HCS (Enfield) Limited

H C S Domiciliary Care

Inspection report

106 Sterling Way
London N18 1QU
Tel: 020 8345 5080

Date of inspection visit: 10 and 11 December 2015
Date of publication: 12/01/2016

Ratings

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

Overall summary

This inspection took place on 10 and 11 December 2015 and we gave the provider one days' notice that we would be visiting the supported living project and office. The inspection was carried out by one inspector over two days. At our last inspection on 9 May 2014 the service was meeting all of the standards we looked at.

H C S Domiciliary Care provides personal care to people living at two supported living projects in Enfield. There are two residential houses next door to each other. Each person has their own room and they share communal lounges, a kitchen and laundry facilities. At the time of our inspection there were 12 people using the service. Staff provide support to people that is either on a one to one basis or one staff is shared between two people. The project is staffed 24 hours.

There was a new manager in post at the time of our inspection who has applied to be registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

Summary of findings

People told us they were well treated by the staff and felt safe and trusted them.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

People told us there were enough staff to support them properly.

The service was following robust recruitment procedures to make sure that only suitable staff were employed at the supported living projects.

Staff we spoke with had a good knowledge of the medicines that people they supported were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The service had a number of quality monitoring systems including yearly surveys for people using the service, their relatives and other stakeholders. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

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?

Good

The service was safe. People told us they felt safe with and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Is the service effective?

Good

The service was effective. People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Is the service caring?

Good

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes.

They told us they were happy to raise any concerns they had with any of the staff and management of the service.

Is the service well-led?

Good

The service was well-led and people we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were aware of the vision and values of the organisation and how to put these into practice in their day to day work with people.

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 checked 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 10 and 11 December 2015 and we gave the provider one days' notice that we would be visiting the supported living project and office. The inspection was carried out by one inspector over two days.

Before the inspection we reviewed information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people.

We met with all 12 people who use the service, however, some of the conversations with people were limited and we were only able to say hello and ask how they were feeling. Because of this we spent time observing interactions between people and the staff who were supporting them in communal areas of the supporting living projects. We wanted to check that the way staff spoke and interacted with people was having a positive effect on their well-being.

We spoke in more detail with three people who were able to give us their views about the service verbally. We spoke with three parents, eight staff and the manager. When we visited the office we spoke with the operations director and the quality assurance and training manager.

We looked at six people's care plans and other documents relating to their care including risk assessments and medicines records. We visited the office to check records including staffing files, staff meeting minutes, health and safety documents, complaint records, quality audits and surveys.

Good

Is the service safe?

Our findings

People told us they were well treated by the staff and felt safe with them. One person told us, "They are very nice and kind." Parents told us they also felt safe with the staff at the supported living project.

Staff could explain how they would recognise and report abuse. They told us and records we saw confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the Care Quality Commission (CQC), police or the local authority.

Before people were offered a service, a pre assessment was undertaken by the management of the agency. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation mobility, nutrition, medicine administration and possible behaviours that may challenge the service.

Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. Where risks had been identified, the management had thought about and discussed ways to mitigate these risks.

For example, risk assessments clearly stated if one or two staff were needed to support the person with personal care. Staff did not raise any concerns with us about staffing levels and told us that two staff would be provided if required by the care plan and risk assessment.

We saw that any accident, incident or near miss that occurred at the service was being recorded. These records were then sent to head office for analysis in order to see if there was a pattern and to look at ways to reduce the likely hood of repeated events. We saw that accidents, incident and near misses were discussed with staff to identify any learning points and information was shared with other people including parents and social workers where appropriate.

In some cases accidents or near missed had informed changes to people's risk assessments. Where serious events had occurred the provider had contacted the relevant organisation, for example, after a serious accident the provider had made an alert to the local safeguarding team for further investigation.

Staff told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks. The manager told us that more staff would be provided if required for trips out and if people's needs changed, a review with the placing authority would be arranged to look at possible increased funding. However most people at the two projects had either one to one care or they shared a care worker with another person using the service. We saw that this agreed staffing arrangement matched the staffing rota in the units.

