

Smallwood Consultancy Limited

Home Support Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 1 August 2017 and was announced. The provider was given 24 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be at the office. At our previous inspection on 24 February 2017 the provider was meeting all of the regulations we checked. But we saw that some improvements were needed. This was because the provider did not have effective management systems in recognising areas which required improvements.

We undertook this focused inspection to check that the provider had made improvements to their management systems. This report only covers our findings relating to well-led. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Support Services on our website at www.cqc.org.uk

Home Support Services is a domiciliary care agency providing personal care to older people and younger adults in their own homes across Derby and surrounding areas. This included people with physical disabilities and mental health. The agency is located close to Derby city centre. There were 76 people in receipt of personal care at the time of our inspection. At this inspection we found improvements had been made.

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.

Quality monitoring arrangements were in place to assess and monitor the quality of the service, so that actions could be put in place to drive improvement.

Recruitment procedures had improved since our last inspection. We saw that staff had had the required pre-employment checks in place prior to commencing employment with the provider. This ensured that suitable staff were employed to work with people who used the service.

Staff knew about people's individual capacity and understood how to ensure people consented to the support they received if they lacked capacity. The provider had rolled out some training around consent since the last inspection.

People were pleased with the service they received and told us that they were given the opportunity to provide feedback on the service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good ●

The service was well-led

The service had a registered manager, who was supported by the registered person and duty manager. The management systems were effective in recognising areas which required improvements and to monitor the quality of the service provided to people. People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff felt supported by the management team.

Home Support Services

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 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.

We undertook an unannounced focused inspection of Home Support Services on 1 August 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

This inspection was done to check that improvements had been made by the provider after our comprehensive inspection of 24 February 2017 had been made. We inspected the service against one of the five questions we ask about services. Is the well-led? This is because the service was required to make improvements in this area.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the agency's office, but spoke by telephone with people who used the service and relatives. The telephone interviews took place on 2 August 2017.

We spoke with six people who used the service and four people's relatives. We spoke with the registered manager, the registered person, duty manager, care co-ordinator and four care staff who supported people in their homes.

We reviewed two staff employment records and a sample of other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service well-led?

Our findings

At our previous inspection visit on 24 February 2017 we found that the provider's quality assurance systems had not picked up the issues we identified at that inspection visit. We found that all the required pre-employment checks were not in place, full employment histories were not available on the staff files we looked at. We also found that the complaints procedure was not up to date. Staff had limited knowledge on the Mental Capacity Act 2005 (MCA). This demonstrated that the management systems were not always effective in recognising areas which required improvements.

At this inspection visit found recruitment processes had improved. We looked at two staff recruitment files which showed the staff employed had been subject to the required pre-employment checks and all the required documentation was in place. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Proof of identification and full employment histories were also provided by the staff. Staff told us they were unable to start work until all the required checks had been completed. This demonstrated the provider checked staff's suitability to deliver personal care before they commenced employment.

At our previous inspection visit some care staff we spoke with did not have a clear understanding of how to ensure people consented to the support they received if they lacked capacity. At this inspection visit we saw records which confirmed all staff had undertaken internal training on the MCA. In addition to this we saw that six staff had completed MCA module one training with the local authority. This covered what capacity was and how it is affected and how to act in a person's best interest. We saw records which showed further staff had been registered for this training. Following the last inspection visit the provider had also introduced internal training on consent and assessing needs, which the duty manager confirmed would be rolled out to all staff by October 2017. Training records we looked at showed that some staff had received training in these areas.

Care staff we spoke with understood their responsibilities for supporting people to make their own decisions. They told us they obtained people's consent before they supported them. A member of care staff said, "I always ask for the person's permission before supporting them." This demonstrated that the provider was working within the principles of the MCA.

