

HCS (Enfield) Limited

H C S Domiciliary Care

Inspection Report

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Summary of findings

Overall summary

H C S Domiciliary Care provides a personal care service to people with learning disabilities. At the time of our inspection, a service was being provided to ten people at their supported living placement and 16 people at their day centre. An outreach service was provided to two additional people.

The service had a registered manager in place as required. They had worked for the provider for a number of years and had been the registered manager for the past three years.

People who used the service had mild to severe learning disabilities. We were able to have brief conversations with some people who used the service, and spoke to five relatives of people who used the service.

Relatives of people who used the service told us they trusted the staff to keep people safe. Staff were knowledgeable in recognising signs of potential abuse and reported concerns appropriately to the local authority. We saw that the service had responded appropriately to an incident of abuse and taken appropriate action to protect people. However, we saw the provider had not notified us as required of one allegation of abuse.

Individual support plans were developed with people who used the service and their relatives. These plans contained detailed information about what people were able to do for themselves and where they required support. Information was obtained about people's interests and their preferred daily routine. We saw that care and support was delivered in line with this.

When people's support needs changed good communication within the staff team ensured they received a safe service that was tailored to their needs. Staff supported people to access health services, for example, their GP, their dentist or optician, to ensure their primary health needs were met and accompanied them to specialist appointments at the hospital when required.

Staff were patient and polite when supporting people and we observed positive interactions between the staff and people who used the service and their relatives. People who used the service told us they liked the staff, and relatives of people who used the service told us staff were kind and caring.

People were involved in decisions about their care if they were able to. If they did not have the capacity to make those decisions, 'best interests decisions' were made by their relatives together with health and social care professionals involved in their care.

Staff reported there was good leadership and management of the service, with good access to senior colleagues for further advice and support. They felt supported to raise concerns and were confident that the manager acted upon any concerns raised. However, we found at the time of our inspection that the provider did not have a system in place to review incidents centrally to identify any trends or patterns of concern.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Relatives of people who used the service told us they trusted the staff to keep people safe. Staff were knowledgeable in recognising signs of abuse and had reported concerns as required. The service liaised effectively with the local authority safeguarding team in response to allegations of abuse and implemented the required management plans to keep people safe.

Management plans were put in place in regards to identified risks, which instructed staff what the triggers were to unwanted behaviour and how to support the person to remain safe. These plans were updated as required to ensure they reflected the current risks posed to a person's safety or the safety of others.

There were safe staffing levels in place. The majority of people who used the service required one to one support from staff, and staff were allocated to support people on each shift. There were sufficient recruitment processes in place to ensure staff had the skills and knowledge required to support people who used the service.

Are services effective?

Assessments were undertaken to identify people's support needs. People who used the service and their relatives were asked to identify what they could do for themselves and how they wished to be supported by staff. Information was provided to staff about a person's preferred daily routine and their interests to ensure the service met their needs, and there was consistency in the care given. We saw that care and support was delivered in line with this information as planned.

Staff supported people to access healthcare services to ensure their health needs were met, and staff accompanied people to hospital appointments when needed.

Staff were trained, skilled and experienced in supporting people with their personal care needs. Additional training was provided as required to support people who used the service. For example, staff had received training in supporting people with epilepsy and autism.

Summary of findings

Are services caring?

Relatives of people who used the service told us the staff were kind and caring. We observed positive interactions between people who used the service, their relatives and staff. Staff were patient and polite when speaking to people who used the service.

People's support plans had clear detailed information for staff about how to maintain people's privacy and dignity when supporting them with their personal care and in regards to particular health and support needs.

The provider ensured there was good communication between the staff that supported people at the day centre and the staff at the person's supported living placement to ensure consistent and co-ordinated care. This included receiving copies of their full support plan and updates on any changes to their support needs.

Are services responsive to people's needs?

It was clearly identified in people's care records whether they had the capacity to make decisions about their care. When a person was unable to make a decision about their care, staff liaised with the person's relatives and other health and social care professionals involved in their care to make a decision in the person's 'best interests'.

People were supported to maintain their independence and staff respected that people wished to do things for themselves. People were able to access the local community and staff supported them as required.

Relatives of people who used the service told us they felt their concerns were listened to and responded to appropriately. They said they had discussed any concerns they had about the service with the manager and they had addressed them promptly.

Are services well-led?

A representative from the local authority told us they were confident that the manager of the service would address any concerns regarding the delivery of the service, and said the manager had always responded to any concerns regarding the quality of the service promptly. Mistakes and incidents were reported and learned from and plans were put in place to reduce the risk of them reoccurring.

Staff told us they felt there was good leadership at the service and they felt well supported. They said there was good communication within the team and open and honest conversations were had. They felt able to approach their manager for further advice and support when required.

Summary of findings

The management team at the service undertook regular quality checks and addressed concerns as they arose.

