

Hinckley Carer Support Scheme

Hinckley Carer Support Scheme

Inspection report

Hinckley Health Centre
29 Hill Street
Hinckley
Leicestershire
LE10 1DS

Tel: 01455614655

Date of inspection visit:
21 June 2018

Date of publication:
02 August 2018

Ratings

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

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service provides care and support to adults with a range of needs.

This inspection took place on 21 June 2018 and was announced. At the last inspection this service was rated as good. At the time of our inspection visit 54 people were using the service. At this inspection we found evidence to support the rating of good.

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.

The provider had not consistently followed the principles of the Mental Capacity Act, 2005 (MCA) in planning and delivering people's support. People's capacity to agree to their care and support had not been fully considered to ensure that any decisions were made lawfully and in people's best interests. The registered manager undertook to address this shortfall following our inspection. People's consent was obtained before they were supported where they were able to do this.

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to assess, monitor and manage their safety. A range of risk assessments were completed and preventative action was taken to reduce the risk of harm to people.

People were supported with their medicines in a safe way. People's nutritional needs were met and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were protected by safe recruitment procedures to help ensure staff were suitable to work in care services. There were enough staff to meet people's needs. Staff received training for their role and ongoing support to work effectively.

People were involved in their care as far as possible and people were encouraged to remain independent. Care plans were regularly reviewed and updated as people's needs had changed. Staff were provided with clear guidance to follow in the care plan which included information about people's preferences, daily routines and diverse cultural needs. Staff had a good understanding of people's needs and preferences and worked flexibly to ensure they were responsive.

People and their relatives were happy with staff who provided their personal care and had developed positive trusting relationships. The service worked towards people having consistent support staff to ensure they felt comfortable and safe.

People, relatives and staff were encouraged to provide feedback about the service which was used to assess the quality of the service and to make any required improvements. The provider had a process in place which ensured people could raise any complaints or concerns and people felt comfortable to do this should they need to.

The registered manager and provider were aware of their legal responsibilities and provided leadership and supported staff and people who used the service. The registered manager and staff team were committed to the provider's vision and values of providing good quality, person centred care.

The provider's quality assurance system to monitor and assess the quality of the service was used effectively to improve the service. People's health and well-being was continuously monitored at the service.

Incidents which took place at the service were appropriately acted on and the relevant agencies notified as required. However, improvements were needed in relation to how incidents were monitored.

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.

Risks associated with the delivery of people's care and support had been adequately assessed and planned for. People felt safe with staff who provided their care and support.

Staff were safely recruited at the service and there was sufficient numbers of staff working at the service to ensure people received the care and support they needed.

Medicines were safely managed and people were protected from the risk of infection.

Incidents were being responded to ensure people's safety, although improvement was needed in terms of monitoring these.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The principles of the Mental Capacity Act 2005 were not being consistently followed at the service.

People's consent was sought before staff provided care and support.

People were cared for by staff that received the training and support they required to carry out their roles. Improvements were needed in relation to regular staff supervisions.

People were supported to eat and drink enough to maintain a balanced diet.

People's health and well-being was continuously monitored and people's home environment was checked to ensure it was safe and suitable for people.

Is the service caring?

Good ●

The service was caring.

People were involved in planning and delivery of their care and support.

People's privacy was respected.

People were supported by kind and compassionate staff who maintained people's dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs and had plans of care that were updated as their needs changed.

People and their relatives had information on how to make complaints.

People would be supported to plan and make choices about their care at their end of life.

Is the service well-led?

Good ●

The service was well-led.

Staff felt supported and their performance was regularly assessed.

There were systems in place to monitor the quality of care and support people received and care plans and risk assessments were regularly updated.

Incidents were logged and notified as required.

Hinckley Carer Support Scheme

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 21 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that they would be in.

The inspection visit was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. This was returned to us by the provider and used to inform our judgement. We reviewed the information we held about the service. This included statutory notifications regarding important events which the provider must tell us.

During the inspection we spoke with 14 people who used the service and 2 relatives. We spoke with six staff who delivered care and support to people, the registered manager, the deputy manager, the care co-ordinator and the training and development officer.

We looked at the care records of eight people who used the service. These records included care plans, risk assessments and daily records of the support provided. We looked at four staff recruitment files and staff training records. We looked at records related to how the quality of the service was monitored. These included quality audits and checks, minutes of meetings, and feedback provided by people who used the service and their families.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care provided and staff who supported them. One person said, "Some support workers really do go above and beyond." Another person told us, "They are professional and competent." Staff we spoke with felt people were safe and well cared for.

The staff team were trained and understood their responsibilities in relation to protecting people from the risk of abuse. There was a safeguarding policy in place which included information about external agencies who could be contacted if people had concerns about their safety. There were systems in place for recording and reporting safeguarding concerns. The registered manager had taken appropriate action when any allegations of abuse had been made or identified and had a good understanding of their responsibilities in this area.

Assessments had been completed prior to people using the service which identified any potential risks associated with the delivery of their care and support. The written risk assessments provided staff with information about the risks people faced and how to mitigate them. These covered all aspects of people's safety such as the support people needed to move around and potential hazards within the home environment where people would be supported. Risk assessments were regularly reviewed when people's needs had changed to ensure their safety and well-being.

