HomeCaringServices Limited

HOME CARING SERVICES

Inspection report

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Tel: 01977700942

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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

Summary of findings

Overall summary

This inspection took place on 23 March 2017 and was announced.

We previously inspected the service on 14 December 2015 and at that time we found the registered provider was meeting the regulations.

Home Caring Services is registered to provide personal care. Care and support is provided to people who live in their own homes within the locality of Pontefract. On the day of our inspection 40 people were receiving support with personal care.

The service had a registered manager. 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.

People we spoke with told us they were happy with the service provided and they felt safe with Home caring services. Staff had received safeguarding training and they were aware of their responsibility to report any concerns to their manager. The service had procedures in place for identifying and following up allegations of abuse, and staff demonstrated a good knowledge of the procedures to follow.

Care plans contained risk assessments which were relevant to people's individual needs and the environment and contained sufficient detail to provide direction for staff in how to reduce risks to people.

The registered provider had a robust system in place to vet potential employees. All staff who administered medicines were trained and assessed as competent. This meant people received their medicines from people who had the appropriate knowledge and skills.

Staff told us they felt supported. New employees were supported in their role completing a thorough induction and shadowing more experienced staff and there was a programme of on-going refresher training for existing staff. Staff told us they received supervision to ensure they had the skills and competence to meet people's needs.

Staff had received training in the Mental Capacity Act and understood people's rights to make decisions about their lives. People told us they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

People who used the service told us staff were caring and kind. People's privacy and dignity was respected and care plans reflected the need to encourage people to retain their independence. The service catered for people's diverse needs and people were matched to care staff to provide continuity of care.

People had care plans in place which noted the tasks they required support with, as well as detail about their choices and preferences. Staff told us these were reflective of people's needs and we saw these were updated regularly.

People who used the service told us the service was well-led and they were very happy with the care provided.

The registered provider had a system in place to monitor the performance of the service. Staff were monitored at regular intervals and audits were completed of people's daily records, care plans and staff files. The registered provider asked people who used the service and staff for feedback and this information was reviewed and fed back to staff.

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.

Risk assessments minimised risk whilst promoting people's independence.

Systems of staff recruitment were safe.

Staff were trained and competent in medicine administration.

Is the service effective?

Good

The service was effective.

Staff had received specialist training to enable them to provide support to people who used the service.

People told us staff supported their right to make choices and decisions.

People were supported to access external health professionals as the need arose.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

Staff spoke in a kind and caring manner about their job and the people they supported.

People were encouraged to make choices and retain their independence.

The service took account of people's preferences regarding the carers who supported them

Is the service responsive?

Good

The service was responsive.

Care was planned to meet people's individual needs and preferences.

People were involved in the development and the review of their support plans.

There was an effective complaints system in place.

Is the service well-led?

Good

The service was well led.

The registered manager was involved in the day to day running of the organisation.

There were systems in place to regularly seek feedback from people who used the service.

Staff performance was regularly monitored.

An effective system of auditing was in place to monitor and improve the service provided to people.

HOME CARING 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 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 23 March 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the registered manager would be available to meet with us. The inspection team consisted of one adult social care 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.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider and feedback from the local authority and health service commissioners.

At the time of the inspection a Provider Information Return (PIR) was available for this service. 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.

During our visit we reviewed four people's care records. We also looked at three records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the registered manager, the deputy manager and one member of care staff at the service and following the inspection we spoke with three members of care staff on the telephone. We spoke on the telephone with seven people using the service and one relative and received feedback from one community professional.

Good

Is the service safe?

Our findings

People we spoke with who used the service told us they felt safe with staff from Home caring services. One person said, "I feel very safe. They also help me into my wheel chair safely." Another said, "Oh yes I am safe. No issues on that part." and another said, "Oh yes I certainly do feel safe."

When we asked one relative if their family member was safe, they said, "Oh yes my relative is very, very safe."

Staff told us they had received training in safeguarding vulnerable people and we saw certificates to confirm this. Staff gave us a description of the different types of abuse they may come across in their work and they knew the procedure to follow to report any allegations or concerns. One staff member said, "If I was concerned I would write everything down and contact the office. If I needed to go above the manager the phone numbers for safeguarding and CQC are in people's files and in the office." The registered manager told us they had completed safeguarding training and they were able to tell us the process for making a safeguarding referral to the local authority. This showed the registered manager and staff were aware of their responsibilities to keep people safe from the risk of harm or abuse.

