

London Borough of Hounslow

London Borough of Hounslow Home Care

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

The inspection took place on 10 August 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available.

This was the first inspection of the service since it was registered at their current address in September 2015. The service was previously registered at a different location. There were no outstanding actions when the provider relocated to the current address.

London Borough of Hounslow Home Care is known by people who use, work with and work for the service as the Community Recovery Service Plus (CRS plus). The service is registered to provide personal care to people living in their own homes. The registered service is part of a larger team providing care and support to people who are recovering from a hospital stay or injury for up to six weeks when they return home. They offer 461 hours of support a week and can support between approximately 25 – 35 people at any one time. The service is designed to provide people with support to regain independence and skills. The service provides personal care with an aim of reducing the level of care and support as people become more independent. The staff providing support are known as rehab assistants. They, the assessors, coordinators and managers work closely with a team of healthcare professionals, therapists and social workers to provide a package of care.

The service is part of an integrated team working directly with the local health authority, although the registered provider is the London Borough of Hounslow.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service and their relatives were happy with the care they received. They told us the service helped them to achieve independence and met their needs. They found the staff kind, caring and polite. People were involved in planning their own care and support and consented to this. People felt safe and knew how to raise concerns if they had any.

The staff were well supported. They were happy working for the service and felt that they were valued and did a valuable job. They enjoyed seeing the progress people made. The staff told us the registered manager listened to them and offered advice and support. The staff had regular training, supervision and the information they needed to carry out their roles and responsibilities.

The staff worked closely with other healthcare and community professionals. These professionals felt that the service was well managed and met people's needs.

There were appropriate systems for safeguarding people from abuse, for assessing risk and for safely managing their medicines. The procedures for recruiting staff included checks on their suitability.

There were systems for assessing, monitoring and improving the quality of the service, which included audits, asking stakeholders for feedback and regular reviews. Records were appropriately maintained, accurate and up to date.

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 using the service felt safe.

There were procedures to assess risk and information for staff on how to reduce the likelihood of harm.

The provider had procedures designed to safeguard people from abuse.

There were enough staff and recruitment procedures were suitable.

People received their medicines in a safe way and as prescribed.

Is the service effective?

Good 

The service was effective.

People were cared for by staff who were supported, trained and supervised.

People consented to their care and support.

People's healthcare needs were met by the service working closely with a multidisciplinary team of professionals.

Is the service caring?

Good 

The service is caring.

People liked the staff and had good relationships with them.

People were cared for by kind, polite and compassionate staff.

People's privacy and dignity were respected.

Is the service responsive?

Good 

The service was responsive.

People were involved in planning and reviewing their care package. Care plans were person centred and reflected individual needs.

People were supported to gain skills and become independent.

People were cared for by the same members of staff who arrived on time and stayed for the right amount of time.

People knew how to make a complaint and who to speak with if they had any concerns.

Is the service well-led?

The service was well-led.

People felt the service met their needs and they felt it was well managed. They were able to contribute their ideas and opinions.

Community professionals working with the service felt that it was positive and helped to make a difference in people's lives.

Staff felt valued.

There were systems to assess, monitor and improve the quality of the service.

Records were appropriately maintained, accurate and up to date.

Good ●

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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 checked 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 comprehensive inspection took place on 10 August 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available.

The inspection visit was conducted by one inspector. Before the visit we contacted people who used the service and their representatives by telephone. Some of these telephone calls were conducted by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection visit we looked at all the information we held about the service. We also looked at the notifications of significant events and safeguarding alerts the provider had sent us, as required by law. The registered manager had completed a Provider Information Return (PIR). The PIR 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 sent surveys to people who used the service, their representatives, staff and external professionals. We received completed surveys from six people who used the service, 14 members of staff and eight community professionals.

We spoke with 11 people who used the service and six relatives of other people who used the service. We received additional feedback from five rehab assistants and two external community professionals.

During the inspection we spoke with the registered manager, three assessors, two rehab assessors, the divisional senior manager for the service and a social worker who worked closely with the service. We looked at the care records for six people and the recruitment, training and support records for six members of staff. We looked at other records used by the provider which included checks and audits and meeting minutes.

