

Saint John of God Hospitaller Services

Hertfordshire Domiciliary

Care Services

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 was carried out on 12 April 2016 and was announced. At their last inspection on 4 October 2013, they were found to be meeting the standards we inspected.

Hertfordshire Domiciliary Care Services provides personal care and support to people living in their own homes and supported living accommodation. There were 48 people using the service on the day of our inspection. However, only 12 of those people were receiving a regulated activity from the service. A regulated activity is registered under the Health and Social Care Act and this service is registered for the Regulated Activity of Personal Care.

The service had 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 and associated Regulations about how the service is run. In this instance the registered manager was also the provider.

The service had experienced a new management structure over the past year and this had caused some instability. However, people and the staff told us that there had been improvements over past few months and it was much more settled. There were systems in place to monitor the quality of the service and additional systems were being developed to help ensure the support provided was consistent. This included implementing a system to ensure visit times were on time and for the full duration of the time allocated to people.

People told us they received care and support that met their individual needs. Staff knew people well and treated them with dignity and respect. People's risks to their welfare were reviewed and staff knew how to recognise and respond to any allegations of abuse. Medicines were managed safely.

People were supported by sufficient numbers of staff and these were recruited through a robust process. Staff training was in the process of being updated and supervisions had commenced to help ensure staff were supported.

People were supported to make their own decisions and their choices were respected. Their views were sought and listened to and people were involved in planning their care and support.

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 were protected from the risk of abuse as staff knew how to recognise and respond to concerns.

People were supported by sufficient numbers of staff who were recruited appropriately.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions and staff respected their choice and asked for their consent before assisting them.

Staff training was being updated and supervisions had commenced.

People were supported to eat healthy foods and attend appointments with health care professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were involved in planning their support.

Confidentiality was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received support that met their needs.

People were supported to pursue hobbies and interests.

People were encouraged to raise complaints if they needed to

Is the service well-led?

Good ●

The service was well led.

The service had undergone a change of the whole management team and people told us this was making improvements.

Systems were being developed to help ensure a good quality of service was provided.

Actions plans were in place to address any shortfalls.

Hertfordshire Domiciliary Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Hertfordshire Domiciliary Care Services on 12 April 2016. We gave the provider 48 hours' notice of the inspection to ensure the registered manager would be available to meet with us. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was undertaken by one inspector.

During the inspection we spoke with three people who used the service and received feedback questionnaires from eight people, three relatives, three support staff, two deputy managers and the registered manager. We also received feedback from professionals involved in supporting people who used the service. We viewed four people's support plans. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People felt safe using the service. When asked if they felt safe, one person told us, "Yes I do." Staff were aware of what constituted abuse and what to do if they suspected a person was at risk. One staff member said, "I would report it to management who would alert safeguarding at social services. If there was not a manager present I would report to social services myself." Information was displayed around the office and a new booklet that had been developed by people who used the service gave them details of who they could call if they needed to.

People had their individual risks assessed and incidents that affected these were recorded. Following an incident or accident, the risk assessment was reviewed. The registered manager told us there was on-going work in regards to how individual risks were recorded, but staff remained aware of what individual risks were and how to mitigate them.

Accidents and incidents were recorded in people's plans and on a central system for the provider. A health and safety lead reviewed all these and reported back to the registered manager. This report included if there were any themes emerging and if they required any further remedial action to be taken. This helped to ensure that where possible a risk of a reoccurrence was reduced.

People were supported by sufficient numbers of staff to meet their needs and received their visits and support at the times they needed. One person told us that this was the case, "Always." We saw that a monthly rota and allocation record was developed in advance. This was reviewed weekly to ensure people received all of their visits and support allocated. The registered manager told us that current staff vacancies were being covered by regular agency staff and staff confirmed that where visits needed to be covered in the event of a colleague being off work, they worked an extra shift.

Staff were recruited through a robust process. All the appropriate pre-employment checks were carried out, prior to the staff member being able to work with people the service supported. These included written and verified references, criminal records checks and proof of identity. People who used the service were involved in the recruitment process at their request. Prospective employees and new starters attended the weekly coffee morning to meet people and get to know those they would be supporting. The registered manager told us this was also an opportunity to observe how they interacted with people. This helped to ensure that people were supported by staff who were fit to do so.

