff about minimising risks to people receiving care. The registered manager was responsible for ensuring that each person using the service had a completed risk assessment, which included information about risks and minimising these risks. The action needed to reduce any potential harm due to these risks was identified and recorded. Care staff were provided with clear instructions about what to do in order to minimise potential risks, but also how to support people to take reasonable risk such as taking part in different activities.

Each member of staff was assigned to work with a specific child or young adult on set days and times each week. There was no need for a staff rota system for staff as they only worked these pre-arranged days. This helped to ensure continuity and consistency of care being provided.

The service did not normally provide assistance to people to take medicines and this was clearly explained to the families of people using the service who retained responsibility for providing assistance. However, in an exceptional case a child using the service was assisted at times by a care worker if they were present when medicine was needed. The care worker had been trained to do this and a medicines administration record was kept. A detailed medicines policy was in place about how to safely manage medicines. The registered manager told us this was established to ensure that should medicines assistance be provided to more people in future that the correct policies and procedure were available for all care staff.

Safe recruitment processes were used to ensure staff were suitable to work with people. However, in one case a member of care staff had started to work with a person before an updated criminal records bureau

check had been received. The provider had obtained a copy of the previous check and the subsequent check confirmed the person remained safe to work with children and adults. The registered manager told us that this had happened at the very start of the service due to an urgent request for support for a family. However, we reminded the registered manager about the legislation and guidance relating to safe recruitment practice and advised that this must not be allowed to occur in future. Recruitment files contained the other necessary documentation including, references and identity verification. One person had only a single reference and the registered manger told us that the member of staff worked part time and did not wish their other employer to know they worked for another care provider. The single reference was from a previous employer and we asked that effort be made to obtain a second reference which the registered manager informed us they would follow up. Evidence was also available of each staff member's right to work in the UK.

All staff were provided with personal protective equipment such as gloves and aprons that were supplied by the provider. We were informed that no-one using the service had any infectious diseases although staff were required to use the protective equipment provided when carrying out intimate physical care.

The service had a system and guidance for staff about reporting incidents, although we were informed that none had occurred and we verified that no notifications had needed to be made to the commission.

Good

Is the service effective?

Our findings

A relative told us that their family had collaborated with assessments of their child's needs and that the staff member provided a weekly report to the local authority including comments and suggestions regarding their child's needs.

Another relative told us "I show him [care worker] things about [relative] and he is ready to learn. He knows what he is supposed to do." She said that the care worker "Does what they are supposed to do." A third relative told us "Everything is flexible. They [care staff and agency] are approachable. It is everything we could expect and more."

The service carried out an initial assessment regarding people's care and support needs before a package of care was agreed and provided. The service recorded individual personal details, information about people's health, medicines and care support. Environmental, health and safety and moving and handling risk assessments were also undertaken. Therefore, the agency could make an informed decision about deciding whether they would be able to meet the needs of the person. As a part of this assessment procedure, the registered manager visited each person who was referred at their own home to talk with them and their family about their care and support 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 who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this was in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS), however, DoLS does not apply in a service of this kind.

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

The service was clear about obtaining consent to care for the child using the service. However, one person had just turned 18 the other was a few years older. These people's care plans showed that they could not give full consent although best interest's decisions were made. There was no record confirming who had power of attorney to consent for these young adults. The registered manager said they had not been informed by the purchasing authorities about who had the legal right to do this. We asked the manager to contact the local authorities in question to provide written confirmation of the legal right to provide consent on behalf of each of these people which the registered manager stated they would do. The registered manager subsequently informed CQC of the action they had taken in liaison with the families and placing authorities, and each family was being supported in commencing the legal process for power of attorney in regard to consent.

Care staff told us "My induction training included safeguarding [children and adults], managing challenging behaviour, understanding disabilities and the role of CQC" and "I have a monthly one to one meeting or phone call with [registered manager] when my progress, any issues, the person I support is discussed and reviewed."

In-house induction was provided to all new care staff in line with the Care Certificate. The Care Certificate is a set of standards that new health and social care staff follow when at the start of their professional duties. The service was registered with Skills for Care, which is a nationally recognised training body funded by government. At induction, all internal procedures of the service, which included key policies and the day to day procedures about working for the agency, were explained. All care staff had documentary evidence on their personnel files that confirmed they had completed the induction and had signed to confirm receipt of policy and procedure information.

The member of care staff who replied to our request for feedback did not make reference to supervision, but did say they felt supported. The service had a supervision policy, which stipulated that care staff would receive supervision every three months after induction and records showed this had happened for the two longer serving members of care staff. The more recent recruit had only commenced in post very shortly before tis inspection and was still undertaking their induction and had not had their first supervision with the registered manager as yet. Staff records also showed that staff were involved in supervision sessions and other regular communication with the agency. This demonstrated that the registered manager was using systems to offer staff the support they required to do their work.

The service provided light meal preparation for people where this was required. This included heating up food already prepared by the person's own family, or making a snack such as sandwiches. Risk assessments we saw for each person showed no risk associated with eating or drinking. Staff had undertaken nutrition and food hygiene training and people's specific dietary needs and preferences were included in their care plan.

Care plans, compiled by the registered manager included information about people's physical and healthcare conditions. Care staff did not routinely attend healthcare appointments with people as this was usually managed with assistance from their family as needed. The registered manager told us that they were the point of contact for all staff if an emergency arose and could always be contacted by telephone. No emergency situations had arisen that required this but the registered manager told us that staff did make contact and as an example had done so to seek advice about how best to support a family who were experiencing some difficulties.