The registered manager showed us a sample of the documents which were provided to people when they began to use the service. We saw this included information regarding how to contact the local authority safeguarding team and the Care Quality Commission in the event they had any safeguarding concerns. We saw safeguarding incidents had been responded to appropriately and action had been taken to keep people who used the service safe. This demonstrated the service had procedures in place for identifying and following up allegations of abuse, and staff knew the procedures to follow.

We noted a whistle blowing policy was in place and was given to staff when they commenced employment with the service. The staff we spoke with were aware of this policy.

We asked the registered person what action they expected staff to take if they went to a scheduled call and the person did not answer their door. They said staff would ring the office to notify them, the office staff would then try to telephone the person and their family, if needed, while staff asked the person's neighbours if they had seen them. They said if they were unable to establish the whereabouts of the person they would notify the police. All the care staff we spoke with were aware of the procedure. This demonstrated staff were aware of their responsibilities in ensuring people were safe and what action should be taken in an emergency situation.

We looked at four people's care and support records. There were risk assessments in place in each of the files we looked at. These included areas such as moving and handling, choking, falls, medicines, use of bedrails and an environmental risk assessment which included access to people's homes and use of domestic equipment. At our last inspection we found risk assessment lacked the detail required to provide direction for staff with moving and handling. At this inspection we found improvements had been made and detailed instructions were in place to enable staff to deliver safe care; for example a photograph of the hoist controls for one person was present in the care records and also contained information about which loops

to use on the hoist sling. A hoist check list, care plan and risk assessment was also contained in people's files in the office and people told us all information was also in people's homes. This meant risk assessments and care plans contained clear directions for staff to ensure risks were managed well.

Risk assessments were reviewed at least annually and when people's needs changed. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

The registered provider kept a record of all accidents and incidents which were reported to them and staff knew the procedure to follow. This included a record of the action taken by the registered manager to reduce the risk of the incident re-occurring. A log of any issues, concerns or near misses raised was recorded in the office so action could be taken to prevent future incidents. For example where an issue was raised about a staff members skills using the hoist they were observed and assessed immediately to ensure safe care was being delivered and prevent incidents occurring.

The registered manager analysed incidents every month to look for any patterns or trends to ensure any necessary actions could be taken to reduce risks to people. This showed that learning from incidents took place and we saw appropriate changes were implemented.

We looked at the recruitment records for three members of staff and saw the registered provider had undertaken appropriate checks before staff began working for them. This included completing an application form, conducting an interview, taking up written references from previous employers and completing checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We asked people who used the service if staff arrived on time. Each person we spoke with told us they had never had a missed call and staff arrived on time. One person said, "No issues with lateness. They complete all the tasks I need." Another said, "Yes no issues at all. I cannot complain at all." and another said, "My care worker is always on time." A relative said, "They are always on time. They are very, very good." Staff said they always tried to telephone the person to let them know if they were going to be delayed and people we spoke with confirmed this.

One person told us, "If the company have problems for cover. The directors come themselves to cover." Contingency plans were in place in the event of staff sickness and managers were on call at all times that care was being delivered. This showed the service had contingency plans in place to enable it to respond to unexpected changes in staff availability and meant the service to people using it could always be maintained.

People told us they received care and support from regular staff. One said, "My care worker is one I have had for a long time." Another said, "I have my regular care worker who is brilliant." A further person said, "Most of the time it's the same care worker." One relative said, "It means a lot to me and my relative. We have the same care worker. We have built up a great relationship." This meant most of the time people were supported and cared for by staff who knew them well.

As part of our inspection we also reviewed how people's medicines were managed and administered. At our last inspection we found medicines administration was not always recorded where necessary, for example where staff administered eye drops or applied creams to people. The prescriber's instructions were not always recorded and signed as administered by two staff members. At this inspection we found medicines administration was recorded appropriately and there was evidence the information recorded had been checked by a second suitably trained member of staff.

Administration Records (MAR) were in place in the care records we sampled where people required assistance with the administration of their medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

On the MARs we saw all the medicines had been signed for after each administration and there were no gaps. Where topical medicines were prescribed the care plan recorded where staff were to apply this.