People's medicines were managed safely. One person said, "They [Staff] help me with my medicines every day and if I need pain tablets." We noted that staff responsible for supporting people to take their medicines had received a competency assessment and regular audits were carried out. Issues such as, 'the staff member used blue ink' and '[person] is having Paracetamol on a daily basis' were identified as issues requiring action and this was addressed appropriately. We also noted that staff responsible for administering medicines reported any issues to the management team. For example, if a person refused their medicines they supported the person to liaise with their GP or where the medicine cupboard was found to be unlocked. This was followed up with a full check of inventory and a report made.

Is the service effective?

Our findings

People's choices were respected and consent was obtained prior to support or care being delivered. One person told us, "Yes, they [staff] ask me."

The registered manager told us that they discussed consent, mental capacity and people's rights at team meetings. They said, "People have the right to make their own decisions, even if it's a bad one, all we can do is inform them of their options and risks." Staff were clear on people's individual rights. We noted that advocacy services were available and these had been used by people who needed support to make decisions. This included support for people when their choices may be different to those their family members may make for them. We saw from records that staff advocated and promoted the rights for the people they supported.

Staff training was in the process of being updated. We saw that although staff had received training previously, this was due to be refreshed as was overdue. We received confirmation that this training had been booked in for May 2016. This included safeguarding people from abuse, moving and handling, fire safety and medicines. New staff were also expected to complete the Care Certificate induction. In addition to this new staff had a schedule of shadowing experienced staff and meeting people who used the service. Staff told us that regular supervision had commenced and they were starting to feel more supported. They felt that they could speak with a member of the management team if they needed to and told us that their practice was supervised at times by the deputy managers or registered manager. We saw that supervision covered all aspects of performance and any areas development.

People were supported to eat a healthy and balanced diet. One person said, "They [staff] help me with shopping." We noted that individual plans included people's goals around healthy eating and how staff should support them with buying the healthier option foods when shopping. We also saw that a person was supported to attend a slimming club.

People made their own appointments with health professionals with support from staff. Where encouragement was needed to seek medical advice or attend an appointment, staff assisted with this. Health care professionals told us that people were always accompanied by a staff member to appointments, staff ensured that people's health folders were taken to the consultation to help ensure they receive the appropriate treatment.

Is the service caring?

Our findings

People told us that staff treated them with dignity and respect. They also told us that staff were kind. One person said staff were, "Very Caring." One person told us, "They are a very caring group." Relatives also told us that staff were caring. One relative said, "They are always pleasant to me." They went on to say, "[Person] always seems happy." Another relative said, "[Person] has always seemed happy with the responsiveness and kindness that [their] carer's provide. Whenever I have had cause to contact them they have always been very helpful."

We noted that the registered manager had raised awareness about the care quality commission during meetings and explained our role. People had expressed the wish not to be visited by an inspector. To ensure people were happy to be spoken with by us, the registered manager called people and asked if it was ok that an inspector telephoned them, and also asked their permission for us to speak with their family members. Where people declined, this was respected by the service.

People were involved in planning the support and care they received. Their preferences, lifestyle choices and histories were documented to help ensure staff treated people as individuals. One person told us, "You can choose who your key worker is." A relative told us, "I know that [person] is involved in the planning of [their] support." Staff also told us people were involved in planning their care and support. One staff member said, "Each person has a keyworker where the [person] is able to review their care and support needs regularly. [People] will often let staff know in support if they want to change their choice of support times etc." They went on to say, "I feel that the service and the staff working with in it clearly want to help and make a difference to the [people] we support by providing a person centred approach and listening."

Relationships that were important to people were documented. This included family members and friends. There was information on how to support people with these relationships. For example, reminding people when it was time to leave so not to impact on other's needs.

People's personal information was stored securely at the office. We saw that staff were to sign a confidentiality agreement when they commenced employment and this was discussed at team meetings. We also noted that when staff were discussing people in the office they used initials to protect their privacy and promote confidentiality.

Is the service responsive?

Our findings

People's care and support needs were met. Everyone we spoke with told us that staff helped them in a way in which they needed and liked. For example, support with personal care, either physical or emotional support and when dealing with appointment or other letters. One person said, "They're very good." Another person described the care they received as, "Good support." A relative told us, "The standard care services and support provided have been of a high standard."