However, at the time of our inspection the provider did not have a system in place to review incidents centrally to identify any trends or patterns of concern.

Summary of findings

What people who use the service and those that matter to them say

Overall people and their relatives were happy with the service people received. When talking about the people that used the service, relatives commented, “[my relative] is the happiest they have ever been” and “[my relative] is so much better here.”

Relatives we spoke with told us they trusted the staff to keep people who used the service safe. They said they were happy with the care and support provided, and the staff were kind and caring. They told us, “we moved her from a place where she wasn’t happy but this place has the same staff as her day centre and she’s happy now.” People who used the service liked the staff and we observed them having a laugh and a joke together.

The service was tailored to meet people’s needs. Relatives of people who used the service told us they were “very impressed by the way the manager runs it, she knows [my relative] inside out”.

Relatives told us staff asked them for information about people’s needs and they felt involved in the identification of people’s support needs and the development of their support plans. One person’s relative commented, “they got details from me and talked to [my relative].”

Relatives said staff enabled people to stay as independent as possible and supported them to access the community where required. One person told us the staff were supporting them to go to athletics and another person told us they were supported to go to the circus.

The relatives we spoke with told us they felt the staff were able to support people, and described the service as “wrap around care”. They said that if they had any concerns they would speak to the manager and they were confident any problems would be dealt with. One relative told us, “in the past I have sorted things out easily. I have a good relationship with the service. It’s a two way process.” Another relative said, “I ring [the manager] and we sort things out.”

H C S Domiciliary Care

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before the inspection, we reviewed the information held about the service, including findings from the previous inspection. At their previous inspection in June 2013 the service was meeting the regulations inspected.

We undertook an announced inspection on 09 May 2014. We went to the supported living service, the day centre and the provider's head office. The inspection team consisted of a lead inspector and an expert by experience, who had experience of learning disability services.

During the inspection, we spoke to three members of the management team, four care staff, and had brief discussions with three people that used the service. We spoke to one person's relative on the day of our inspection visit and undertook telephone calls to four people's relatives in the week following. We also spoke to the head of integrated learning disabilities services from the London Borough Enfield about the care and support provided to people whose placement they had funded at the service.

We reviewed five people's care records, seven staff records and records relating to the management of the service. We undertook general observations looking at the interaction between people who used the service and staff whilst at the supported living service.

Are services safe?

Our findings

Relatives of people who used the service told us they trusted the staff to keep people safe.

There were processes and procedures in place to protect people from abuse and keep them free from harm. Staff we spoke with were knowledgeable in recognising signs of abuse and the related reporting procedures. Any bruises or marks on a person's body were recorded on a body map to keep track of and monitor any injuries. Staff told us they discussed any concerns regarding a person's safety with their manager and this was escalated to the local authority safeguarding team as appropriate. Staff were aware of whistleblowing procedures.

Records showed that the service had responded appropriately to an allegation of abuse in line with their safeguarding procedures and notified the local authority. A report had been made to the local authority and actions were taken to ensure people were protected. However, the provider may find it useful to note they had not informed us of one allegation of abuse as required. Previous allegations of abuse had been reported.

There were processes in place to manage and review the finances of people who used the service, to ensure people were free from financial abuse. The Registered Manager reviewed people's finances regularly to ensure their financial transactions balanced. Staff liaised with their manager if they had concerns regarding a person's finances and they investigated the concerns appropriately.

The provider ensured people had plans in place to address any risks to their safety and welfare. These plans identified the risks, triggers to the unwanted behaviour and guidance

to staff about how to support the person to manage and minimise the risks from reoccurring. Staff had signed the assessments to show they had read and understood what the risks were and how to manage them. The risk assessments were updated according to changes in people's needs.

Staff were knowledgeable in how to manage people's challenging behaviour. Staff were aware of the signs people showed that were the trigger for challenging behaviour and were able to defuse the situation.

The provider ensured there were safe staffing levels. The majority of people who used the service (the supported living service, the day service and the outreach service) received one to one support from staff. On each shift, a staff member was allocated to support each person and it was clear when staff were supporting more than one person. Staff also told us there were enough staff available to support people who required two staff members to support them with their personal care. The service had low staff turnover rates, and low levels of sickness and absenteeism. The supported living service was staffed 24 hours, seven days a week and we saw that appropriate staffing levels were in place to support people with their personal care needs throughout the day and night. The service had their own bank staff to cover annual leave and sickness.

Staff records showed that appropriate recruitment processes were in place to ensure staff had the required skills, experience and knowledge to support people who used the service. This included checking a person's eligibility to work in the UK and ensuring appropriate checks were undertaken to assess the suitability of applicants.

Are services effective?