Is the service safe?

Our findings

The people who we spoke with, those who completed surveys and their representatives told us they felt safe with the service. Some of their comments included, "There have been a few different [rehab assistants] but they have all been amazing", "I feel quite safe", "I have trusted them from day one", "They all have ID", "They are nice people and I feel ok with them" and "We have had quite a few different rehab assistants but they all carry ID and we feel safe with them."

One person told us that the rehab assistants sometimes helped them with shopping. They told us that they trusted them with their money and that they returned with the right shopping and receipts for the purchases.

The London Borough of Hounslow's procedures for safeguarding people and whistle blowing were shared with staff and people who used the service. The staff also had training in these areas which was regularly reviewed and updated. We saw evidence that safeguarding and abuse were discussed in team meetings and individual supervision meetings with the staff.

The provider had a record of action they had taken when they had concerns about people's safety. This included liaising with the local safeguarding team and helping to protect people.

The staff who gave us feedback told us that they felt people were safely cared for by the service. They knew about the different types of abuse and how to report these. The staff also felt safe, telling us that there were policies designed to protect lone workers and those working late in the evening.

The staff carried out assessments of the risks which people were exposed to. They assessed whether there were risks associated with the person's home environment, with their mental or physical health any other risks, for example with moving safely, risk of falls, skin condition or malnutrition. Where there were identified risks these had been recorded and there was action for the staff to follow in order to keep people safe. The staff we spoke with said that they worked closely with the healthcare therapy team when assessing risks of falling, moving safely and the use of equipment. We saw evidence of multidisciplinary input into these assessments and planning safe care and support.

People completing surveys about the service told us that rehab assistants followed appropriate infection control regimes, using protective gloves and equipment and following good hygiene practices.

People who used the service received their medicines in a safe way and as prescribed. The majority of people who we spoke with did not receive any support with the administration of medicines. Those that did told us they were happy with the support they received.

The provider had appropriate systems for managing medicines. All staff had been trained in administering medicines and their competency was assessed three times a year by senior staff observing them and asking them questions about medicines management. We saw records of these competency assessments.

When the staff were involved in administering a person's medicines, there were records showing that a risk assessment had been completed, contact with the prescribing doctors and pharmacists and consent from the person receiving support. The staff had completed medicines administration records. These were checked and audited by senior staff so that any discrepancies were quickly identified. We looked at a sample of medicines administration records and saw that there was clear evidence of when administration had taken place and details to show why there had been any non-administration.

There were enough staff to meet people's needs. The service offered a set amount of hours dedicated to supporting people and they did not accept new referrals if they could not accommodate them. Each person had a package of care for a maximum of six weeks. The amount of hours and level of staff support which they were assigned was agreed with them when they started using the service. The level of support often reduced in the last two weeks for people as they became more independent but this was in agreement with them and following reassessment of their needs. Social workers involved in commissioning people's care referred them to other agencies if their support needs exceeded the support this service could offer. All the staff were employed with fixed hourly contracts, either full or part time. They worked flexible hours to meet the different needs of people and received rotas with their assigned work in advance. The service was offered from 8am until 10pm each day and senior staff provided on call support for these hours. Therefore there was always a senior member of staff available to help in emergency situations.

The provider had procedures to ensure that only suitable staff were recruited. The staff described the recruitment process they had experienced when they had been employed. They told us that the checks had been made on them and that they had attended interviews at the service. We saw evidence of this with records of staff applications, checks on their identity, eligibility to work in the United Kingdom and criminal records as well as references from previous employers. The registered manager carried out face to face interviews with the staff and these were recorded. We saw that staff had given information about their education and employment history and any gaps in these had been explained.

Is the service effective?

Our findings

People who used the service and their relatives told us they thought the staff were appropriately trained.

