

Midland Heart Limited

Hereford North Domiciliary Care

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 

Overall summary

This inspection took place on 6 January 2016 and was announced.

Hereford North provides personal care to people with a learning disability who live in their own homes in Herefordshire. 18 people were receiving support at the time of our inspection.

There was a registered manager in post. 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.

Summary of findings

People were protected from harm and abuse because they were supported by staff who knew how to recognise and respond appropriately. Staff did not start work until appropriate checks had been made to make sure they were suitable to support people in their homes.

People and those that mattered to them were involved in planning their own care. Staff understood how to support the people they were assisting whilst protecting their human rights. People had their individual needs met by staff who knew them and responded to any changes in need or wellbeing. Staff sought medical assistance and advice when required. People had regular access to healthcare facilities to maintain well-being.

Staff supported people to maintain their independence and to develop new skills and interests. Staff provided care which was kind, compassionate and promoted people's privacy and dignity. People were encouraged to make their own choices and decisions.

Staff received induction and ongoing training in order for them to provide care. Staff were supported by the management team and received regular feedback on performance. The managers were approachable and accessible to people and staff.

The provider completed regular quality checks to ensure that good standards of care were maintained.

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.

People were kept safe by staff who recognised signs of potential abuse and who knew what action to take to protect them. Staff were recruited in a way that offered protection to people using the service. People were supported to safely take their medicines by staff.

Good



Is the service effective?

The service was effective.

People were supported by staff who were skilled and appropriately trained and supported by management. People had access to regular medical intervention and were supported to eat and drink sufficient amounts to maintain wellbeing. People were supported to make their own choices and decisions.

Good



Is the service caring?

The service was caring.

People were supported with kindness and compassion. People's privacy and dignity was respected. People's choices were respected and promoted by staff.

Good



Is the service responsive?

The service was responsive.

People's individual needs were responded to and people received care which was appropriate to their personalised requirements. People felt confident to raise concerns and the provider listened when suggestions for improvement were made.

Good



Is the service well-led?

The service was well led.

People were aware of the management structure and had a say in their support. Quality monitoring audits were in place to ensure people received an effective service.

Good



Hereford North 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 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 6 January 2016 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 two inspectors and an expert by experience. An expert-by-experience is a person who had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service and the provider. This included

statutory notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

As part of our planning for the inspection we asked the local authority and Healthwatch to share any information they had about the provider. We used this information to help plan our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We were not able to talk directly with people receiving care and support. We spoke with six relatives, the registered manager, four support workers and one advocate.

We looked at the care and support plans for two people. In addition we looked at risk assessments, staff recruitment, staff training records and records of quality checks completed by the provider.

Is the service safe?

Our findings

People felt their relatives were safe with the support provided by the provider. One relative said, “I believe [relative] is as safe as they ever could be”. Another told us, “They allow [relative] the opportunity to be as free as they can and promote their liberty whilst ensuring the risks are minimal”.

Staff knew what to do if they suspected abuse. One staff member told us, “We all have the information we need if ever we had a concern. We can report to the senior staff or the registered manager. If needed we could always report to the local authority”. Staff had access to information which contained relevant contact details including the local authority, police and health contacts. This information also included details about whistleblowing and staff we spoke with had a good understanding of the processes they should follow if needed. Staff had received appropriate training and documentation we saw supported this. The provider had systems in place to identify potential abuse and to respond appropriately.

Risks to people’s safety and wellbeing had been assessed and were monitored regularly. Staff understood the risks associated with people’s care and understood how to keep people safe whilst ensuring they were not restricting them. Staff we spoke with were able to describe the risks to people and how they minimise the risk whilst maintaining the person’s independence. For example; One person developed their road awareness with staff in order for them to walk short distances unaided. One staff member told us, “When people have the ability to make decisions for themselves you should promote this fully. However, there are occasions when the risks are so great you need to support a safer decision”. The registered manager told us they had the support of a health and safety team who advised on issues relating to risks. We saw records where individualised risk had been identified and assessed and measures put in place to minimise the harm caused. For example; people’s mobility had been assessed along with any equipment they used.

Safe recruitment and selection processes were in place. The registered manager described the appropriate checks

that would be undertaken before staff would start work. These included satisfactory Disclosure and Barring Service (DBS) checks and written references to ensure staff were safe to work with people in their own homes. Staff we spoke with confirmed that appropriate checks and references had been gathered before they started their employment. One staff member told us, “I had to provide references and a DBS check before I was allowed to start work”. The registered manager told us in addition to recruiting staff safely they also had clear processes in place for addressing unsafe practice. We saw records where unsafe practice had been identified and steps taken to minimise harm to people.

People were supported by sufficient numbers of staff to keep them safe. One relative said “I am really impressed with the continuity of staff”. The registered manager told us they had experienced difficulty in recruiting staff but had made concerted efforts to recruit and retain a stable staff team. At the time of our inspection they had reduced the amount of agency staff used. The registered manager told us levels of staff are set by the funding authority and if there is a change in need they arrange for additional funding to support the changes. Staff we spoke with felt there was sufficient numbers to support people in their own homes.

