

HR Partners Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

The inspection took place on the 21 and 22 October 2015 and was announced. The service was last inspected in June 2013 and was found to be fully compliant with all the outcomes we looked at during that inspection.

The service is registered with the Care Quality Commission to provide support with personal care to adults living in their own homes. At the time of our inspection they were providing support with personal care to five people.

The service had a registered manager in place. 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.

Not all staff working at the service received all appropriate training about how to support people in a safe and competent manner. Care plans were task centred and did not provide personalised information about how to meet the individual needs of people.

Summary of findings

We found two breaches of regulations. You can see what action we have asked the provider to take at the end of this report.

The service had appropriate safeguarding and whistleblowing procedures in place. Risk assessments were in place which set out how to support people safely. The service had enough staff to meet people's assessed needs. Employment checks were carried out on staff before they commenced working at the service.

Staff were able to shadow experienced staff as they supported people and received one to one supervision.

People were able to consent to their care and make choices about how it was provided. People were able to make choices about what they ate and drank. The service supported people to attend medical appointments.

People told us they were treated with respect by staff. Staff had a good understanding of how to support people in a way that promoted their privacy and independence. The provider had a complaints procedure in place and people were aware of how to make a complaint.

People that used the service and staff told us they found senior staff to be approachable and helpful. The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people that used the service.

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?

The service was safe. Staff had a good understanding of issues relating to safeguarding adults.

There were enough staff employed to meet people's needs. The service carried out checks on staff to make sure they were suitable.

Risk assessments were in place which set out how to support people in a safe manner.

Good



Is the service effective?

The service was not always effective. Not all staff received all the necessary training.

Staff had one to one supervision with senior staff and were able to shadow experienced staff to learn how to support people.

People were able to consent to their care and to make choices. This included choosing what they ate and drank.

The service supported people with medical appointments and worked with other agencies to promote people's health and wellbeing.

Requires improvement



Is the service caring?

The service was caring. People told us they were treated with respect. People had the same regular care staff supporting them which meant they were able to build up relations with staff.

Staff had a good understanding of how to support people in a way that promoted their privacy and independence.

Good



Is the service responsive?

The service was not always responsive. Although care plans were in place these did not set out how to meet people's individual needs in a personalised manner.

The provider had a complaints procedure in place. People we spoke with were aware of how to make a complaint.

Requires improvement



Is the service well-led?

The service was well-led. The service had a registered manager in place. People that used the service and staff told us they found senior staff to be approachable and helpful.

The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people that used the service.

Good



HR Partners 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 and 22 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an inspector and 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 we looked at the evidence we already held about this service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We contacted the local authority with responsibility for commissioning care with the service.

During the course of the inspection we spoke with two people that used the service and three relatives. We spoke with four staff. This included the nominated individual, the operational manager and two care assistants. We looked at various records. This included the care records relating to five people that used the service. The recruitment, training and supervision records for five staff employed by the provider and various policies and procedures including the safeguarding and complaints procedures.

Is the service safe?

Our findings

People told us they felt safe using the service. For example, one person told us of their medical condition and said that staff knew how to support him with regard to it in a safe manner.

The nominated individual was aware of their responsibility to report allegations of abuse to the relevant local authority and the Care Quality Commission. The provider had a safeguarding adults procedure in place. However, that did not make clear their responsibility for reporting allegations of abuse to outside agencies. We discussed this with the nominated individual who sent us a revised version of the procedure after our inspection.

The nominated individual told us there had not been any allegations of abuse since our previous inspection.

The provider had a whistleblowing procedure in place. This made it clear to staff had they right to whistle blow to outside agencies if appropriate. Staff we spoke with had a good understanding of whistleblowing and of their responsibilities for reporting any allegations of abuse to their manager. One staff member said, “You must report it [an allegation of abuse] to your supervisor.”

The provider had a policy on handling money and financial matters. This set out what staff could and could not do in relation to people’s finances. For example, it stated that staff were not permitted to accept gifts from people or sell them any goods. The nominated individual told us the service carried out a shopping service for one person. The staff member obtained receipts for all items purchased which the person then checked to help reduce any risk of financial abuse.

We saw that risk assessments were in place for people. For example, in relation to the physical environment, neglect, slips and trips and fire hazards. Risk assessments included

information about how to manage and reduce risks people faced. For example, the falls risk assessment for one person stated, “Due to [person that used the service] medical condition staff are to accompany [person] at all times when out in the community. Staff to ensure that [person] has both their walking sticks at all times.”

The nominated individual told us the service did not use any form of physical restraint with people. They also told us there had not been any reported accidents or incidents in the past year.

The levels of staff support people received was determined by the local authority that commissioned the care in conjunction with the person receiving the care.

The nominated individual told us there had not been any missed appointments in the past year. They told us enough staff were employed to provide people with the support they required and to provide cover if staff were absent for any reason. They told us when a member of staff was going to be on planned leave they ensured their replacement care staff met with the person beforehand. This included observing how support was provided so they knew how to support the person. When a replacement carer was required at short notice the nominated individual told us they always sought to get someone that had worked with the person before.