Staff we spoke with all told us they completed training in medicines administration and they had been supervised to ensure they were confident to perform the task. The registered manager also said that staff were not allowed to support people with their medicines until they had completed training and had their competency assessed. We saw evidence in each of the three staff files that staff had completed medicines training and their competency had been assessed regularly. This meant people received their medicines from people who had the appropriate knowledge and skills.

We asked two staff what action they would take in the event they made an error with someone's medicine. They were both able to tell us where they would seek advice to ensure the person was safe and they said they would then report the matter to the registered manager.

At our last inspection medicines audits had not highlighted the deficiencies we found during our inspection. At this inspection we found improvements had been made and a thorough system of medicines audit had been implemented by the registered manager. The registered manager showed us they audited all MAR charts when they were returned to the office to ensure the MAR had been completed correctly and there were no indications an error had occurred. We saw any concerns that arose were addressed with staff and improvements continued to made.

Good

Is the service effective?

Our findings

People we spoke with told us staff were able to support them well. One person said, "Yes they are trained." Another said, "My regular care worker is an expert." And a further person said, "Yes they are certainly trained. I know who is coming, very skilled indeed." One person said, "Yes the regular carers are skilled, the young ones need a little time."

We looked at how new staff were supported in their role. Induction training included tests in areas such as safeguarding, health and safety and moving and handling policy and all the staff we spoke with were familiar with the policy. Induction training booklets followed the same key modules as the Care Certificate and progressed to further training in death and bereavement, falls awareness, stroke awareness and dysphasia. The aim of the Care Certificate is to provide evidence that health and social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Staff were introduced to the people they were supporting and worked alongside other staff to get to know people's individual needs. Staff told us they shadowed more experienced staff for three or four shifts or longer if required. This demonstrated that new employees were supported in their role.

Staff received on-going refresher training in a variety of topics. This included health and safety, moving and handling, basic life support, privacy and dignity and fluids and nutrition. Staff received practical training in the use of equipment such as safe use of hoists. Moving and handling and medicines competence were assessed annually.

We saw staff also received specialist training in specific health needs where this was needed, such as training from the district nurse in administering oxygen to people or use of a percutaneous endoscopic gastrostomy (PEG) feed. This is a tube used to introduce food and fluids directly into the stomach. This meant staff had the appropriate knowledge and skills to perform their job roles effectively.

Supervision was provided for staff along with spot checks on staff's performance. We saw evidence in each of the files we reviewed, of written supervision and staff told us they could speak to a manager at any time for advice and support. This showed staff were receiving regular management support and supervision to monitor their performance and development needs.

All the staff we spoke with said they felt supported in their role and could raise concerns with the registered manager. One staff member said, "They are very approachable." Staff told us and we saw from records positive feedback was received and shared with staff. This evidenced staff were given positive feedback and helped to ensure they felt valued in their work.

People told us they had been consulted about the care provided for them and staff asked permission before delivering care. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had a policy in place and the staff we spoke with had a good understanding of the principles to follow.

One staff member said, "I always give people choices. I did a list of choices for (person) to help them decide what they wanted when we went shopping. You explain the pros and cons of choices. If someone is at risk at home due to lacking capacity you have to do what's best for them. That would usually involve a social worker and the person's family. If they have no family I would talk to the office."

The registered manager told us most of the people they supported had capacity to make their own decisions. Where a person lacked capacity appropriate mental capacity information and evidence of best interest discussions were present in the care records we sampled. We saw records were kept where a person's relative had legal authority to make some decisions on a person's behalf, so the registered manager could be assured they were gaining consent from the relevant person.

We saw in the care files we sampled consent had been recorded in relation to sharing information and consent to care plans and risk assessments. This meant the service had ensured all the correct processes were followed to protect the rights of the people they supported.

People were supported with their choices if support with meals was required. The registered manager told us if people were assessed as requiring support with preparing food or drinks, staff would prepare a meal of the person's choice. Care plans recorded where people needed support with eating and drinking and details of their preferences and requirements, for example, " Jam and toast, crusts cut off, cut in small pieces." Where this was part of a person's care needs we saw records to show food and fluid intake was monitored.

