

Health and Social Care Services Ltd

Health and Social Care Centre

Inspection report

3700 Parkway, The Solent Centre
Solent Business Park, Whiteley
Fareham
PO15 7AW

Tel: 03300020773
Website: www.hascs.co.uk

Date of inspection visit:
22 November 2021
25 November 2021

Date of publication:
29 December 2021

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

About the service

Health and Social Care Centre are a domiciliary care service providing personal and nursing care to people living in their own houses or flats. The service supported 47 people aged 18 months to 65 and over at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Recruitment procedures were sufficient to ensure suitable staff were employed. Some people told us there were some gaps in staffing levels. Staffing levels had been addressed and ongoing recruitment underway.

People told us they felt safe when receiving care, some people were supported to meet their nutritional and hydration needs by staff who were following advice given by dietitians. Medicines were safely managed, and staff contacted healthcare professionals when required. Infection control measures were in place and staff told us they had sufficient personal protective equipment to protect themselves and people from infection.

Staff were caring and spoke very fondly of the people they supported. They knew people well and spoke respectfully about them. People and their relatives were listened to and their choices were respected. Where people did not use words to communicate, care records included information about how they expressed their needs, choices and preferences.

People told us they had been involved in care planning, care plans reflected people's individual needs and choices. People's risk assessments and risks relating to their home environment were detailed and helped reduce risks to people while maintaining their independence. Staff were responsive to people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had regular contact from the registered manager, clinical nurse managers who undertook some care calls and completed assessments and initial visits for new people. People and staff were confident the registered manager would listen to them and take any necessary action should the need arise.

The provider had good oversight of the service. Systems of daily, weekly and monthly meetings and quality assurance checks and audits were in place.

A second registered manager was recruited to the service this was to enable a registered manager to work in the community and the other in the office when needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

This service was registered with us on 11 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Health and Social Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of 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.

Service and service type

This service is a domiciliary care agency. It provides personal care and nursing care to people living in their own houses and flats.

The service has two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection one of the registered managers were on leave.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or one of the registered managers would be in the office to support the inspection.

Inspection activity started on 19 November 2021 and ended on 26 November 2021. We visited the office location on 22 November 2021 and 25 November 2021.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff and the provider, registered manager, finance director, clinical nurse managers and business support officer.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received further information from eight staff we contacted via email.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and the staff looked after them well. Comments we received included, "I absolutely feel very safe with them [staff]," and "Yes I do feel safe, very much so."
- Staff received safeguarding training and knew how to recognise abuse and protect people. Staff told us they would report any concerns to the clinical nurse manager or registered manager.
- The provider had appropriate policies and procedures in place to protect people from abuse, the registered manager was clear about their safeguarding responsibilities, there were processes in place for investigating any safeguarding incidents if they occurred and reporting these to care quality commission (CQC) and the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded clearly in their care plans, and updated when people's needs changed.
- People and their relatives told us they felt staff provided safe care and understood risks. One relative told us, "Staff know what they're doing and recognise any risks and if (person's) condition changes staff let me know."
- People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, the condition of property and security.
- Business continuity plans were in place to ensure that people were prioritised in terms of risk during crisis situations.

Staffing and recruitment

- A relative told us, "some care packages did have staffing gaps, I know they struggle to get staff sometimes, but there seem to be enough staff now."
- We spoke with the registered manager about staff shortages and she told us they had recruited 47 staff in the last few months from abroad and there was an ongoing recruitment drive to fill gaps in staffing levels.
- Staff from abroad had completed English tests during the recruitment process and all recruitment checks were completed. Staff had received COVID-19 vaccinations prior to travelling to England.
- Safe recruitment practices were followed before new staff were employed to work with people. The provider had a recruitment process in place to help ensure staff they recruited were suitable to work with the people they supported. All of the appropriate pre-employment checks were completed for all staff. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable

people from working with vulnerable people.

- The registered manager and provider told us they would only increase the amount of people they provided support to, if they had sufficient staff available to ensure they would be able to meet people's needs. This demonstrated people's safety was prioritised when accepting new referrals.
- A health care commissioner told us, "Health and Social Care provide complex registered nurse led domiciliary care on our behalf and we have no issues with their performance or responsiveness, we continue to call upon their services and regard them as a valued care provider."
- A health care professional told us, "Health and Social Care provide complex care packages for us, both nurses and trained carers. Their nurse managers are approachable and visible and often go above and beyond what other agencies would do, they are knowledgeable and extremely experienced in what they do."