People had personal plans which set out their support and care needs, included their goals and promoted their independence. One person said they were, "Getting the care that helps me do things for myself." These were recorded with actions on how to help a person achieve their goals. The registered manager told us that they had identified that plans needed updating to ensure all information was accurate and staff were aware that this was required. The registered manager told us, "It's taken a bit longer as previously it was all done by a manager but this needs to be done by staff who know people best." Staff told us that as part of the updates and reviews they met with people to ensure they were happy with the content. People confirmed this had happened.

Part of the support people needed was to help them to attend events, meetings, trips out and pursue hobbies and interests. People told us that staff accompanied them to these things. One person told us, "We go to a starlight club every month and go shopping." A relative told us, "I very much like the fact that the care staff support [person] in participating in social and recreational activities whenever possible." Staff told us about the interests they supported people to enjoy. One staff member said, "[Person] loves photography so when we go out we take pictures and print them off when we get home." We saw that people also attended weekly coffee mornings. This was also an opportunity to gain their views on the service and help listen for any emerging concerns and complaints.

People were encouraged to make complaints when needed and these were listened to. People confirmed that they had their complaints responded to appropriately. We saw that where person had reminded the registered manager that they had not been wearing their ID badge, this was responded to and they were thanked for the reminder and feedback. There was information displayed on making and responding to a complaint. We saw that a new easy read version of 'How to make a complaint' had been developed by people who used the service in consultation with Saint John of God Managers and this was being distributed to people during the upcoming manager's visits. We reviewed the complaints and saw that these had been investigated and responded to. However, one relative told us they had raised a complaint about the cleanliness of a person's clothes when they visited them and they had not yet had a response. The system for logging complaints was being reviewed by the registered manager to help ensure they could identify if any themes were emerging.

Is the service well-led?

Our findings

People were positive about the management of the service. One person said, "Things are getting better." Another person said, "The service is really good, I can't say anything bad about it." Relatives were also positive. One relative said, "The service seems to be very reliable and managed well."

The registered manager told us that there had been a complete change to the management team over the past months. They had come into post from a service improvement role to help stabilise the service during a period of change. They told us, "In December this was a very different place, everything now feels much safer." To support them, two deputy managers were introduced and they were currently recruiting for two additional roles to maintain and drive improvement. This included a service co-ordinator role.

Part of the role for a new service co-ordinator was to oversee the times of visits and support to ensure these were happening at the correct times, the full allocated time and the support given was appropriate. The registered manager told us that currently there was no system in place to do this. They said, "Most of the people we support are able to call and tell us if a visit is late or if there is something wrong." They went on to tell us, "Most of the people who are more vulnerable live in Minister or Peartree which have support staff on site." However, they acknowledged that this was also dependent on the trust they had in their staff team, that staff complete log records accurately and that the staff were fierce advocates for people they supported. The management team told us they were confident that staff would speak up if people did not receive what they needed and there was a manager on duty seven days a week. The registered manager told us they would develop a monitoring system to help ensure visits were monitored more robustly.

Staff told us there had been a lot of change with the management team and this had been unsettling. However, they told us that this had now improved. One staff member said, "I think we've all settled well now." They went on to say, "It's [The service] brilliant, never worked anywhere like it, they always check on you, they're really nice." Another staff member said, "I feel the service is running very well."

There were systems in place to monitor the quality of the service and to gain people's feedback. This included medicine audits, a provider visits and manager's face to face visits with people who used the service. This had recently commenced and the plan was to visit everyone by the end of April and then collate the responses. Two had been completed and their feedback was positive.

The registered manager had developed a service improvement plan since their time managing the service and was currently working through the actions. At the time of the inspection we noted that most things were partially completed and in progress. Some areas, such as recruitment and embedding quality assurance systems, remained on going. However the registered manager told us they were proud of, "How we respond to people's changing needs and advocate on behalf of people with other professionals. We don't shy away from challenging [professionals] and we are working to build effective relationships with them to improve the service." This outlook was shared by staff to ensure that people they supported came first.

Meetings for people who used the service were held regularly. The topics covered included support and

support times, how to make a complaint, key workers, CQC and what we do and the new way of auditing the service. People were invited to participate in, and received training to support their involvement, carrying out a baseline audit of the service. This showed that people were listened to and their views were valued.