H.S.L Care Ltd

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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

This inspection took place on 21 October 2016 and was announced. We gave the registered provider 48 hours' notice of the inspection because it is a community based service and we needed to be sure the office would be staffed and sufficient information would be provided to allow us to contact people in their homes. We contacted people who received a service on 1 and 2 November 2016.

The service was last inspected on 10 December 2013 and was found to be meeting the regulations we inspected against.

HSL Care Limited is registered to provide personal care to people in the community, living in their own homes. At the time of the inspection there were 46 people receiving a regulated activity.

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

People said they were happy with the support they received and felt safe. Staff had up to date training in how to safeguard people and were confident in the roles. Staff knowledge of safeguarding was checked on a regular basis by senior management. This was done through questions during spot checks and direct observations.

People had risk assessments in place and associated care plans were clearly linked and updated in line with risk assessment reviews.

Medicines were managed safely, effectively and in a way which reflected people's individual needs. All records were up to date and fully completed, with medicine audits being carried out regularly.

Staffing levels were consistent with people's needs. Staff were recruited in a safe and consistent manner with all appropriate checks carried out.

Accidents and incidents were recorded with details of any action taken to deal with the issue.

Staff had up to date training in and either had completed, or were in the process of completing the care certificate. The care certificate is a set of standards that social care and health workers work to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff were supported in their roles and received regular performance reviews and direct observations as well as annual appraisals.

The service provided personalised support to each individual. People had personalised care plans in place

that included information around their preferences.

People had access to a range of health and social care professionals when required, including GP's, district nurses, occupational therapists, podiatrists, pharmacists and opticians.

People and relatives knew how to raise concerns if they were unhappy and were confident their complaints would be investigated and actioned.

The registered provider had quality assurance arrangements in place to regularly assess the quality and safety of the service provided. They were effective in identifying issues and required improvements.

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 and their relatives told us they felt safe with the support they received.

People's risks were assessed and managed appropriately.

Staff were recruited in a safe way and there were enough to meet people's needs.

Accidents and incidents were monitored and lessons learnt were communicated to staff.

Is the service effective?

Good

The service was effective.

Staff had up to date training and ongoing development plans.

Staff received regular supervisions, direct observations and annual appraisals.

People were supported to meet their nutritional needs where required.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were friendly and helpful.

People and relatives told us staff were polite, respected people's wishes and maintained their dignity.

People were encouraged and supported to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to them receiving care.

Care plans were personalised and included information of people's preferences. They were regularly reviewed to ensure they were up to date.

People and their relatives were involved in planning and reviewing their care.

People and relatives knew how to raise concerns. Complaints were managed appropriately.

Is the service well-led?

Good

The service was well-led.

People and their relatives told us the service was well-led.

People, relatives and staff felt the registered manager was approachable.

The service had regular staff meetings to discuss the service and drive improvement of the quality of provision.

Regular audits were carried out to monitor the quality of service.

H. S. L Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 21 October 2016 and was announced. We gave the registered provider 48 hours' notice of the inspection because it is a community based service and we needed to be sure the office would be staffed and sufficient information would be provided to allow us to contact people in their homes. We contacted people who received a service on 1 and 2 November 2016.

The inspection team consisted of one adult social care inspector.

Before the inspection we asked the provider to complete 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. This was completed and returned within the required deadline.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also spoke with the local authority commissioners for the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

We spoke with three people who used the service and two relatives. We also spoke with four staff members including the registered manager, operation manager, office manager/trainer, service co-ordinator and a care worker. We looked at the care records for four people who used the service, medicines records for five people and recruitment records for three staff. We also looked at records about the management of the service, including training records and quality audits.

Good

Is the service safe?

Our findings

People and their relatives told us the support provided by staff was safe. One person said, "I feel safe with [carer]. Another person told us they felt safe and comfortable with the experienced staff who support them to meet their complex needs. A relative told us, "Yes we feel safe with the care [family member] receives from the girls."

The registered manager and service co-ordinator told us there had not been any safeguarding concerns identified in the last twelve months. We noted from the safeguarding file that alert forms were available as well as the procedure along with previous safeguarding referrals which had been made. Staff had received up to date training in safeguarding adults and were regularly tested by the service co-ordinator during spot checks carried out in people's homes. Staff had access to the safeguarding and whistleblowing procedures in their handbooks and were confident in their roles to safeguard people.

People had risk assessments in place where required. Risk assessments were stored within care files and covered areas such as personal care, medicines and moving and handling. People who required the use of other equipment had specific risk assessments in place such as ventilation equipment. All identified risks had appropriate care plans in place.

During our inspection we looked at the service's process for supporting people with medicines. The service co-ordinator told us staff do not administer medicines directly but do hand people their medicines and support with verbal prompts. We found medicines support was managed appropriately. All records were completed accurately, with staff signatures to confirm people had taken their medicines and recorded when they had refused. Records showed monthly medicine audits were carried out by senior staff. Where errors had been identified, appropriate action was taken. Errors related to records rather than missed medicines.

