

HFSS Limited

HFSS Supporting People in Whitby

Inspection report

Rear of the United Reformed Church
Flowergate
Whitby
North Yorkshire
YO21 3BA
Tel: 01947 605755
Website: www.hfssltd.org

Date of inspection visit: 28 July 2015
Date of publication: 18/11/2015

Ratings

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

Overall summary

This inspection took place on 28 July 2015 and was announced. There had been no breaches of regulations when the service was last inspected on 26 July 2013.

HFSS Supporting People in Whitby is a domiciliary care service providing support and personal care to 18 people of any age whose main area of need is in relation to mental health and/or learning disability. The service also

has a day centre that people who use their service can use as part of their care package. There was no registered manager at the service on the day of our inspection but there was a manager employed who had started the process of registration with the Care Quality Commission (CQC) because a registered manager is required for this service.

Summary of findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were recruited safely and received training that was relevant to their roles. There was sufficient staff employed to meet people's needs. They were supported through supervision by senior staff.

Care plans were comprehensive and had associated risk assessments. Medicines were managed safely. People were protected because staff at this service was aware of and followed the principles of the Mental Capacity Act (MCA) 2005.

People who used the service were positive in their comments about staff and we saw that staff showed respect to people.

People were supported to engage in activities which were meaningful to them. There was a day centre available to people who used this service which offered a variety of educational and recreational activities which people could access.

The service was well led by a director and manager who both had experience of working with people who had a learning disability. In order to maintain the quality of the service audits were completed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe and people told us that they felt safe.

Care plans described the areas of support needed in detail and had associated risk assessments. Medicines were managed safely.

There were sufficient staff who had been recruited safely. They understood what was meant by safeguarding and had been trained in safeguarding adults. They were also clear about how to blow the whistle when they saw poor practice.

Good



Is the service effective?

People were provided with care by people that supported them to live as independently as possible.

Staff were trained and well supported in their roles, which in turn meant that people who used the service had access to staff who knew how to support them.

Staff were following the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) when they cared for anyone who lacked the mental capacity to make their own decisions.

Good



Is the service caring?

People were positive in their comments about staff and told us that they were kind and caring and we observed that to be so.

People were introduced to their care worker before they began supporting them.

Staff were respectful when speaking with people, listening to them and maintaining their dignity.

Good



Is the service responsive?

We found that the service was responsive to people's individual needs and the care plans were person centred and reviewed regularly.

There were very detailed descriptions about people's care needs and how staff should support those needs.

People who used the service were supported to engage in meaningful activities to support their wellbeing.

Good



Is the service well-led?

The service was well led. There was a manager employed at this service who was in the process of registering with the Care Quality Commission.

The manager was open and transparent and was able to answer all of our questions during the inspection.

Audits had been completed to check the quality of different areas of the service.

Recent questionnaires sent to people who used the service, staff and families were generally positive about the care and support provided by staff.

Good



HFSS Supporting People in Whitby

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 28 July 2015 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff are often out during the day; we needed to be sure that someone would be at the main office.

The inspection was carried out by one inspector. Prior to the inspection we reviewed all the information we held about the service which included statutory notifications made by the provider. Notifications are a requirement on the provider to give CQC information about certain events which affect the service. We also looked at the results of questionnaires sent out to people who used the service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

During the inspection we spoke with four people who used the service, three care workers, the trainer, the) manager and the director. We looked at the care records of four people who used the service along with associated risk assessments and medicine records. We also reviewed records associated with running the service such as policies and procedures, audits, accident and incident logs and emergency plans.

We contacted North Yorkshire County Council quality monitoring team and a team manager for learning disabilities to ask for their comments about the service. They told us they had no concerns currently.

Is the service safe?

Our findings

All of the people we spoke to who used the service told us that they felt safe. One person told us, “I feel safe with the staff” and another said when asked, “Yes, absolutely. I do feel safe and comfortable.” A care worker told us, “I feel that people are safe.”

The rotas showed that there was sufficient suitably qualified staff working at the service to meet people’s needs. They had been recruited safely with checks carried out with the Disclosure and Barring service (DBS) and two references in place. The DBS helps employers make safe recruitment decisions by checking whether or not people have a criminal record or are barred from working in this sector.

Staff told us that they had undertaken training safeguarding people with an external trainer and we saw evidence of this in training records. They told us that they were aware of how to report any incidents of potential or actual abuse. One care worker said, “I would report anything to the manager but if it involved management I would report the incident to social services or CQC.” There had been nine safeguarding alerts made by the service to the local authority since the last inspection. The local authority is the lead agency in investigating any matters relating to the abuse of people. All of the alerts were made appropriately and had been investigated.

People who used the service were encouraged to bring any concerns to the attention of staff and were supported to do so. On the day of our inspection one person who used the service came into the office to raise a concern on the advice of their care worker. The manager demonstrated their knowledge of the company safeguarding policy and procedure when they contacted the police, made an alert to the local authority and sent a notification to the Care Quality Commission (CQC). This meant that people could be sure that the service would act appropriately when any potential or actual abuse is brought to their attention.