(for example, treatment is effective)

Our findings

The registered manager met with people and their relatives to identify people's needs, and what support they wanted to receive from the service. One relative commented, "originally they got in depth information from their last placement, then they had a long meeting with me and found out all their quirks. They got details from me and talked to [my relative]."

People's relatives told us that their involvement in this assessment process meant the service obtained information about people's interests and preferences. Relatives said that the service was tailored to people's likes and wishes and staff were aware of people's daily routine.

People who used the service were able to meet the staff and visit the service before they started to use it. Staff supported people to continue to access their preferred activities and to follow their preferred routines to ensure consistency in the care provided and smooth transition between services, especially when supporting people with autism. People's records included support plans and health action plans that were developed based on the support needs identified through this assessment process.

Staff had signed the plans to show they had read them and understood people's needs. Staff told us there was "no room for error" when supporting people as the support plans contained detailed instructions about how a person wished to be supported. A relative told us, "they have known her for 15 years and they know all about her."

Staff told us people's changing needs were documented so the team knew what people's current needs were. However, one person's care records had not been updated to reflect the changes in their mobility. The staff we spoke with were aware of this person's current mobility needs, however it meant there was a risk that people could be provided with support that did not meet their needs and potentially impact on the effectiveness of the service delivered.

Records showed that staff had supported people to receive their annual healthcare check from their GP, and annual checks ups with their dentist and their optician. People had a health action plan that included information about their health needs and any ongoing care and treatment they required. The service liaised with community healthcare

professionals as required to ensure people had their health needs met. This included liaison with community psychiatrists, speech and language therapists, physiotherapists and occupational therapists.

Staff knew people well and told us they could identify changes in their behaviour that could indicate deterioration in their health. Records showed that staff had documented any changes in people's behaviour or their health, and, when appropriate, had supported them to visit their GP. A relative told us staff informed them "straight away" if there were any concerns about a person's health.

When people required support to specialist appointments or required treatment at the hospital, staff ensured they talked through the procedures so people knew what to expect. This included providing them with pictures of what may happen at their appointment, for example, having a blood test. Information about people's health appointments was put in the team's communication book to ensure staff were aware of changes in people's support needs after their treatment and they were supported with follow up appointments.

Staff had the skills, experience and knowledge required to meet their needs of people they supported. People received their personal care from a member staff of the same gender as themselves. Staff were allocated to people depending on their personalities and their interests in the activities that the person was undertaking that day. People at their supported living placement were provided with a key worker (a member of staff dedicated to look after their care and support needs) and as much as possible were given an opportunity to be supported by them when they were on shift. The manager told us they allocated staff by ensuring a mix in the skills available whilst balancing consistency in the care provided. Relatives of people who used the service told us, "there is a core group of staff," "we generally see the same staff – some have known [my relative] for 15 years."

An induction process was in place to support new employees which covered the common induction standards provided by Skills for Care. New employees were provided with a week shadowing more experienced staff at the service to familiarise themselves with the needs of people who used the service. The service was in the process of rolling out a new induction process which included mandatory training.

Are services effective?

(for example, treatment is effective)

Staff received training annually to ensure they had up to date knowledge and skills to support people who used the service. Records showed that the majority of staff had received this in line with the provider's standards. Where staff required refresher training this had already been identified and they were booked onto the next available course. People only received support from staff who had the required training. For example, one staff member required refresher training in medication administration and therefore they were taken off medication duties until this training had been received. The quality assurance and training manager at the service was attending training courses in a number of topics so they would be able to provide refresher courses to staff as and when required. The provider ensured staff had the knowledge and skills to effectively support people who used the service. For

example, staff had undertaken training in autism, epilepsy and dementia in order to learn how to support people with these needs. Competency assessments were undertaken after each training course to ensure staff had the skills and knowledge required to support people.

A new supervision and appraisal process had been introduced to review staff's performance and to ensure staff received the support they required. This also ensured a formal review of people's training needs. The records we viewed showed that staff had received supervision and an appraisal. However, we noted that some staff at the supported living service had not received their supervision as frequently as the provider required. We saw that disciplinary procedures were followed when there were concerns about a staff member's performance.

Are services caring?

Our findings

People who used the service told us they liked the staff. Relatives told us the staff were kind and caring. Their comments included “the staff are very good – excellent” and “I am happy with them.”

We observed positive interactions between staff and the people who used the service. They offered people choice and responded to their wishes. For example, regarding what they wished to eat for a snack. Staff were observed to be patient and polite when supporting people. Staff took the time to sit with people, and we observed staff having a laugh and a joke with people who used the service. Relatives of people who used the service said they had a positive relationship with staff and they kept them well informed.

Staff told us people were treated as individuals as no one had the same needs. A representative from the local authority told us staff worked well to meet the diverse needs of people who used the service. Staff supported people to continue with what was important to them; to be able to practise their religious beliefs and receive a service tailored to their culture. For example, people were supported to attend religious services, and to buy and cook

food in accordance with their individual preferences. Staff told us people’s families had taught them how to cook culturally specific meals to enable them to support people who used the service.