Using medicines safely

- Trained and competent staff administered people's prescribed medicines safely. Guidance was provided to staff for medicines which had to be administered at a specific time. This also included clear guidelines where relatives supported people and staff were not present.
- Staff were kept up to date with guidance for administering medicines in the community. This included topical skin creams and medicines to be used in an emergency. One person told us their medicines were administered by a qualified nurse, and they completed a weekly check of their stock of medicines.
- People were supported as much as possible to take their medicines independently. One staff member told us, "I get medicines out and then [person] takes them. I then record this on the person's medicines administration record chart." Medicine records we viewed had been completed and were up to date.

Preventing and controlling infection

- The provider's policies and procedures for minimising the risk of infections helped ensure people were kept safe, including staff participating in the regular COVID-19 testing programme.
- Staff were trained how to prevent infections and how to correctly wear and use personal protective equipment (PPE). One person said, "staff always wear their masks, gloves and aprons. They put any used PPE in the bin outside or take it away with them."
- All staff had received their COVID-19 vaccinations even though it was not a requirement at this time in community services.
- Staff ensured they maintained good standards of hygiene including regular hand washing.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had systems in place to identify when incidents occurred and took action to prevent recurrences. When incidents occurred, actions were taken. For example, contacting a health professional or 111 service and acting on advice given. This meant staff saw value in reporting any issues.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service started supporting them. The assessment considered all aspects of people's needs and the information was used to develop people's care plans and risk assessments. Assessments demonstrated people's protected characteristics under the Equality Act had been considered.
- People's care plans contained details of their background, medical conditions, and information about choices and preferences and were updated if people's needs changed. Information had been sought from relatives and other professionals involved in their care. This meant that staff understood people well and supported them in line with their wishes.
- The registered manager told us they were proactive in contacting health and social care professionals if people's health deteriorated, so a re-assessment of their needs could be completed.

Staff support: induction, training, skills and experience

- A person said, "I need to use ceiling hoists, wheelchairs and suction machines, the carers know how to use them all." Another person said, "I use medical equipment and when new staff start, they are always shadowed by an experienced member of staff."
- Staff told us they received supervision with clinical nurse managers and the registered manager. We saw from an audit carried out in April 2021 some staff had not received supervision or it was overdue. We spoke with the registered manager who assured us this was identified after a full audit and an action plan was put in place to address this, the audit for October 2021 showed improvements had been made and all staff had received supervision.
- Staff received a range of training based on people's assessed needs and were supported to develop further skills. These included the completion of respiratory and ventilation training we observed this training during the inspection.
- Staff told us the registered manager provided meaningful supervision. This could be when providing care and support or through reflective practice. One staff member told us, "I was helped to understand my training. The support has been good. If I ask for additional help, I get it from my clinical nurse manager."