The staff who we received feedback from told us they had completed a thorough induction into the service. One rehab assistant told us, "I was shadowing for two weeks when I started. They were very experienced colleagues that assisted me and showed me the service we provided at that time. This was very helpful." Another rehab assistant said, "I completed an induction period and shadowed other staff before I was able to work alone. I have regular observations of work." They also told us they had the information they needed about their roles and responsibilities. Their comments included, "The council is very particular or straight about client information and we all followed policies and procedures in this job", "They provide us with policies. We always received a referral for a service user and we are able to access a computer system with information as required. A support plan is also in the person's home with clear instructions of the support required" and "We have care plan books at the client's homes that are regularly updated. We also check the system notes in order to assist the clients in a better way. Our office always assists with any details at the start of a new client and throughout the duration of the service. In addition we have a work guide that we need to carry with us while on duty to be referred to when need it."

One of the assessors we met had started work at the service in 2017. They told us that their induction had included spending time with different healthcare professionals as well as the staff from the service. They said this had helped them to understand about different aspects of the service, such as the types of equipment that were available to help people to maintain independence. They said that because of this they felt they could offer better opportunities for people.

The staff told us they had regular training updates and were supported to undertake professional qualifications in care. We saw evidence of this in the staff files we viewed. The registered manager showed us systems for checking that staff training was up to date and making sure the staff had attended all the training they needed.

The staff told us they were well supported. They described regular formal individual and team meetings with their line manager and informal support whenever they needed this. They also told us that senior staff observed them in the work place and gave them feedback on their work. The staff said that they worked well as a team.

We saw records of regular team meetings where the staff were well informed and had opportunities to contribute their ideas. In addition the assessors held daily briefings with the rehab assistants when they visited the office to discuss specific people's needs and if any action was required. The rehab assistants told us they regularly visited the office and they could ask the assessors, coordinators and registered manager for support whenever they needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity

Act 2005 (MCA). We checked that the provider was working within the principles of the MCA and found that they were. The type of service offered was only available to people who had capacity to make decisions about their care. This was because it was a recovery service designed to support people to achieve objectives they had agreed to regain independence. We saw that people had been involved in planning their own care and setting objectives. They had signed consent to their care plans. In addition, there was evidence that they were regularly consulted about their objectives which sometimes changed during the period when they were receiving a service. The staff recorded the support they had provided in logs. These recorded that consent was obtained during each visit.

The staff confirmed they had received training about the MCA and understood the principles of this. They were able to describe some of their responsibilities in ensuring people were not restricted and were able to consent to their own care.

People's healthcare needs were assessed, monitored and met by the service working closely with other healthcare professionals. The staff used a computerised system of recording care needs which was linked directly to the health service records. Therefore doctors and other healthcare professionals could see the information recorded by the staff. The use of this joint recording system meant that information about people's health was shared with those who needed.

The staff from the service worked directly with a team of therapists who assessed people's needs and helped to plan their care. The staff who we spoke with told us that this was very important. They explained that when they identified a change in someone's condition or a particular need they spoke directly with the therapists. They also accompanied the assessors when they met people using the service to assess their needs. The rehab assistants and assessors told us they had learnt a great deal from the healthcare professionals who they worked with and this had improved people's care.

The service was able to recognise and respond to changes in people's health. One relative told us, "I was very impressed with one lady who realised [my relative] was not well and called the doctor." The community professionals who worked alongside the service gave us positive feedback about the way in which the staff worked with them. One professional told us, "The service works as a multi-professional health and social care team. Working closely with teams of physiotherapists, occupational therapists, social workers, rehab assistants, and specialist nurses ensuring an integrated and joined-up approach to service user care."

Another professional commented that the service had embraced multidisciplinary working and rehab assistants had developed their skills and knowledge through this for the benefit of people using the service. They gave an example about how the rehab assistants for one person had worked alongside the health therapy team to promote the person's independence with a positive outcome for this person increasing their independence and mobility.

Some people received assistance with preparing meals and drinks. They told us they were happy with the support they received, telling us the rehab assistants prepared the food they wanted.

Is the service caring?