One person had specific dietary requirements and the staff ensured these were met when they had a meal out during a group activity. Prior to the activity, the staff met with the chef at the restaurant to plan a suitable meal for the person so they could be involved in the group activity.

Relatives of people who used the service felt people were treated with dignity and respect. There was guidance in people’s care records about how to maintain and promote a person’s privacy and dignity whilst receiving personal care and in regards to particular health and support needs.

People received consistent and co-ordinated care across services. Staff at the day centre had access to people’s care records from their supported living placement to ensure staff had the required information about how people wished to be supported and cared for. There was regular communication between the staff at the day centre and the person’s supported living service to ensure consistency in the care provided and to update staff on people’s changing needs. This included receiving copies of their full support plan and updates on any changes to their support needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Records showed that people and their families were involved in developing their individual support plans to ensure it contained the right information on how they wished to be supported. People were also involved in regular reviews with their funding authority to ensure the service continued to meet their needs.

Staff said they were aware of the requirements of the Mental Capacity Act 2005 and had been trained to put these into practice. People's records showed the majority of people who used the service had capacity and were involved in making decisions about their care. It was clear in their care records and in the documentation used to support them at hospital appointments that decisions were to be made with their consent. For people who had been assessed as not having the capacity to make a decision their records included information about who was to be involved in making 'best interests decisions' about their care.

People's care records focused on what people could do, so staff were able to support them to remain independent. Staff told us they offered to help a person to do something but respected their decision that they wanted to do it for themselves. People's relatives told us the staff helped them to be as independent as possible.

People were supported to access the community and local amenities in line with their wishes. People using the service told us staff were supporting them to participate in an athletic event at the weekend. People's care records stated what they wished to achieve in the upcoming year and how staff supported people to achieve their targets.

A complaints procedure was in place in the event that a formal complaint was made to ensure concerns were appropriately investigated and responded to. However the service had not received any formal complaints. The staff told us they regularly spoke to people who used the service and their relatives to identify if they had any concerns. Staff told us they worked with people to address their concerns quickly before they escalated and became a formal complaint. People's relatives told us that if they had any concerns they spoke to the manager. One relative told us, "in the past I have sorted things out easily. I have a good relationship [with the service] it's a two way process." Another relative said, "I ring [the manager] and we sort things out."

Annual satisfaction surveys were completed to establish the views of people, their relatives and staff. The latest findings from 2013 showed a high level of satisfaction with the service provided. People felt their views were seen as important, that complaints would be listened to and taken seriously, that their safety and welfare was important to staff and that their care maintained and protected their privacy and dignity.

Are services well-led?

Our findings

A representative from the local authority told us they were confident that if there were any concerns about the service that they were able to have a frank and honest discussion with the staff. They told us they had a good relationship with the manager of the service who always responded quickly.

Staff felt able to admit mistakes and that these were used as an opportunity to learn and develop the service provided. Staff told us they were able to speak openly and honestly, and they felt able to put suggestions and ideas forward on how to improve service delivery. They felt the team worked well together and there was good communication within the team. A staff member told us “everybody’s there to help each other.” Staff we spoke with reported they had high morale and good job satisfaction.

Staff told us the service was “being as service user orientated as possible.” They said the service values were based on choice, independence, dignity and rights. The service had recently signed up to the social care commitment and was in the process of identifying a dignity champion.

Staff told us the managers were approachable and provided good leadership. They said the managers were always available for advice and support, and were happy to help with supporting people with their personal care when needed.

Audits were undertaken by the managers of the service to check the quality of service provided; this included checking the quality of people’s care records. We saw that

an audit in November 2013 identified that people’s monthly reviews were not being undertaken. The provider had taken effective action to improve the service. People’s records we viewed during the inspection included up to date monthly reviews.

The provider undertook unannounced night visits to their supported living service to ensure a quality service was being provided to people during the night. Reports of the previous two night checks did not reveal any concerns in the quality of service provided.

The provider ensured that there were sufficient numbers of staff to meet people’s needs. The management team had systems in place to keep this under review and recruit further staff where needed.

People’s care records included incident reports. These showed that incidents had been appropriately managed, investigated and responded to. Staff records demonstrated that incidents involving staff members were discussed during supervision and additional training was provided when required. For example, we saw there had been a medication error and the staff member involved was taken off medication administration duties until they received refresher medication training. The service had also liaised with the person’s pharmacist to ensure there were no untoward effects to the person using the service.

At the time of our inspection the provider did not have a system in place to review all incidents centrally which meant there was a risk that trends in incidents may not be identified and responded to effectively. The provider told us they were putting a system in place to review and analyse all incidents to identify any trends.