We checked six staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, identity checks, criminal record checks and information about the experience and skills of the individual. Staff confirmed that they were not allowed to start work at the agency until satisfactory references and criminal record checks had been received.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people or prompting people with their medicines. Staff had also undertaken written tests as well as being observed administering medicines. They told us that this had made them feel more confident when supporting people with their medicines. People told us they were satisfied with the way their medicines were managed.

The management undertook spot checks on staff at the projects and these spot checks included medicine audits.

Good

Is the service effective?

Our findings

People who used the service and their relatives were positive about the staff. They told us they had confidence in their abilities and a parent we spoke with told us the staff had a "Professional approach."

Staff were positive about the support they received in relation to supervision and training. Staff were provided with training in the areas they needed in order to support people effectively. One staff member commented, "The training I need, I get." Another told us, that the training they received was, "Very effective."

Staff told us about recent training they had undertaken including safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines. Staff told us that they would discuss any training needs in their supervision.

Staff told us they were "up to date" with their training requirements. We saw that the training matrix, developed by the quality assurance and training manager, highlighted when refresher training was due.

Staff confirmed they received regular supervision. Spot checks and observed competencies were also part of the staff supervision system. Staff told us that their supervision and the spot checks undertaken by management were a good way to improve their care practices.

Newly employed staff were in the process of completing their induction called the 'Care Certificate'. They were generally positive about how this was helping them in their work. However they told us the whole process was a little overwhelming due to the amount of work they needed to do. The quality assurance and training manager acknowledged the complexity and high number of modules that needed to be completed in the induction and told us they were looking at ways of making the induction more manageable and by giving staff more support to complete this.

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates. The manager and staff gave us examples of best interest meetings that had taken place for people using the service.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. A person we spoke with told us, "I don't get bossed about. I would say no straight away."

Staff told us it was not right to make choices for people when they could make choices for themselves. People's ability around decision making, preferences and choices were recorded in their care plans and staff were aware of these preferences.

There was information incorporated into people's care plans so that the food they received was to their preference and cultural requirements. Details of people's dietary needs and eating and drinking needs assessments were recorded in their care plan and indicated food likes and dislikes and if they needed any support with eating and drinking.

We also saw nutritional risk assessments had been completed where needed to make sure that staff supported people safely. This included any recommendations by the speech and language therapist (SALT) following an assessment. People told us they were happy with the support they received with eating and drinking.

Because people were receiving a high level of support within a shared house, the service took primary responsibility for ensuring that people's healthcare needs were addressed. Care plans recorded people's healthcare needs and staff we spoke with had a good understanding of the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency

Good

Is the service effective?

contacts. Records showed that people had access to their GP and other healthcare and social care professionals. One person told us, “They make an appointment straight away and they take you to see the doctor enough.”

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with kindness. One person told us, "I think they are very nice and helpful and take you out places."

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the service. One person, talking about a senior staff member told us, "He laughs and jokes in a nice way." A parent told us that their relative's support worker was looking after their relative very well and that they had, "bonded". Another parent told us, "The staff are very good."

People told us that staff listened to them respected their choices and decisions. People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Parents told us they were kept up to date about any changes and that they had seen their relative's care plan and had input into this. One parent told us, "I've seen the care plan, I'm happy with it. I feel involved in [my relative's] care."

Staff understood that racism, homophobia or ageism were forms of abuse. They gave us examples of how they valued and supported people's differences. For example, staff ensured that people could still follow their chosen faiths and we saw that people's cultural preferences in relation to diet and activities were respected and being maintained.

Two staff we spoke with told us they would like to undertake training in equality and diversity. The training manager told us they had identified this as a training need and this training had been booked for the coming year.