Care plans provided detailed information and guidance about how best to support people. Staff were trained in recognising and caring for people who may have had pressure areas, in safely supporting people with their medication and in moving and handling people safely. Regular competency checks were completed to ensure staff remained safe to work with people. Staff told us they had enough information to keep people safe. One staff member told us, "You're given all the information you need."

Staff recruitment processes protected people from being cared for by unsuitable staff. Staff files contained evidence that the necessary employment checks had been completed before staff commenced work at the service. For example, Disclosure and Barring Service (DBS) checks, employment history and references to show that staff were suitable to work with people. Staff all confirmed that these checks were carried out before they commenced work.

There were enough staff working at the service to ensure that people received the support they needed. We spoke with six staff members who told us that consistency of care staff was very important to people to make them feel safe and secure and we saw that this was something the service worked towards. Staff told us that they were given plenty of time to complete their calls and had time in between calls for travel. We looked at call records and found that calls were attended on time and that there were no missed calls at the service. One staff member said, "There's always plenty of time." One person who used the service told us, "The support workers are regular and consistent."

There were robust systems in place to ensure medicines were managed safely. Care plans provided guidance for staff on how and when people needed their medicines and outlined any risks associated with

this process. Staff made a record when they gave people their medicines and these records were checked regularly by staff and management to ensure people were getting what they needed. Staff were trained in administering medicines safely and competency checks were regularly completed to ensure that staff practice remained safe. Medicine stock was checked and storage arrangements for people's medicines were monitored to ensure that people's medicines were safe to be given to them.

Systems were in place to ensure staff used protective clothing to prevent the risk of cross infection. Staff understood their responsibilities in relation to this and regular checks were completed to ensure this was done safely and appropriately to protect people.

Incidents which took place in people's homes were fully documented and we saw that any action taken as a result was carried out to make sure people were safe. Some improvement was needed to ensure that incidents were monitored by the management at the service. For example, although falls were logged, there was no analysis carried out in relation to falls to minimise the risk of these happening again. We raised this with the registered manager who implemented a system to monitor all incidents which occurred at the service following our inspection.

Is the service effective?

Our findings

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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working in accordance with the MCA principles. We found that mental capacity assessments had not been carried out where this may have been necessary in order to ensure that decisions made about people's care and support were in their best interests and documented as required. We discussed this with the registered manager and management team who acknowledged there were some gaps in relation to how the service supported people who may have lacked capacity to make decisions about their care and support. Following our inspection we were told that these areas were being addressed, that training was being sourced and that capacity assessments would be completed where required in the future.

Staff we spoke with described obtaining people's consent when offering support to them, told us they offered people choices and respected their decisions.

Staff had received adequate training to support people safely and effectively. Staff we spoke with all felt that they received enough training to support people safely and told us that their training was regularly reviewed and updated. We did find some gaps in training in relation to the MCA. The registered manager undertook to address these gaps following our inspection.

Records confirmed that staff had completed a range of training related to health and safety, person centred care, moving and handling and training on different health conditions. The training was based around current legislation and best practice guidance. New staff completed an induction into the service and staff we spoke with told us that this was in-depth and that it had equipped them to carry out their role.

The staff team felt supported by the management at the service and described being able to raise any issues should they need to. One staff member said, "There's always support at the end of the phone." Another staff member told us, "I just ring up and someone would be there straight away." Staff had an annual appraisal, however we did find that staff did not have a structured, regular supervision. Supervision is one way to develop consistent staff practice and ensure training is targeted to each member of staff. This was addressed by the registered manager following our inspection who had arranged for these to take place. Staff performance was regularly assessed through spot checks carried out in people's home to ensure care and support was safe and effective.

People's needs were assessed prior to them using the service. Assessment processes were in line with current legislation and standards. This enabled the provider to be assured that they could meet the person's needs and had the staff with the right skills mix to provide the care and support. People's personal preferences, their social interests, cultural wishes, as well as physical and emotional needs were documented.

People were supported to have enough to eat and drink to stay healthy. Staff who provided meals for people understood the importance of a daily balanced and healthy diet. Any special dietary requirements and support required such as portion size, allergies or food intolerances were clearly documented within care plans.

People were supported to live healthier lives and were supported to maintain good health by attending regular health check and medical appointments. People's well-being was continuously monitored by the service and daily records we looked at confirmed this. Health checks and appointments were arranged and attended with support from staff at the service and changes in people's well-being was documented in daily records as well as staff responding to changes and concerns as and when needed. Management of the service held information about people's key contacts so that any referrals could be arranged in a timely manner.

Staff ensured that people's home environment was suitable and safe and any risks associated with this was documented in people's care records. Equipment and assistive technology was used to provide effective care to promote people's wellbeing and independence.

Is the service caring?

Our findings

People using the service described being cared for and supported by kind and compassionate staff who knew them well. One person told us the staff who cared for them were the, "epitome of kindness." Another person said, "The support worker yesterday stayed and watched the finish of the England match which was fun."