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans clearly detailed their eating and drinking needs and when people had specialised dietary requirements or preferences this was highlighted for staff to follow. One person said, "Staff support me well, they give me choices of what I want to eat and drink."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- People were supported to have access to a range of healthcare professionals to help ensure they remained healthy.
- Staff had a good understanding of the people they were caring for and how to manage any health-related concerns.
- The service had worked alongside other health professionals to meet people's needs, such as occupational therapists and district nurses, physiotherapists and dieticians.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was a record of consent within people's care plan in relation to care, records and sharing of information. One person's records did not show the person had given consent to care. We spoke to the registered manager who told us this was a technical problem as the computer system had been updated and the signature had not transferred. The registered manager told us they had reported this to the computer company who were working to resolve the issue. The registered manager assured us the person had given signed consent to care.
- People's relatives told us that staff worked within the principles of the MCA by always seeking consent from the person they were supporting. One relative told us "Everything they do they tell them [their family member] and say what they're doing at every step of the way." Another person said, "The carers always ask when undressing me and are so careful to keep my body covered during washing".
- Staff were confident in the application of the MCA and its five key principles. One staff member said, "I give people a choice of a few items. I use knowledge I have about them to encourage people by explaining the options." This meant people made choices with the right amount of support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this registered service. This key question has been rated good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us, "Staff were kind and compassionate, thoughtful. Good listeners and when I call them, they know what to do." Another said, "They certainly are kind, respectful and compassionate, when they visit. I do not have any complaints."
- People said they appreciated having consistent care staff and this increased their confidence that staff were trustworthy, provided dignified care and treated them with respect.
- Staff, relatives and people told us that the provider made efforts to match staff's personalities, culture and language skills with people receiving care.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives confirmed they had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out.
- The registered manager told us they involved people in allocating staff to their care package, this was known as the meet and greet session where staff attended people's homes to enable people and staff to talk before staff were allocated to them. This meant people were in control of which staff supported them with their care.
- As well as satisfaction surveys and regular reviews of care, office staff were calling people to discuss any concerns people had.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected and promoted people's privacy and dignity. One relative said, "My privacy and (person) are considered. If I have people visiting, they shut the door they cover (person) up. They adore (person), treat (person) like their own."
- A person told us when they receive visitors at home the staff ensure they have a call bell and leave the room to give them time in private with their visitor, but were always ready to respond to their call to assist if required.
- Care plans recorded the support people required to enable staff to meet people's needs. Staff encouraged people to be independent whenever possible. One person said, "They treat me with dignity and when it comes to personal care staff cover me with a towel, I can wash some of myself and they let me. They do not rush me they give me time to do it myself."
- People's information was stored securely and used appropriately in line with the provider's confidentiality policy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. Care plans were person-centred and considered people's preferences, likes and dislikes.
- People were supported to achieve the goals that were important to them. For example, one person was supported by staff to attend a night club.
- People and their relatives were involved in the development and ongoing review of their care. Care plans were reviewed regularly and when their needs changed.
- Staff were kept informed about changes in people's care and support needs by the electronic care system. This helped staff to stay up to date with information about people's needs as well as ensuring that important information was not missed by using alerts, these are reminders to staff about key tasks they need to perform such as medicines.
- People were cared for by a small, consistent team of staff. This promoted continuity of care and ensured as far as possible they had support from staff who knew and understood their needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding about each person's communication needs and how best to support people to be heard, listened to and cared for in a person-centred way. One staff member told us how they either wrote things down to communicate or knew what the person's body language or emotions were telling them.
- The care records provided detailed information about what people's communication requirements were and any additional equipment such as hearing aids and eye gaze systems, this is a communication system used by some people who are unable to communicate verbally.

Improving care quality in response to complaints or concerns

- People and their relatives mostly knew how to contact the office to raise any concerns if they needed to. They were provided with information as to how to complain within the information pack provided to all people receiving a service. We spoke to the registered manager who assured us that all care records had complaints information in them.
- The provider had a policy and systems in place to review any concern or complaint. The service had received complaints and records showed appropriate action had been taken.

End of life care and support

- Care plans showed there had been discussions with people about their preferences for life saving treatment in the event of a medical emergency.
- Staff received training about end of life care, and they stated they would liaise closely with healthcare professionals to ensure people remained comfortable.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were happy with the service they received from Health and Social Care Centre and gave positive feedback about staff members. One person said, "My carers mean a lot to me. I respect the carers and they respect my wishes," another person said, "I have five carers and two are English, I have a multinational team, they are well mannered and I get something from them hearing about their lives."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to CQC as required by law, and to the local authority. They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action. CQC were notified of significant events.
- The provider had a duty of candour policy, there were processes in place to ensure if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The registered managers undertook a full range of audits and checks on the service including supervision, training, employment and recruitment. There were some gaps in these areas identified during previous audits. The registered manager had developed action plans to address these areas and at the time of this inspection all actions had been completed.
- There was a programme of audits carried out in the service, weekly, monthly and quarterly to ensure standards were maintained. The registered manager said, "I just love what we do and want the company to be the best I can make it."
- There was a clear action plan in place to address findings in audits and from feedback and this evidenced continuous improvement.
- Areas monitored included medicines administration, daily care notes and incidents. The provider analysed these for trends, such as the time of incidents. The registered manager implemented actions, so medicines were administered on time. This meant people experienced a positive outcome.
- People told us that the systems in place helped ensure that their quality of care remained high and met their needs.

Working in partnership with others

- The registered manager worked with a wide range of stakeholders involved in people's care. These commissioners and health professionals were complimentary about the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was mostly positive.
- Surveys were also sent to staff to obtain their feedback, these were reviewed by the registered manager and action plans put in place to address any issues.
- The provider had a comprehensive policy on equality and human rights. We saw evidence within people's care records this policy was followed. People were treated with respect and as individuals.