Each of the care plans we looked at recorded the contact details for the person's GP and other relevant health professionals. We asked the registered manager what support staff offered to people who may require medical advice. They said staff supported people to contact health professionals if this was part of their care plan. They explained that if staff thought someone's health needs had changed they would prompt them to call the doctor or would contact the person's family and pass on their concerns to them if appropriate. We saw from records, concerns about a person's health had been passed on to the relevant health professional or family member when people were not able to do this for themselves. This showed people using the service received additional support when required for meeting their care and treatment needs.

Good

Is the service caring?

Our findings

People we spoke with told us staff were very caring and they had a good relationship with the staff who supported them. One person said, "I'm very pleased with my care workers." Another said, "My care worker is brilliant. I have had her coming for a while." Another said, "Always positive. Always giving me positive vibes, positive attitude. They show they are interested in my care. It means a lot to me." And a further person said, "They are so kind. So helpful."

Staff told us they enjoyed working with people who used the service. One staff member said, "I love it. Knowing you are helping other people in their lives." Another said, "I like what I do. When I feel I have done something for someone to make him or her live a quality life I feel great. I am happy." And a further staff member said, "I love it. I like helping people." All the staff we spoke with said they would happily use the service for a member of their family.

The registered manager, deputy manager and staff spoke about the people they supported in a caring and professional manner. They expressed knowledge of people's needs and demonstrated an understanding of the need to treat people as individuals.

People told us they were usually supported by a regular team of staff. The registered manager told us when they accepted a new client they always introduced the staff member who would be their main care worker. Staff told us they supported a regular small group of people or sometimes one individual and people told us this was the case. This demonstrated people were usually supported by staff who knew them well.

We saw care files and profiles contained detailed information about the tastes and preferences of people who used the service, including a short personal history. This gave staff a rounded picture of the person and their life before using the service.

People told us they made decisions about their care and were involved in planning their own support. We saw from care records this was the case. In each of the care plans we looked at we saw a care plan was signed by the relevant person. This showed the registered manager had consulted with people who used the service about the care and support provided for them.

Staff we spoke with told us they showed people who had communication impairments a choice of clothes or food to enable them to communicate their preference. One staff member told us how they used hand gestures and facial expression and sang to one person who was no longer able to speak, but was able to sing and enjoyed music. This meant staff supported people with their diverse communication needs to enable them to make choices.

People's diverse needs were respected and people who used the service chose or were matched with care staff who could meet those needs. Each of the care records noted if people had a preference for the gender of the care worker who supported them. This demonstrated the service respected people's individual preferences.

We asked people if staff maintained their privacy and dignity; they told us they did. One staff member said, "I make sure I shut the door and the curtains so no one is looking." Another said, "Always knock on the door. If you are doing personal care cover them with a towel." We saw privacy and dignity was also a module in the training package which staff completed. This demonstrated privacy and dignity was an important part of the service provided to people.

People told us they were supported to remain as independent as possible in their daily lives and we saw from records they were encouraged to do what they could for themselves. For example, we saw one record stated: "(person) remains very independent and wants to maintain as much of their bedtime routine as possible." One staff member said, "I let them do things themselves and offer help if they are struggling." Another said, "Generally I coax people into doing things they can do for themselves." Competence check records also observed that carers encouraged people to be as independent as possible.

Staff were aware of how to access advocacy services for people if the need arose and we saw from care records people could record their end of life wishes if they wanted to do so.

Good

Is the service responsive?

Our findings

Through speaking to staff and people using the service we felt confident people's views were taken into account and they were involved in planning their care. People told us they had a care plan in their homes and it was an accurate reflection of their needs.

One staff member said, "Everything we need to know is in the care plans in people s homes." Staff told us there were care plans in people's homes and any changes in people's needs or concerns were written down by staff and passed on to the office. This meant up to date documents were available to provide direction to staff.

We reviewed four people's care records. Each care plan recorded the individual's name, address, family, GP contact details and a summary of any medical issues, as well as a care summary. Care plans contained detailed person centred information in areas such as nutrition, sleep, medication, mobility, personal care, mental status and cognitive abilities, expression, behaviour and emotional and social needs. Care plans also included personal information, such as the name the person liked to be known as and details of people's preferences for example, "(person) takes their tea quite strong, with little milk and no sugar." These details helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.

The service completed reviews with people using the service every three months or more frequently when peoples needs changed. We saw that all the care plans we sampled had been reviewed regularly and were signed and up to date. These reviews help to monitor whether care records were up to date and reflected people's current needs so any necessary changes could be identified at an early stage.