Staff showed us the card attached to their identification badge which outlined how they could whistle-blow. This had been provided when they started working at the service. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organisation that is either private or public. This meant that the organisation was proactive in

encouraging staff to come forward if they witnessed poor or unsafe practice, which in turn enabled the organisation to potentially deal with matters before they escalated into a large problem, and before there was any harm to people.

We saw that some people who used the service displayed behaviours that challenged staff on occasions. These behaviours were dealt with by staff who had been trained in Management of Actual or Potential Aggression (MAPA). One care worker described an incident to us that they had been involved in saying that they had dealt with the incident through the removal of themselves from the situation.

When we looked at people’s care and support plans we could see that the risks to them and others had been identified and management plans with clear guidance for staff were in place. In one person’s case triggers had been identified and staff had worked with them to determine ways that they could deal with their feelings to avoid any aggression. One person verbally threatened staff but there was clear guidance for staff on how to recognise the situations where this may occur. This person had a clear set of behaviour guidelines in place. This enabled both staff and people who used the service to be kept safe.

Medicines had been managed safely and policies and procedures followed. The medicine file for each person was in the first person and said things such as, “I would like staff to talk to me about my prescribed medication.” This was signed and dated by the person who used the service. Where there was a need for specific medication to deal with emergency situations staff had been trained to administer that medication and there was clear guidance for staff in the person’s care plan.

Medicine administration records (MAR) had been completed properly but it was not always clear that staff had checked the medicines in blister packs as they arrived. They had already been checked by a pharmacist. Medicine errors or near misses had been recorded but actions taken were not always clear. This is important in the prevention of further incidents. A medicine audit had been completed and an audit by the community pharmacist (social care) had been carried out. The audits had identified areas where improvements could be made and action had been taken to address identified issues. Where people administered their own medication staff supported them appropriately and were able to explain the process clearly.

Is the service safe?

In addition to audits of records senior care workers known as field support workers carried out spot checks to audit records kept in people's homes and ensure that care workers were following company policies and procedures. These checks identified any poor practice and gave a good overview of the experiences of people who used the service. One care worker described how they had being the subject of a spot check the previous day. They said, "The field support worker checked the medicine documentation, asked questions about my work and checked that I was OK." These were appropriately recorded.

Accidents and incidents had been recorded. There were three incidents of a non-serious nature logged and actions taken recorded. There was a health and safety policy for the service and within that were individual policies and procedures for activities such as manual handling and infection control. In addition there was a fire risk assessment for the main office and day centre. There was a commitment on the part of the provider to maintain the health and safety of people who used and worked at the service.

Is the service effective?

Our findings

People received effective care and support that met their individual needs and preferences. They told us that they received care from staff that were well trained in areas which were relevant to their day to day care. This included medicines training which included specific training in the use of specific medicines used in emergency situations. We saw that there was evidence of specialist

training being carried out such as training about how to manage behaviours that challenged others and about epilepsy. Staff also received regular supervision from senior staff to support them in their roles.

Where possible identified staff worked with people in order to maintain continuity for them. We spoke with staff who were able to tell us about people's physical and mental health conditions and there was written information in care and support plans for staff to refer to. One person who used the service said, "They (staff) are always there to support us." A health professional told us, "The staff are proactive in meeting his (person who used service) needs. They wanted to work with him and with the input of specialist learning disability teams they found ways to meet his needs."

Care and support plans were person centred and individualised. Areas of need had been identified and associated risk assessments carried out. There were clear management plans for staff to follow where there had been a risk identified. Reviews were carried out and the support plans evaluated monthly.

There was evidence that people had good access to appropriate health services. We saw that people had

involvement with the NHS learning disability service and also the local authority learning disability service. We also saw that one person attended appointments with a psychiatrist and their GP. A health professional we spoke with told us that the staff at this service appreciated the help and support they had received from the learning disability nurse. This demonstrated that the service was ensuring that people's physical and mental health needs were identified and monitored.

We saw evidence that the service was working within the principles of the Mental Capacity Act 2005. We saw that staff had received training around the MCA and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. The MCA sets out the legal requirements and guidance around how staff should ascertain people's capacity to make decisions. The Deprivation of Liberty Safeguards protects people's liberties and freedoms lawfully when they are unable to make their own decisions. There were three people who used the service who were the subject of an order by the Court of Protection which restricted their liberty, rights or choices.

We saw that capacity assessments had been completed where necessary and best interest decisions made on their behalf with the involvement of health and social care professionals and families. We noted when we looked at care and support plans that consents had been sought. Staff told us that they had been trained in MCA/DoLS and could explain how they sought consent from people. This meant that those people who lacked capacity were being protected because staff were aware of and able to use the legislation and associated guidance.

Is the service caring?