We also saw that the complaints procedure had been updated. It now contained details of the Local Government Ombudsman (LGO) where complainants could escalate their complaint if in an event they were dissatisfied with the outcome of their concerns, when investigated by the provider. The duty manager confirmed that the updated complaints information had been sent out to all the people receiving a service. People told us they knew who to contact if they needed to complain or if staff didn't turn up.

An out of hour's service was provided by the management team to support staff and people who used the service. Majority of the people told us that they had the contact details for the out of hour's service. One person said, "I have the out of hours number and you can usually get through to the person you want." A

relative said "I know both the day time and emergency numbers. Whenever I have needed to ring either number has been answered directly." However one person said, "I am not aware of the out of hour's number." Staff we spoke with told us they were able to access the out of hour's system, which provided out of hours support to deal with any emergencies or problems. A member of care staff stated, "Whenever I have had to use the out of hours services, the manager covering always get back to you if they don't answer the call straight. I recently contacted the out of hour's service due to concerns about a person. The manager agreed with the action and I rang the family who contacted the district nurses." Another member of care staff said, "The out of hours system is a lot better then it used to be. There is always someone at the other end of the phone."

At the last inspection visit some people told us that they did not receive feedback on the surveys they completed. At this inspection visit we saw that the results of the last surveys had been shared with people who used the service. We saw where improvements had been identified the provider had taken action. For example a person wanted the telephone number for the providers out of hour's service. This was included in the feedback sent to people. This showed what action the provider had taken to address areas of improvement.

People and relatives we spoke with told us they had been asked for their views and opinions on the service. One person said "I have filled in a couple of surveys over the time. There is a mixture of questions and I can write on it to say what I think." A relative stated, "We do get chance to give open feedback and any issues, I have spoken to them [Office staff] and they have been sorted out." This demonstrated that the provider had an open and person-centred culture.

Audits were undertaken on completed medication administration records which were returned to the office and were also checked whilst they were at people's home. Staff confirmed that any missing signatures or errors identified were reported to the office for the management team to address. The duty manager told us if any issues were identified they would take action to address the error, such as retraining staff. This ensured that any errors could be identified promptly to enable the provider to take the appropriate action. We also saw that communication books were returned to the office between seven days to a month depending on the size of the package of care a person received. These were checked by the deputy manager to ensure people received the care in accordance with their care plans and that they were signed and dated by staff.

Records showed spot checks were carried out by the duty manager or senior care staff to ensure staff were carrying out care correctly and adhering to the care plans. Staff we spoke with confirmed this. A care staff said, "We have spot checks regularly. For example, the manager will check that you are wearing the correct uniform and following the care plan." We saw a sample of recent spot check records, which raised no concerns. Audits of accidents and incidents were undertaken to enable the provider to identify any patterns or trends and take action where necessary. This showed that the provider had quality assurance system in place to drive continuous improvement of the service.

The service had a registered manager in post since 2011. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was supported by the registered person, duty manager and the care coordinator. People told us the service was well managed. A relative stated, "I feel it is a well-managed company. I have had others in the past and this one is better, as I can rely on these. They let me know if there are any concerns and they look after [person's name] well."

Staff understood their roles and responsibilities. They understood how to raise concerns or communicate

any changes in people's needs. For example, they told us if they had any concerns about persons' health and wellbeing, or if a person refused care they would share their concerns with the office staff and peoples family where they were involved. Care staff we spoke with felt supported by the management team and felt that the care staff worked well together. A member of care staff said, "The company have been absolutely brilliant I cannot fault them. The managers are always approachable."

People told us they would recommend the service to others. One person said "I would certainly recommend them; it's a very good company." Another person said, "I am very happy with this company I would definitely recommend them." A relative told us, "Overall I would recommend the agency. We have had issues but they have been dealt with well. They listen and care."

The provider understood their legal requirements for notifying us of all incidents of concern and safeguarding alerts. We saw that people's confidential records and staff personnel records were kept securely in the office. Information was well organised and accessible.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the office and on their website.

As a result of the improvements we have reviewed and revised the rating for this key question.