The registered manager told us about an advocacy organisation that was available to people using the service and described situations where this organisation would be used. The registered manager told us that this service was in addition to specific Independent Mental Capacity Advocates (IMCA) who deal only with issues regarding the Mental Capacity Act 2005.

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes and their life history.

Staff were able to give us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

People confirmed that they were treated with respect and their privacy was maintained. One person told us, "They knock on my door and I ask who it is."

Good

Is the service responsive?

Our findings

People and their relatives told us that the management and staff were quick to respond to any changes in their needs.

We saw from people's care records and by talking with staff that if any changes to people's health were noted, they would discuss these with the manager and the team as appropriate. The manager gave us examples of where people's needs had changed and what staff had done as a result. For example, staff noticed that one person had started to cough when they ate. The manager referred this person to the Speech and Language Therapist (SALT) who assessed them as now needing a soft and moist diet. This was recorded in their care plan and risk assessment and the person's menu changed. As a result staff found the person's coughing and incidence of chest infections had reduced.

Parents told us they were involved in any review of their relative's' care and that they had suggested changes and these were taken on board by the staff.

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

We checked the care plans for five people. These contained a pre-admission document which showed people had been assessed before they decided to use the service. Relatives confirmed that the manager from the service had visited them to carry out an assessment of their relative's needs. These assessments had ensured that the service only supported people whose care needs could be met.

People's needs were being regularly reviewed by the staff and management, the person receiving the service, their relatives and the placing authority. Where these needs had changed, usually because someone had become more dependent, this was recorded and changes were made to the person's care plan.

The care plans included a detailed account of all aspects of people's care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

The supported living service took primary responsibility to ensure that people were occupied and engaged both with the project and the wider community. When we arrived one person was just going out with their support worker to a day centre. Everyone had a bespoke activity schedule and most people went out each day. When they decided to stay at home, we saw that they undertook activities with staff. People told us they were happy with their activity plan which included activities of daily living where appropriate to that person. One person told us, "We do our own shopping with staff. They help. I did my shopping yesterday. Yesterday I cleaned my bath and everything."

Parents told us they were happy with the activities organised by the manager and staff. One parent told us, "Since the new manager came [my relative] has done much more activities."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked parents who they would raise any complaints with, they told us they could speak to the manager. One person we spoke with told us, "I would complain to the manager."

There had been four complaints recorded in the last six months.

The complaints record showed that any these concerns or complaints were responded to appropriately and each entry included the outcome of any investigation which included meeting with the complainant, discussions in team meetings, taking disciplinary actions and checking the complainant's satisfaction with the outcome.

Good

Is the service well-led?

Our findings

People using the service and their relatives were very positive about the management of the service and the new manager. One person we spoke with said, "I like the manager. I think she's funny. Before she goes home she asks me if I'm OK and I tell her. She always asks me."

We saw from minutes of staff meetings and from discussions with staff that the new manager's approach was different from that of the previous manager and there had been some "adjustment" needed. Minutes included reference to "getting to know each other" and "adjusting to a new way of thinking". One staff member we spoke with told us that this had led to a "bumpy start" however they were confident that they would get to know the manager and the manager would get to know them better. Some staff felt that communication on the whole could improve and one staff mentioned that they would like a bit more praise for what they did well.

One parent told us the new manager was, "Amazing." They told us the new manager was professional and they had seen a number of improvements at the project including increased evening activities.

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks on staff, monthly visits by the quality assurance manager and regular reviews of service provision.

People told us they could raise any issues with the management as well as make any suggestions for improvement. We saw the results of the most recent quality monitoring survey, which was generally positive however, the provider had identified an issue with staff timekeeping and was looking at ways of addressing this.

We noted that the quality assurance questionnaire was not as user friendly as it could be. This had also been picked up by the management team and a new survey was being developed for the coming year. The provider also sent out a survey to staff and was in the process of developing an action plan and feeding back to staff the results of the most recent survey.

Staff told us that they were aware of the organisation's visions and values. These included making sure that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the management team it was clear that these values were shared across the service.