Our findings

People using the service and their relatives told us that the staff were kind, caring, polite and respectful. Some of their comments included, "They are excellent", "Very kind", "They are caring and polite, always respectful and they always ask how I feel and what I want done", "Very much so, very caring", "We are quite happy they are very good", "They are helpful and caring", "Very caring, polite and respectful", "Lovely people – I cannot fault them", "Caring, kind, polite and more" and "They are very professional, understanding, caring and respectful."

The provider had a record of compliments and had collated surveys of people's experience of the service. Some of the comments they had received in July and August 2017 included, "[Two named staff members] are the best and most caring staff I have ever met", "All the rehab assistants are amazing, so lovely and caring", "They are very supportive and kind and spend time talking with [my relative]", "[My rehab assistant] is very helpful", "[Rehab assistant] is a very caring, compassionate lady who has treated [my relative] with dignity and respect" and "[Two rehab assistants] are extremely helpful and cheery."

People told us their privacy and dignity were respected. They told us that rehab assistants spoke with them respectfully and made sure care was delivered in private and in the least intrusive way. Some of their comments included, "They always close the doors, they knock on the door if I am in the bathroom", "They wrap me in a towel and close the doors", "They asked me what I would like to be called and they have respected this", "They have to let themselves in because I cannot answer the door but they always call out to let me know it is them", "They are gentle and careful", "They always keep me covered up" and "They are very professional and knock and always make sure [my relative] is covered and the door is closed."

The rehab assistants who gave us feedback told us they had received training about privacy and dignity and respecting people. One rehab assistant told us, "[Our work] has to be focussed on person centred approach with compassion and respect. We have to look at the views, choices and decisions of people and not to make assumptions." Another rehab assistant said, "Everyone should be given the choices to make their own decisions and should be given dignity and respect. I have had had training on these areas." A third rehab assistant commented, "Dignity in care is covering service users or giving them privacy if the service user is using the toilet or having a wash."

People told us the rehab assistants respected their choices and allowed them to be independent if they wished. Some of their comments included, "They are very good, they ask what I want but they know when to take over if I need help", "They are very patient and wait for me", "They always ask if I want to do something or if I want them to do it for me" and "They listen, they respect me and they are helpful when I need."

Is the service responsive?

Our findings

People who used the service told us that they were cared for in a way which met their needs and reflected their preferences. They said that they had been involved in planning their own care. Their comments included, "They explained everything and it is all in the book, we were able to say our preferred times", "They were very good and spoke to me about my needs and times, dislikes and likes, and they wrote it all in the folder", "They came and spoke to me about what I preferred", "Everything was discussed" and "Yes we have a care plan and we discussed this."

People received a short term, up to six weeks, package of care designed to support them to regain independence or skills following an accident or hospital admission. People using the service felt that they were given the support they needed to remain at home and gain independence and confidence. The rehab assistants we spoke with told us they felt they provided a valuable service that made a difference in people's lives and they said they were proud to be part of this.

Some of the staff told us about specific examples where they felt their service had made a positive difference. For example, one member of staff told us that a person who started using the service had no confidence after a fall and was very scared of moving around the home. They said that after six weeks support the person's confidence had grown to such an extent that they were able to leave the house and use public transport. Another member of staff told us a similar story of another person who had gradually gained confidence in the community and that they had used a bus independently to visit the service to thank the staff in person. Other staff spoke about the differences for individuals they had supported. One member of staff told us about a person who could not get out of their chair when they started using the service but with support had managed to answer their own front door independently by the end of the six weeks. The staff took pride in telling us about these people and the difference the service had made to their lives. They explained that they saw differences for everyone, small and big, and that this enabled people to stay safely in their own homes and be as independent as possible.

The registered manager told us that the times of care visits were arranged with the person receiving care. They said that they agreed times and any flexibility with these directly with the assessors and rehab assistants. The times of visits sometimes changed over the six week period, for example when people became more independent in an area and needed less support. These changes had been agreed with the person. A small number of people told us that rehab assistants were sometimes late for visits. Most people said that the service let them know when this was the case, although some people said the communication needed to be improved. People told us that the rehab assistants stayed for the right amount of time, followed their care plans and met their needs. We saw records of care provided showed that the rehab assistants arrived at the agreed time each day and they offered regular and consistent support.