We saw a detailed daily log was completed by staff following each visit. This recorded the date and times of the support and a record of the care and support provided, as well as the person's mood, well-being and choices given.

One person said, "I am very happy, 100 % happy. They cheer me up." And another said, "I have a good talk with the care worker." This demonstrated staff supported people with their social and emotional needs.

People told us they would feel comfortable raising issues and concerns with any of the staff or the managers and they knew how to complain. One person said, "I have no concerns and no complaints." Another said, "The office staff are very good." And a further person said, "I have the director's personal number. Any issues I can contact them direct."

A relative said, "We have all the telephone numbers. No reason to contact them at all."

A community professional said, "They are a care provider who responds well and quickly when there is a query or concern and investigate."

The service had a complaints procedure which was included in each person's contract agreement when they started using the service and people we spoke with and staff were aware of this and the procedure to follow. We saw where complaints were raised these were recorded and dealt with appropriately and any learning had been implemented to improve the service to people. Complaints and concerns were logged and analysed for any trends each month, for example if complaints were related to a particular member of staff the concerns had been formally addressed with them and action taken to improve the service. This demonstrated people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Compliments were also available for staff to read.

Good

Is the service well-led?

Our findings

People we spoke with told us the service was well led. One person said, "Directors are brilliant- they have given all their personal numbers." And, "Yes, I would recommend this company." Another person said, "I am quite happy with the company. The office staff are very good." And a further person said, "They are more than helpful to me. They bend over backwards to ensure I have full cover. I am so pleased that I have chosen this company."

One community professional said, "They work well with other professionals and services even after they have been criticised and focus on putting the client first. Families have contacted me and expressed their appreciation for their carers."

The registered manager was one of the directors of the service and was involved with the service on a daily basis and they were knowledgeable about people's individual needs.

Staff told us they felt supported by the service and the management team were supportive and helpful. One staff member said, "Yes. It's a good company to work for." And another said, "Any concerns they do act on it straight away." A further staff member said, "The managers are approachable, easy to talk to people. Down to earth. If I had an issue I wouldn't think twice about voicing issues. They are quite approachable."

The deputy manager said their personal aim for people using the service was, "For people to look forward to their carers visiting, to maintain their independence, to be comfortable, happy and safe."

The registered manager met with other providers and attended local network meetings, which enabled local issues to be discussed and best practice to be shared. The service was also signed up to CQC, NHS England and local authority practice updates.

The registered manager told us the organisation subscribed to a company who provided them with all relevant policies. They explained if changes in legislation were made they received an amendment to the policy to ensure the policy was current. They also told us they had enlisted the support of an external human resources company to advise on any employment related issues. This showed the registered provider accessed external support where required to support them in meeting their legal requirements.

We looked at the systems in place to assess and monitor the quality and safety of the service provided. At our last inspection we found care records were not routinely audited to ensure they were accurate and up to date. At this inspection we found improvements had been made and the registered manager had implemented comprehensive system of audits which evidenced the action taken to improve the service to people.

We saw they completed frequent audits of people's care plans, MARs and daily records. If any issues were identified, they were followed up. The registered manager analysed feedback and audit results to look for patterns and these were fed back to staff at meetings and monitored to improve the service. Staff files were

also audited regularly. These systems demonstrated the service had effective quality assurance and governance processes in place to drive continuous improvement.

The registered manager and deputy manager completed regular, recorded competence checks on staff, as well as regular reviews with people using the service and relatives to gain feedback about the service provided. During spot checks staff were asked for their opinion on their performance and if they felt happy and supported in their work. This meant the registered manager was seeking and acting on feedback from staff.

Feedback from people who used the service was also gained through regular questionnaires. We saw actions had been taken where any preferences were expressed on the feedback questionnaire to ensure quality was maintained, for example; one person wished to change one of their carers and the registered manager followed this up straight away. This showed the registered manager was seeking and acting on feedback from people who used the service. The last client questionnaire was completed in October 2016 and 15 people returned this and all the responses were very positive.

Meetings with care staff were held every three months on two different days each time to enable all staff to attend the meetings and minutes were sent out to staff who may have missed the meetings. Emails and memos were also sent to staff with updates on policy or information they may find useful. Staff meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. During our inspection we found all notifications had been submitted as required.

The previous inspection ratings were displayed. This showed the registered provider was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.