Good

Is the service caring?

Our findings

Relatives told us that they had built up trust with the staff and said "Hinds Care has been really good to us, we are really grateful." Another relative told us that both their relative using the service and they were treated with respect and their relative's dignity, choices and privacy were respected. A third relative said "They [relative and care worker] laugh together. It's nice."

A relative made specific reference to how appreciative they were to be using the service and told us "We were lucky to get with Hinds Care. [Registered manager] asks questions about how things are." From the views that people shared with us it was evident that care staff respected people's privacy and dignity when providing care.

Care staff told us "[I focus] building up trust with the person and the family was very important and to spend time getting to know the person. Treat the person as same as anyone else but be aware of their particular needs, preferences and choices and respect the decisions they make." Another member of care staff said "I am very knowledgeable about dignity, respect privacy and it was discussed in induction. Choice is important and I make sure I offer choice and am aware of the person and their family members' preferences."

The provider had clear policies in relation to the right of people to have their diverse characteristics respected. Care staff were matched to the people and families they supported, as one example where a parent of a person's first language was not English. To ensure effective communication a member of care staff was matched to the person based on their own direct experience of the family's cultural background and language. The family preferred to speak in their native language and it was positive to note that the service were able to accommodate this by allocating care worker who was also fluent in the language. The relative in question appreciated this.

The provider gave clear information to care staff and trained them in order to provide dignified and considerate care. Planning the care of people took account of the whole person, included child development where relevant, and did not focus purely on physical care needs.

Good

Is the service responsive?

Our findings

A relative told us, "[Registered manager] calls me and asks me how the service is going on. I have no problems."

Care staff told us "I am very happy. The manager is supportive and approachable, and always available when contacted for advice and support" and "Good communication with people is important, being respectful, be polite, understand and listen."

Each care plan was written when the person first started to use the service. Care plans were focused and took account of the agreed support that was being provided and what to do to provide this support in the appropriate way, taking account physical and communication needs and people's preferences. We found that each person's care needs had been updated since the service began providing support for people. This ensured that care staff had the most recent information in order to respond and meet each person's current care and support needs. The registered manager told us that a copy of the care plan was also available in each person's own home. Due to the care needs of people using the service their families' were also very involved in discussions around care and support. This was documented as too was the way in which each person's views about their care could be obtained as far as possible.

The provider had developed easy read formats for policies and procedures as well as information about making complaints and care plans. These formats included words and pictures as well as commonly used symbols for Makaton sign language. Makaton is a type of sign language that is specifically used by people living with a learning disability. Staff were provided with information and guidance, not only by the service, but also by people's families about how the specific child or younger adults communicated.

As a part of the care and support a person received, care staff completed daily notes. These notes were kept at each person's home. Care staff were required to bring these into the agency office periodically in order to store them on each person's care file. We looked at the daily log notes for two people using the service and these described the type of care and support that was provided during each visit. The third person's notes had not yet been bought into the agency. The registered manager stated this was because the previous care worker had not done this when they had been asked but the new care worker would be asked to bring these in. The recording on the notes we viewed was consistent and provided a concise record of what had been done to support each person and also their family.

The provider's complaints policy was given to people and relatives when the service was provided. The policy described how to raise a complaint and the time frames in which the complaint would be dealt with by the provider. The service had not received any complaints since registration with CQC.

The service did not specialise in providing end of life care.

Good

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager. The registered manager had the appropriate training and career experience to manage the regulated activity.

Relatives told us that "They have asked me if I am happy' [with the service]. If ever there was a problem a solution would be found" and "Hinds Care fits in with what we need."

The service provided care and support that was of a good standard and people were happy with it, and evidently felt able to raise concerns without hesitation if they felt the need to if they were unhappy.

The registered manager had extensive career experience of working with children and young adults that lived with physical and learning disabilities. The service also recruited staff that had experience and training in previous employment with children and young people who lived with these needs. Feedback we received from staff demonstrated their confidence in discussing their work, support that may be needed and that this communication was open and any issues were able to be discussed. As an example a member of staff had told us that they had felt supported when a difficult matter had arisen with the family they were supporting. They had felt the registered manager had taken this seriously and responded appropriately.

There were systems in place to monitor the service. For example, the manager carried out audits across a range of areas. These included spot checks either in person or by telephone contact with families, monitoring staff training and staff performance. There were also systems in place for regular review of day to day care needs and audits of care plans and risk assessments.

The registered manager had already asked families for their views, but people using the service would not be able to provide their views due to having complex needs and communication difficulties. We looked at the feedback that had been received and it was a consistent theme that people thought the service operated well and supported not just people using the service but their families, very well.

The service had appropriate, up to date policies and procedures in place, which were available to staff to guide them on various areas of their work. The policies included hygiene and infection control, safeguarding children and adults from abuse, equal opportunity, risk management and complaints.

The registered manager was also the provider. It was too early in the operation of the service for an annual quality assurance process to be undertaken. It was, however, evident that continued contact was maintained with people's families and their views were sought. In one instance the service had responded to a family's feedback and supported them to seek adjustments to the care package that had been agreed by the placing authority. This meant that the service had listened to what this family had said and took action to assist them to resolve their concerns.