We looked at how people were supported to take their medicines. One relative said, “If there were any changes to tablets I am informed straight away so I can support [relative] when they come home. Staff always seem to know what they are talking about when it comes to medication”. Staff were appropriately trained and assessed as competent before assisting someone with their medicine. One staff member told us, “I had to complete training and I have to undergo regular competency checks to make sure I am safe to help with medication”. The registered manager told us the training and checks were used to ensure safe practice was maintained by all staff. One staff member said, “There are clear procedures in place for giving medication when required. We are fully supported by the GP and the registered manager and there are clear guidelines in place for us to follow”. We saw records of safe administration of medication training and staff competency. People were safely supported to take their medicines.

Is the service effective?

Our findings

People were supported by a trained staff team who knew the needs of individuals. One relative told us, “I find in general they do very well. I think they have it all in hand. They know all [relatives] foibles”. Another said, “It’s all very professional. I wouldn’t want to change them”. One person said, “I am very impressed with the level of personalised care and the knowledge of the care staff providing support”. We saw initial assessments and relevant reviews which were personalised to the person receiving care. Staff we spoke with were knowledgeable about the people they supported and were able to tell us about individual needs, likes and dislikes.

Staff told us that as part of their induction to employment they shadowed a more experienced staff member. The registered manager said, “New staff have to become comfortable with the people they are going to be working with. By shadowing more experienced staff they have the opportunity to get to know people without any pressure”. Staff told us they were well supported by the management team and received regular one-on-one support sessions with the registered manager. Staff told us that they were able to use these sessions to discuss any work related issues and to seek guidance and support. One staff member said, “Following training in diabetes I feel more able to talk to [person] about the treatment they received from the district nurses. I was able to reassure and support them better”. Staff felt they could approach the registered manager at any time and were able to discuss anything they needed. Staff felt that they had access to a good range of training and were competent in the tasks that they performed. One staff member said, “There are many training opportunities we are able to access. This helps us develop our skills and ultimately the care we give”. Another told us, “Requests for additional training is always provided, they are very flexible with such requests. We identified we would benefit from increased awareness of diabetes. This was provided and I feel it equips us to support people with their needs”. This meant that people received care from appropriately trained and supported staff.

People were supported to meet any changes in health and welfare. Staff were proactive in seeking assistance from medical professionals when required. One relative said, “They [staff] were excellent at getting [relative] back on

their feet again after a period of illness”. Staff told us as they consistently worked with the same people and they were able to respond to changes. Staff members said they would always talk to the person in the first instance if they suspected anything was wrong. They would then contact the GP with the person present and seek advice. Any changes to care and support plans would be made by the senior staff member or registered manager and discussed at any review. Care records confirmed people had access to health care professionals to meet their specific needs. For example, advice and guidance was provided from a dietician when staff identified weight loss. People received support that adapted to their individual needs and preferences.

People received sufficient amounts of food and drink to maintain a balanced diet promoting well-being. One relative said, “They always ask [relative] what they would like to eat”. A staff member told us about a specialised eating programme. They said, “If someone makes one choice that is entirely their decision even if it is not something which was recommended. However, next time you try and inform them about the choices they make and promote healthier ones”. A relative said, “[Relative] require help with their eating. However, staff prepare the meals so they are able to feed themselves with little assistance”. If someone required support with eating this was provided whilst maintaining the person’s dignity. We saw records where weights were regularly recorded and intervention requested when necessary.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Staff told us they had completed training in the MCA. One staff member said, “People have the capacity to make decisions for themselves unless

Is the service effective?

otherwise proved. When they are unable to make certain decision we have to look at what is in their best interests". The provider had assessed people's capacity to make specific decisions when relevant. When it was identified that someone could not make a decision they arranged for

a best interest meeting. We saw records of multi-agency decision making involving the person, their family and advocate. The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general.

Is the service caring?

Our findings

One relative told us, “They [staff] are just amazing. They are caring, kind and compassionate. They are their extended family. It's not just a job, they care. On the scale of 1-10 I'd give them 10. I take my hat off to them”. Another said, “Staff are very caring, they have a very good relationship with [relative]”. People's needs in respect of religion or belief, were understood by the staff that support them. People we spoke with thought staff took the time to communicate with people and to allow them the opportunity to respond. We saw care and support plans which detailed people's life histories, personal relationships and things that matter to them. For example, religious belief. Initial assessments of care and regular reviews encouraged people to express their opinions and suggestions. One relative said, “I have been to all the meetings and we have been through everything with the staff. I trust them implicitly”.

When talking to staff members they could tell us about the people they supported. This reflected the information contained in the support plans and showed us they knew the people they supported.