Our findings

People told us that the service was caring and we observed staff to be caring. One person who used the service said, “They are always happy and always helpful.” A second person told us, “Staff are really nice.” A care worker told us, “I really like this service and get along with everyone.”

People who used the service said that they had always been introduced to their care and support workers before any care or support was provided. They said that staff were kind. People who used the service were positive about the staff. One person that we spoke with told us, “The staff are very good. If I have a problem I could speak to the manager.”

We observed that staff were respectful when speaking with people and listened to any requests. They responded kindly and appropriately.

The staff had close relationships with people throughout the service. We observed people who visited the day centre supported by staff. People were welcomed by the centre manager who assisted them to carry out any of their chosen activities. People who used the service and staff

carried out some activities together and there was a lot of chatter presenting a very friendly atmosphere with everyone appearing to be at ease with each other. People were encouraged to develop friendships and interact with others.

Staff were very positive about what could be achieved with support for people who used this service. We saw that people were supported to do activities which would enhance their life skills such as shopping and budgeting. One person told us, “They are trying to encourage me not to spend all my money.” There was also supported learning, computers and art along with many other activities available in the day centre for people who used the service.

The registered manager had made attempts to involve people in the service and their local community providing a variety of group activities. Information had been provided in a newsletter so that anyone could join in activities if they wished. For instance there was a summer fair planned at the day centre for August and people had been encouraged to take part in the preparation and planning for this event. There was also a social club each week and on a Wednesday people could visit the centre for their lunch.

Is the service responsive?

Our findings

We found that the service was responsive to people's individual needs and the care plans were person centred and up to date. There were very detailed descriptions about people's care needs and how staff should support those needs. For example one person had problems around their behaviours. There were detailed descriptions of how staff could support this person.

Each care plan we looked at clearly outlined what was important to the person who used the service so that the care plans reflected the person's wishes and preferences. This information helped staff who were caring for them to know more about the person better. Care plans had been reviewed at least monthly but more often if needed to ensure that people were receiving the care they needed. The care plans were written in the first person.

Throughout the day we saw staff and people who used the service coming in and out of the main office and in the day centre. We asked them how they spent their day and saw that a range of activities were available in the centre and in the community. People told us it was their choice whether

they came to the centre or not. One person told us, "I choose whether I want to come to the centre" and another said, "I come to the centre. They have just got a new sewing machine and I want to learn to make my own things."

People were supported in their everyday lives by staff. A care worker told us, "We support people to go shopping to help them with their budgeting. We sometimes go out as a group because some people are friendly."

The day centre was available for people who used the service to use and had become a place where people could meet one another which was also open to members of the public. We saw people coming and going within the day centre. There were a variety of activities on offer including educational awards through open learning providers and interest based activities. There were recreational activities such as art, games and the centre was starting sewing classes.

We asked people who used the service if they wanted to complain about something what would they do. One person said they would tell the staff and another said, "If I have a problem I can go to the manager or the owner. They are very nice and will help me." We saw that effective systems were in place to deal with any complaints raised and we saw that five complaints which had been made had been responded to in accordance with the service policy.

Is the service well-led?

Our findings

HFSS Supporting People in Whitby is one of two services provided by HFSS Limited based on the East Coast. According to their own information HFSS Ltd focuses on outcome based support for people.

During the inspection the director and manager of the service were present and were able to answer our questions in full. The manager had recently being appointed but had a good awareness of this service. They were able to tell us about the people who used the service and show us all the documentation that we requested. They had maintained good records and had sent statutory notifications to CQC as appropriate. Statutory notifications are information about incidents or events that affect the service or people who use the service and are required by law to be provided to CQC.

We found the manager and director to be open and helpful during the inspection. They were realistic and transparent in the way they shared information with the inspection team and in general. They showed us the policies and procedures for the service which included policies on MCA/DoLs, abuse, medicine administration, equal opportunities, handling money, incident and accident reporting and others. They also showed us a business continuity plan and policy which outlined actions that would be taken in case of an unforeseen emergency. Staff had all signed to say

they knew where to access these policies and procedures and had read them at induction. They had all being reviewed within the previous year which meant that people who used the service were supported by staff who had up to date guidance and would be able to deal with situations in a knowledgeable way.

The service used information gathered from people who used the service, families and staff to continually improve the service. Questionnaires had been sent out in July 2015 to gather their views about the service. We saw the reports of these questionnaires. Where people had highlighted areas for improvement these were noted and an action was devised. For instance one person who used the service had said that they would like more mature staff. This was taken into account as part of the recent recruitment campaign.

Audits of peoples care records including medicine records had been completed. There were also audits for areas such as infection control. These recorded any areas for improvement. In addition the community pharmacist for social care had carried out an audit for this service and suggestions for improvements actioned. In addition spot checks and competency checks were carried out to ensure that staff were working within good practice guidelines. This demonstrated the commitment of this service to improving and developing the service.