The service had robust staff recruitment procedures in place. Staff files showed that the service carried out various checks on prospective employees. These checks included employment references, proof of identification and criminal record checks. This helped to ensure that they employed suitable people.

The nominated individual told us that support with medicines was limited to prompting people to take their medicines but that people and their families had responsibility for obtaining medicines.

Is the service effective?

Our findings

All but one of the care staff employed by the provider to support people with personal care transferred their employment to the service from the local authority in April 2015. Records confirmed that the local authority had provided appropriate training for those staff. This included training about moving and handling, safeguarding adults, first aid, health and safety, food safety and report writing.

One care staff member was employed directly by the provider. The nominated individual told us they had not provided any training for this person. The staff member themselves told us they had received training about moving and handling from the occupational therapist but said, “No, I haven’t (had any training from the provider).”

The lack of appropriate staff support through training potentially put people at risk and meant staff may not have the necessary skills and knowledge to carry out their role effectively. This is a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nominated individual told us and records confirmed that new staff had the opportunity of shadowing experienced staff as they provided care to people. The nominated individual said this was, “So they get to know exactly what they will be doing.”

The nominated individual told us and records confirmed that care staff had regular one to one supervision meetings. Records showed that supervision included detailed discussions about how best to support people to meet their individual needs and provide care in line with what the person wanted. We saw staff also had an annual appraisal of their performance and development needs.

People and their relatives told us staff knew how to support them. A relative said, “She [care staff] does what I need, I have no worries about her looking after my [relative]” Another relative said “They are very helpful.”

Care plans indicated that people were supported to make choices and to have control over how their care was provided. For example, the care plan for one person stated, “I will instruct the staff on how best to support me throughout the day.” The care plan went on to say that the

person was, “To be involved in all areas and to be given choices at all times.” The care plan for another person stated, “Personal hygiene will be maintained as directed by [person that used the service].” Care plans had been signed by people. This indicated they were happy with their content and consented to the service providing support in line with the care plan.

Staff told us how they supported people to make choices and that people were able to consent to their care. They said they only provided support with the person’s permission. One staff member said, “I ask them if they want a wash or a shower. Sometimes people say no it’s too cold. You mustn’t force them.” Another member of staff said, “He makes his choice, he tells me what he wants and what he doesn’t want.”

The nominated individual told us the service did not carry out any mental capacity assessments on people and that this was the responsibility of the local authority. They told us none of their current people that used the service were subject to any court of protection orders

The nominated individual told us that supporting people with food and drink was limited to meal preparation and they did not support anyone directly with eating or drinking. Staff told us that people were able to choose what they ate. One staff member said, “I ask her what she wants for breakfast. You can’t just do it.” Another member of staff told us, “He [person that used the service] decides what he wants to eat.”

Care plans included details of people’s medical histories and conditions. This meant staff were able to provide this information to health care staff in the event of a medical emergency. The nominated individual told us and records confirmed that the service supported people to attend medical appointments as required.

We found that the service had worked with other agencies to help promote people’s safety and wellbeing. For example, the occupational therapy team had worked with people to develop clear guidance on supporting them with their moving and handling. This guidance included photographs and descriptions of the best way to help people in a safe manner. A member of staff said, “The occupational therapist came round and showed us how to get him out of bed.”

Is the service caring?

Our findings

People told us they were treated well by staff. One person said of their care staff, “They are always respectful.”

The support plan provided by the local authority contained information about people’s life history including details of their family, employment and where they had lived and by what name the person preferred to be addressed by. They also contained details of people hobbies and interests. This helped staff to get to know people and what was important to them. Care plans included information about meeting people’s cultural needs. For example, one care plan stated the person “wears a head scarf when outside the house” in line with their beliefs.

People told us they had the same regular care staff. The nominated individual told us they provided people with regular care staff so they could get to know the person they worked with and build up trusting relations with them. We saw records that showed people were notified in advance if there was going to be a change to their regular care staff. For example, we saw an email to a person that informed them their regular care staff was to be away for a month and that the replacement care staff was to arrange to visit

the person and meet with them and their existing care staff so they could learn about the support needs of the person. The nominated individual told us, “We never just put a carer [care staff] in that doesn’t know the client.”

The nominated individual told us they sought to match staff with people that could best meet their needs. For example, one person requested staff that spoke their language and this was arranged. Another person approached the service and met with senior staff to discuss their needs. The nominated individual told us they requested a female carer that spoke good English and was able to cook. The nominated individual told us they were able to meet the person’s requests. Records showed that people had a choice about the gender of their care staff.

Staff were aware of how to promote people’s dignity, independence and privacy. One staff member told us they supported people to manage as much of their personal care themselves as they could. The staff member said, “I help her with her back. She can do the front herself” and “If the client can do it they do it. If not you ask them first before you do it.” The same staff member also told us, “I leave her to do the rest [of personal care] and when she is finished she calls me.” Another member of staff said, “There is only myself and him when I give personal care so he gets privacy.” This meant the person’s privacy was respected.