People and relatives told us there were enough staff to provide appropriate support and they received care from the same staff. One person said, "Normally I only receive care on a weekend. I get the same carer each week and if I need extra calls when my pa is off I still get the same." A relative told us, "Yes there's enough staff. They (provider) try to keep the same carers which is important for [family member]."

The operational manager explained the electronic rota system and demonstrated how they arranged support for people from the same care workers were possible. If a person's usual care workers were unavailable, the system listed alternative staff in order of experience and previous support hours they had provided to a person. The operational manager told us, "We pride ourselves on continuity of care and building relationships with customers."

Records in staff files demonstrated staff were recruited with the right skills and experience or willingness to learn. Recruitment checks had been completed before new staff started working with vulnerable people. These included checks on their identity, health, references and a disclosure and barring service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people and to check that they were not barred from doing so.

The provider kept a log of all accidents and incidents. Three accidents had taken place in the last twelve months. Records included details of those involved, what had happened, any immediate action taken and follow up actions required. For example, organising a care worker group meeting to discuss what happened and any lessons learnt. The registered manager told us they monitored accidents and incidents to identify any potential patterns or trends. At the time of the inspection there were no trends identified.

Good

Is the service effective?

Our findings

The provider had defined topics as essential training for staff, this included moving and handling, health and safety, safeguarding, equality and diversity, fluids and nutrition and infection control. Staff completed the training during their induction into the service and completed refresher courses as and when required. As part of ongoing training following their induction, staff worked through care certificate workbooks and received ongoing face to face training with the office manager. The care certificate is a set of standards that social care and health workers work to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. This meant staff received essential training and support to induct and prepare them to carry out their roles.

Staff were supported in their roles by the management. We viewed quarterly performance reviews for staff. Discussions covered a range of areas including areas staff felt confident in, any concerns they had, IT systems and training. Actions were agreed and recorded for example, medicines training refresher required. These were then revisited at the next quarterly performance review.

Direct observations were also carried out on staff members whilst supporting people in their homes. The service co-ordinator obtained people's consent prior to visiting to complete the direct observation. This process was introduced to assess staff performance around their interaction with people. The service co-ordinator explained the observations focussed on how staff supported and engaged with people, recording and quality of care provision.

The provider had a policy and procedure in place for each staff member to receive an annual appraisal. Records we viewed showed discussions covered knowledge, timekeeping and punctuality, communication skills, policies and procedures. The outcomes and actions identified from appraisals then informed the staff member's development plan for the next 12 months.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager informed us that every person who received care had capacity to make decisions and some had additional support from relatives. Staff had received training in MCA and the registered manager told us refresher training was scheduled for the following week to ensure staff had up to date knowledge.

People were supported to meet their nutritional needs where required. One person said, "If it's a main meal they help with chopping vegetables and prepping food. [Care worker] makes me breakfast on a morning and

cleans up then does the prepping for my tea." A relative told us, "They ensure [family member] has a hot meal every evening. They give [family member] a choice of meals. They ask her on an evening what she wants for tea the next day and they take it out of the freezer to defrost overnight."

People requiring support to meet their nutritional needs had appropriate care plans in place which also contained details of people's nutritional preferences. For example, favourite meals, snacks and drinks. They also included any specific risks and conditions people had such as dysphagia and how to support people.

People were supported to access health professionals as and when required. Records confirmed people had accessed services from a range of health professionals including GPs, district nurses, occupational therapists, pharmacists, podiatrists and opticians.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us they were very happy with the care they received from the service. One person said, "I'm generally happy with the service. It's pretty good yes. [Care worker] is chatty and I get on well with him, so yes, I'm generally happy." Another person told us, "I feel happy with the carers I have at the moment. The carers I have at the moment are good." A relative we spoke with commented, "I've been quite happy with the service. They support my [family member] seven days a week. She seems very happy with the three carers who support her. She says 'I like those girls'."

Staff supported people to meet their individual needs and preferences. One person said, "They help me with personal care, cooking, cleaning, medication and hoisting." Another person told us, "They help with basic meals, washing and getting me ready." A relative told us, "[Family member] is a late riser. The girls have been so patient with her. When they're waiting outside for her to get up and answer the door. They're really good and will literally do anything for her."

People and relatives told us staff treated them with respect and maintained their dignity while supporting them with personal care. One person said, "I have no problems with the carers." They went on to tell us how care workers respected their wishes and helped them to maintain their dignity. They said, "They're really good with that." A relative told us, "They are helpful and they are very friendly and respectful of my [family member]." They went on to give examples of how staff respected their family member, including how they spoke to them and asked their permission before providing support.

Staff members had access to information in people's care records about their preferences, including their likes and dislikes. For example, one person's personal care plan stated, 'I prefer to use mouth wash.' People told us staff asked them specific questions relating to their care and support. For example, what they wanted to eat and if they wanted a bath.

People were supported to be as independent as possible. One person told us the support they received varied, depending on how they were feeling that day and if they were having more difficulty. A relative said, "They assist [family member] and try to encourage her to do things herself. They maintain her independence where possible."