Staff were able to spend enough time with people and were not rushed in their work. Staff all felt that the service was run with the people they supported at the centre and told us that they were able to provide quality care which focussed on people's individual needs.

People had opportunities to express their views about how their care and support was delivered to them. An initial assessment with people meant that their personal preferences could be understood and planned for. People had regular reviews of their care package to ensure they were happy. We looked at the results of feedback people had provided to the service following an annual survey. The comments were positive and complimentary about the staff. One comment read, "Happy, confident in what they do, good, cheerful, lovely and caring; excellent staff, good company and hardworking." Another comment described, "Friendly, helpful and respectful" staff.

Staff described people who used the service affectionately and many of them knew the people they cared for well. The service worked hard to ensure people got a consistent care team. We were told that they did this to ensure people felt comfortable with the staff who came into their homes. One staff member described this process to us very positively and felt that it was a very unique part of the service which was designed to put people at their ease. This was a kind and caring approach to care delivery. One staff member said, "[Care co-ordinator] always introduces you to a new client so you don't go in blind, which is really good."

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices. They were able to describe people's needs, preferences and interests. Care plans included information about the person's wishes and preferences and their life history and included how they preferred to communicate. This helped staff to ensure they supported and respected people's individual needs.

People were treated with dignity and their privacy respected by staff who provided personal care. The language and descriptions used in people's care plans referred to them in a dignified and respectful manner. The feedback we received confirmed the information in the PIR and assured us that people's privacy and dignity was maintained at all times.

Is the service responsive?

Our findings

People could choose how they spent their time and the service considered people's individual needs and preferences in the planning and delivery of their care. People were encouraged to remain as independent as possible and this was evident in their care records. For example, we discussed one person using the service who enjoyed swimming but who had been able to do this due to their situation. The service was working towards taking this person swimming as part of their care calls as this was something they knew they enjoyed and benefitted from.

People had networks of friends, family and people they engaged with in the community and the service acknowledged these links and worked with people to maintain them. Some people undertook activities out in the community and people were able to spend their time in ways they enjoyed.

There was a person centred approach to people's care and support and how the service was run. People were supported to make decisions and express their views about their care. They could have access to an advocate if they felt they needed support to make decisions, or if they felt they were being discriminated against under the Equality Act, when making care and support choices.

People's needs were assessed before they used the service to ensure that the service could meet them. Staff created people's initial care plans which were updated as their needs changed. People and their families and friends provided information about their lives which helped staff to relate to them; staff talked to people about their interests and their families.

People expressed their likes, dislikes and preferences in their care and support plans. Staff told us this enabled them to provide care that met people's preferences. Care records acknowledged people's goals as well as their strengths.

Staff we spoke with all felt that people received care to meet their individual needs and to suit their preferences. One staff member told us they thought the service was, "Really good. It's definitely the best company I've worked for. There's always plenty of time." Another staff member told us about seeing the same people on each shift and said, "Same ones day in, day out. It's nice because they get to know you and they get to like you and gain your trust." The service worked to ensure people had a consistency in their care team so that they felt comfortable and at ease with the support being provided.

The service ensured people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We found that people were given information in ways they could easily understand.

People felt confident that they could make a complaint or raise any issues should they need to. The provider had procedures in place to record and respond to people's concerns. We looked at the record of complaints

at the service and found that these had been responded to appropriately and in line with the policy in place at the service.

The service was mindful of people's wishes at the end of their life and would plan for this where it was needed. This was done in a respectful and thoughtful manner.

Is the service well-led?

Our findings

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was strong and visible leadership at the service. The staff who co-ordinated the care and who had oversight of the service knew people well and understood each person's individual needs and personal preferences. These staff kept in regular contact with people who used the service, their relative and staff who supported people and there were systems in place to ensure that the care delivery was being monitored and assessed on an on-going basis. There was a robust system in place to ensure that people knew the staff that would be providing their care and support and to ensure that people had consistency in their care team.

Staff performance was monitored on an on-going basis to ensure that staff were competent and skilled in their roles. Staff told us they felt supported in their roles and felt that they could approach the management with any issues they may have. We saw that staff performance was regularly assessed to ensure that staff were happy in their roles and that they felt supported at the service. There was an open door policy in place which worked well for communication within the service. Staff training was monitored and updated as and when necessary and was designed to meet the needs of people using the service.

People who used the service were involved in how the service was run. People made choices wherever possible about how they wanted their care and support provided. The communication channels in place meant that changes and issues were constantly dealt with and appropriately addressed.

The registered manager monitored the service regularly to assess the quality of the care and support provided, for example they carried out audits of medicines, care records and staff performance. Care plans and risk assessments were regularly reviewed to check people were getting the care and support they needed to keep them safe.

People and their relatives and representatives were regularly asked for their views on how the service was being run and we saw that the responses were collated and used to consider how the service could be improved on.

We found that incidents were logged when these took place and that the appropriate authorities were notified as and when needed. However, improvement was needed in relation to monitoring incidents for any trends and pattern to minimise them happening in the future.

The service was displaying their CQC inspection rating which is required by law.