The rehab assistants told us that they had enough time to travel between people's houses. They said that they usually cared for the same regular people and that they had enough time to carry out all their duties.

The care and support plans included specific objectives which the person had said they wanted to achieve. There was information for the staff on how to help the person achieve this objective and links to information from therapists and others involved in supporting people. The care plans were regularly reviewed with the person and people were able to change their objectives when needed.

People using the service and their relatives told us they knew how to make a complaint. Although they all told us they had not needed to make a complaint. Some people said they had raised concerns or asked for changes and they had been happy with the response from the service.

The provider had a suitable complaints procedure and information about this and who to contact was provided in service user guides and information for staff.

Is the service well-led?

Our findings

People who used the service and their relatives were happy with the service they received. The majority of people told us that nothing needed to be improved, although some people told us they would like more consistent timings of care visits and one person told us they would like the opportunity to be taken out of their home by rehab assistants for "some fresh air and a change of scenery." Some of the comments people made about the service included, "They have been very good", "They are brilliant", "They provide everything I need", "They are fairly good", "First class – what lovely people and we are very grateful", "I am very pleased and everything has gone well", "Truly amazing", "I am happy with the service" and "Everything is perfect and the carers are exceptional."

Community professionals who worked with people using the service spoke positively about the service. One professional told us, "The service provided has been beneficial to the patients with support of personal care, meal preparation and mobility; enabling them to return to their previous independence. Overall the service has been most beneficial to our patients in helping them to achieve their identified goals/outcomes accordingly." Other professionals commented, "The service receives multiple compliments every month about the excellent work they are doing", "They have an efficient and effective manager who listens to staff and service user feedback and responds accordingly", "The service has good systems in place to report, investigate and action incidents to ensure they learn lessons and prevent recurrence", "The service takes in to account service users wishes and tailor care planning accordingly", "Care packages minimise risk and support people to be independent", "I have witnessed the care staff going far beyond what is required to ensure the comfort of the patient and their families."

The staff told us they liked working for the service and felt well supported. One rehab assistant told us that they would like to see the service develop so that people using the service could have more opportunities to reach their potential with independence. They told us they felt the service focussed on initial recovery from healthcare needs and some people would benefit from more support to gain other skills. Some of the comments the staff told us about how they felt about their work included, "I am able to make a huge difference in people's lives", "What better job can you have than changing people's lives? That is what we do change people's lives", "I am well supported, trained and the work is flexible", "The service is essential to the community", "The job is rewarding", "The service is great at getting people back on their feet", "We are a good service and we keep people living in their homes longer", "I love my job", "They are good employers", "I am very proud to be part of a good supportive team and the achievements service users reach with our team", "I like the people I work with and I love meeting new service users", "I have up to date training and the staff are all very friendly", "This job is such a buzz" and "The manager is very helpful always."

The provider had systems for monitoring the quality of the service and asking people for their feedback. People using the service completed surveys about their experiences and the feedback was analysed. The registered manager carried out audits of all aspects of the service and reported on these monthly. This included analysis of any accidents, incidents, safeguarding alerts or complaints. People were involved in planning their own care and reviewing this. The assessors met with people and telephoned them to discuss

whether they felt the service was meeting their needs. These discussions were recorded. There was evidence that action had been taken where improvements were needed.

Records used by the provider were appropriately maintained, accurate and up to date. The provider used a computerised record keeping system directly linked to the systems used by the healthcare professionals, doctors, hospital teams and social workers. This meant that records could be accessed and reviewed by other professionals at any time, ensuring they had the most up to date information about people's care and support. The staff told us they had received training to enable them to use the system.

The registered manager had worked for the service for many years and had been promoted to the position of manager in 2017. They had registered with the Care Quality Commission in July 2017. They were experienced and appropriately qualified. The staff told us the registered manager was supportive. The registered manager told us they felt supported by senior managers within the health service and local authority.