Is the service responsive?

Our findings

The local authority carried out an assessment of people and a senior member of staff from the provider met with the person and their relatives to carry out their own assessment. This was to determine what the person's needs were and if the service was able to meet those needs.

The service developed its own care plans based on information provided by the local authority in addition to its own discussions with people and their family where appropriate.

The care plans developed by the service were written on a standard pro-forma which were divided into different sections. Each section addressed a particular area of need. For example, there were sections on mobility, toileting and continence, showering dressing and grooming, eating and drinking and domestic needs.

The care plans developed by the service contained only basic information in relation to supporting people with their personal care needs. Care plans were task centred rather than person centred and did not set out how to meet people's individual needs in a personalised manner. For example, the care plan for one person stated they needed 'full assistance' with their personal care. The only information about how to provide this support to the person was to give them a flannel wash and adjust the water temperature. The care plan on dressing for the same person simply stated, "Some assistance, assist with selecting clothing." For another person the care plan merely stated 'some assistance' required in relation to support with personal care and dressing. There was no further information about what this meant for the person. The care plan did not set out what people were able to do for themselves and what they needed support with in a personalised way.

Lack of information about the individual needs of people and how care was to be provided in a personalised manner was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service took over the care packages for four of the five people in April/May 2015 when the local authority ceased to provide care directly to them. All of the people were then given direct payments and chose to retain the care staff they already had who transferred their employment to the provider. This meant staff had worked with people previously and had a good understanding of their needs.

We found that contracts were in place for each person which set out the rights and responsibilities of both the person and the provider. This meant people were provided with clear information about what they could expect from the provider and what their rights were. Contracts had been signed by people and a representative of the provider.

Daily records were maintained where staff recorded what care they had provided to a person at each visit. This meant it was possible to monitor what support the person was getting and that it was in line with their assessed needs.

People told us they knew how to make a complaint, telling us they would report any concerns to the office staff. The nominated individual told us the service had received one complaint in the past year. Records showed that the service had taken steps to address the issue raised in the complaint.

The service had a complaints procedure in place. The nominated individual told us all people were provided with their own copy of the complaints procedure and we saw records of emails sent to people that included a copy of the complaints procedure. The complaints procedure included timescales for responding to complaints but did not include accurate information about whom people could complain to if they were not satisfied with the response from the service. We discussed this with the nominated individual who sent us a revised version of the procedure after our inspection.

Is the service well-led?

Our findings

People expressed satisfaction with the senior staff. One person said, “The manager comes from time to time and also phones.” Another person told us, “The management is great.” People told us they found staff at the office to be polite and helpful.

The service had a registered manager in place. They were away from work on leave at the time of our inspection and the nominated individual had taken over responsibility for the day to day running of the service. They were supported in running the service by an operational manager. The service had an on-call system which meant senior staff were always available if required.

Staff told us they found senior staff to be supportive and helpful. One care staff said of her supervisor, “She is very good.” Another staff member said of the senior staff, “I have not got any problems with them. They are helpful if I need to talk about anything.”

The nominated individual told us and care staff confirmed that all care staff visited the service’s office every week. Care staff told us this gave them the opportunity to speak with senior staff and to discuss any issues they had with people they supported. One staff member said, “Every Monday I go to the office and they [senior staff] ask about the client or if I have any concerns. They ask me how I am getting on.”

We saw records of telephone monitoring calls carried out by the service. These indicated that people were satisfied with the service. One person was recorded as saying they were, “Very happy with the service.”

Up until April 2015 only one person used the service. We were told that rather than use a survey to gain the views of one person they had regular email and phone contact with the person and we saw evidence of this.

The service has introduced a monitoring system through the staff timesheets. At each visit both the staff member and person that used the service signed the timesheet to indicate what time the staff member arrived and left. This meant senior staff were able to monitor staff punctuality and whether or not they stayed for the full amount of time they were supposed to. The time sheet also included a section for the person to rate how well the service had performed in various areas over the week, including how well the care staff met their needs, the competence of the care staff and the quality of service overall. This provided the service with the opportunity to monitor the quality of care and support provided to each person that used the service.

The nominated individual told us and records confirmed that a senior member of staff visited people in their homes every six months. This gave people the chance to discuss their care and if they had any concerns or if there were things they wanted changing. For example, one person said they wanted to have more flexibility in the times their support was provided to fit around appointments and this was subsequently arranged.

The nominated individual told us they audited staff employment files to make sure that all documentation was in place and up to date. For example, to check if a work visa was near its expiry date. We found that staff recruitment files were up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider must ensure service users are protected against the risks of having staff working with service users that are not adequately trained to carry out the duties they are employed to fulfil. Regulation 18 (1) (2) (a)

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not carried out an assessment of service users' needs that set out how to meet their needs and preferences in a personalised manner. Regulation 9 (1) (a) (b) (c) (3) (a) (b)