At the time of the inspection no one required an advocate. The registered manager told us about a person who had previously received support from an Independent Mental Capacity Advocate (IMCA). An IMCA is a specialist advocate trained to support people who lack capacity to make decisions. The registered manager said, "I would support people to access appropriate services if they wanted or needed an advocate." They went on to tell us there were a lot of independent groups in the area that people could be supported to access. They also informed they would check with the local authority what services were available.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs, wishes and preferences. One person we spoke with said, "The carers are really good. I used to be with another care agency but I was messed about a bit with different times and things so I changed to this one. Their timekeeping is fine and they know how to support me." A relative told us, "I've been quite happy. We chose HSL after reading the previous CQC report about the service. The staff are skilled and they know [family member's] needs."

People had their needs assessed prior to receiving care and support. The assessment was used to gather personal information about people to help staff better understand their needs. It covered areas including cognition, personal care, mobility, nutrition and medicines. People's dependency levels were also considered. Information gathered in pre-assessments was then used to create care plans for people.

People had a range of care plans in place to meet their needs including personal care, mobility, nutrition and medicines. Care plans contained adequate detail for the level of support required. Those people with more complex needs had more detailed care plans to guide staff how to support people. Care plans were personalised to each person and included information of people's preferences. For example, one person's personal care plan stated, 'Clothes I normally like to wear are a t-shirt, jumper and long socks. Ask me what I would like to wear.'

Care plans were reviewed regularly with people and their relatives. Annual assessments were also completed to ensure people's care plans reflected their needs. From records we viewed we saw that care plans were also reviewed on an ad hoc basis, in line with people's changing needs.

People and relatives told us they felt involved in the planning and ongoing review of their care. One person said, "Every six months or so they do a review. They come out or do it over the phone to make sure I'm happy and satisfied." A relative told us, "Oh yes they were excellent with that (care planning). I discussed [family member's] needs with the manager and I was consulted every step of the way (with care planning)."

People and relatives knew how to raise concerns if they were unhappy about the service they received. One person we spoke with told us they had a small issue with one care worker. They contacted the office and spoke to the service co-ordinator and the care worker was removed from providing support. Another person we spoke with said, "We have no problems at the moment. Nothing to complain about." A relative told us they had experienced some teething problems in the beginning but that it was mainly to do with family member's condition. They said, "Every step of the way HSL have been really good at addressing any issues or problems I have had."

The registered provider maintained a record of all complaints received which included content of complaints and subsequent action taken. Records showed complaints had been investigated, actioned and the outcomes fed back to complainants. Any lessons learned were recorded and communicated to staff through carer group discussions and staff meetings. Actions included disciplinary action, repeated spot checks and changes to staff rotas. Records also showed, where necessary, consultation meetings were held

in people's homes to discuss their concerns and issues.

Good

Is the service well-led?

Our findings

People and relatives told us they felt the service was well-led. One person we spoke with said, "I ring the office if I need to speak to them about something like extra calls." A relative told us, "The management are very approachable. I rang the supervisor today to see what time the carer's got into [family member's] home. They were able to tell me straight away." They went on to tell us they had good communication with senior staff.

The service had an established registered manager who had been in post since October 2010. They were proactive in meeting their responsibilities in relation to submitting relevant notifications to the Commission.

The registered manager operated an open door policy. During the inspection we observed staff visiting the office to speak to members of the management team. One staff member told us the communication was open and transparent and staff were encouraged to raise any concerns or request support if needed.

Staff had the opportunity to give their views through attending staff meetings. One staff member commented, "We have regular staff meetings to talk about the service, any areas of concern and any improvements." We viewed the records from staff meetings from July to September 2016. We saw areas discussed included client issues, health and safety, holidays, changes in the organisation, procedures and timekeeping. Meetings were also used to discuss care practice. For example, care worker's issues, communication, infection control and confidentiality had previously been discussed to help raise staff awareness and increase their knowledge.

The office manager told us senior staff held weekly meetings to discuss the management of the service and monitor quality. We viewed some minutes of the meetings and noted discussions included revision of staff handbook, rotas, staff issues, people's needs, training and other business such as uniforms and newsletters.

The service sought views from people and their relatives in relation to the quality of the service. Annual surveys were sent out people receiving services and their views were analysed by the registered manager to identify any areas of development. During the most recent survey the service hadn't received any responses. They told us surveys weren't always reflective so they also completed telephone and face to face reviews with people to obtain their views of the service. Questions included timekeeping and punctuality of staff, if people were happy with the times of calls and if they felt the duration was suitable to meet their needs in a timely way and the performance of staff. All reviews we saw during the inspection were positive about the service.

Checks carried out included medication audits and if daily service logs were completed and detailed. Specific spot checks were carried out on staff and included general appearance of the care worker, whether they wore their identity badges and if they followed infection control protocol. Other areas included timekeeping, respect and involvement, documentation, medicines management and safety of equipment. Any identified issues were recorded at the end of the check and included what actions were required to address the issue. For example, staff member to attend the office for a discussion and to be re-inducted and

additional identity badges to be issued.