People's ability to make decisions had been assessed and people were supported to make choices. One staff member told us, “If someone struggles with decisions you try and break down the possible options in the first place. Giving someone a choice of two or three items can appear less

intimidating. This allows people to develop their skills at decision making”. Another staff member said, “We developed a series of colour coded picture cards to help someone make healthy eating decisions. This worked really well as they could see what was good or not so good. This helped as they also started to plan their own diet whilst using them”. When people needed support to make decisions the process was clearly documented to guide staff. The provider made referrals to advocate services when more complex decisions needed to be made. This ensured people had someone to speak up on their behalf when they were not able to.

People were treated with dignity and respect. One relative said, “They always ask before they do anything”. A staff member told us, “Not everyone is comfortable with a door being closed. You talk to the person and look at other ways to ensure dignity is respected. You can close windows and curtains in adjoining rooms”.

People were encouraged to be as independent as they could. One staff member said, “You should always encourage people to do what they can themselves as this helps to maintain their skills and sense of achievement each day”. One relative told us, “My [relative] has learnt skills where they are and when they come home they are able to go out and work. Their independence and confidence has grown”.

Is the service responsive?

Our findings

People and those that mattered to them were involved in the planning of their care. One relative said, “When first moving in we were spoken to about everything in order for them to know all about [relative]”. Another told us, “I am always asked for my opinion on [relatives] care”. People’s care needs, wishes and preferences were known by staff supporting them. One relative said, “They know all about [relative] and what they like”. One staff member told us, “When supporting [person] they can become upset and distressed with medical treatments. We respond to this by helping them become more accustomed to doctors and dentists in a nice relaxed way. This means when they do need to use them we can support them in a way they want us to”. We saw that individual support plans had been reviewed and reflected each person’s needs and preferences. We saw that family members had been involved as part of the review as well as those receiving support.

People were supported to be involved in educational, vocational and leisure activities. One relative told us, “[Relative] goes to work most days on a farm. They enjoy this and have learned several skills which they use in other areas of work”. A staff member said, “People are fully

involved in work, day centre activities and also in leisure activities. They have established routines but there is also the flexibility for spontaneous activities or just relaxing at home”.

People felt they were able to raise concerns and were confident their views and opinions were taken seriously. One relative said, “I know how to complain if I ever wanted to. I have been provided with all the information I require including contact numbers. Thankfully I have never had the need”. Another told us, “They do listen to me and have taken concerns regarding my [relative] on board”. One relative told us, “I had recently raised a concern with the management team. They acted immediately and kept me fully informed about what was happening. I found this very reassuring”. The registered manager showed us how they responded to any complaints or compliments. There was clear information on display in the office on how to raise a concern, complaint or compliment. This information was available in different formats so that they were accessible to people who received support. Complaints and their responses were reviewed by the senior management team to ensure the issues raised had been adequately addressed. The registered manager told us they were currently reviewing how they obtain feedback from those who receive care and support.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. Relatives and staff were aware of the registered manager and felt able to approach them. The registered manager was aware of their responsibilities and had appropriately submitted notifications to us. Relatives were generally happy with the way the support was provided and felt they had input in how things were managed.

Staff members told us that they were able to approach the registered manager at any time and make suggestions about the development of the service. The registered manager told us they had systems in place to gather the views and opinions of people and their relatives. They went on to tell us they were reviewing this. The registered manager thought they could look for a better way to hear what people receiving support had to say. They believed this needed development in order to drive improvements in the support delivered. The provider and registered manager promoted a positive and transparent culture with people, their relatives and staff. The registered manager was knowledgeable about the needs of those who received care and support.

All the staff we spoke with told us they could openly discuss anything they wanted with the management team. They said they were well supported by the management team and the provider. Staff members were aware of the relevant whistle blowing procedures and indicated they would be prepared to raise any concern and felt supported to do so. One staff member said, “I did have to raise concerns recently and this was taken forward straight away. I felt well

supported and feel I could raise concerns again in the future”. Staff were able to tell us about the provider’s values and how these impacted on the support they provided. Staff told us as they always put the person first in everything they do. They encourage skill building and personal development of those they support. Staff had regular one-to-one meetings and annual reviews of their performance. One staff member told us, “I can seek supervision at any time, I just need to phone or pop into the office. I can use these sessions to share ideas and I know I am taken seriously”. Staff had the opportunity to raise any concerns and discuss their performance and development needs

There was provision for out of hours advice and support. One staff member said, “There is always someone at the end of the line if ever you needed them”. This meant staff were able to seek advice and guidance at any time in order for them to perform their role. People received support from a motivated and supported staff team.

There were established systems to assess the quality of the service provided. These included a programme of quality checks undertaken to assess compliance with internal standards and actions required where needed. We saw a recent internal quality inspection record which included the provider making an unannounced visit. As a result of this report the registered manager completed an action plan to address issues raised. We saw evidence that actions identified had been completed within an acceptable timeframe. For example, clearer recording of activities. This was reassessed as part of the internal quality inspection and found to have been completed.