

House of Care Services Ltd







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Inspection report

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Date of inspection visit: 30 September 2015
Date of publication: 23/12/2015

Ratings

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

Overall summary

This inspection was announced and took place on 30 September 2015. We gave the provider 48 hours' notice of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

House of Care Services Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection 15 people received care and support services.

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

Summary of findings

People we spoke with told us that they felt safe when staff entered their home and that staff knew how to support them. Staff were able to tell us of the needs of the people they provided care for and their roles and responsibilities in keeping people safe.

There were sufficient numbers of suitably qualified staff, who had a good understanding of protecting people from the risk of abuse and harm and their responsibilities to report suspected abuse. Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

People told us they received reliable care from a regular team of trained staff who understood their likes, dislikes and preferences for care and support and that they were kept informed of any changes.

Staff supported people to make their own choices and decisions about their care and support. We found people were actively involved in how their care was planned and their needs met. Staff supported people to access health care services such as their GP.

People spoke positively about both support they received and the staff that provided it. People told us they were treated with dignity and respect and staff demonstrated their understanding of people's right to refuse care.

The provider encouraged people to share their opinions about the quality of the service through monthly telephone conversations and an annual satisfaction questionnaire.

The provider monitored the quality of care provided and supported staff. They encouraged an open office where staff could 'pop in at any time' and staff confirmed that they could 'always rely on support from the office'.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe with the care staff that supported them, and care staff knew how to keep people safe in their own home.

People received care from regular carers and were happy with how staff supported them with their medicines.

Good



Is the service effective?

The service was effective.

People were supported by staff who were well trained and supported.

People were supported to access healthcare services when required by staff who knew their healthcare needs.

Good



Is the service caring?

The service was caring.

People were involved in the planning of their care.

Staff provided care that took account of people's individual preferences and were respectful of their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Staff had a good understanding of people's individual support needs and preferences.

People knew who to speak to if they had concerns and told us they felt listened to.

Good



Is the service well-led?

The service was well led.

People who used the service and staff all spoke positively about the service.

The provider monitored the quality of care provided and made sure people were happy with the service they received.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 September 2015 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in. The inspection team consisted of one inspector.

As part of the inspection we asked the local authority if they had any information to share with us about the service. The local authority is responsible for monitoring the quality and for funding some of the people receiving care support.

We spoke with four people who used the service and three relatives by telephone. We also spoke with four members of staff and the registered manager. We looked at the care records of three people to see how their care was planned. We also looked at three staff recruitment files, staff rotas, medication records, a number of policies and procedures, communication records, complaints and compliments, accident and incident recordings and the minutes of staff meetings.

Is the service safe?

Our findings

People who used the service told us that they felt safe in their homes whenever staff visited. One person told us, “I sit by the window so I see the staff arrive but they still call out to me when they come in the front door and ask if I am okay before they enter the room.” Another person told us, “They always ask if there is anything else I need and make sure everything is to hand before they leave.”

People we spoke with felt that staff knew how to keep them safe and meet their needs. Staff also told us how they kept people safe by knowing the people they care for and using their care plans. Staff told us how they kept up to date with communication records on each individual and this ensured they were aware of any changes.

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. They were clear about the steps they would take if they had any concerns. Staff told us they were confident to report any concerns with people's safety or welfare to the registered manager. A member of staff told us, “I have a duty of care, if I had concerns I would raise them straight away and I know what action would be taken.”

Staff spoken with were able to tell us the risks to different people and how they supported them. For example, some people received care from two staff to support their mobility, staff told us they always ensured two staff worked together and they followed their training and the risk assessments in people's care plans, which one member of staff described as, “Comprehensive”.

People told us that they usually had the same staff provide their care. One person said, “If they are late they do let me know.” People said on occasion different staff did visit for example when covering staff holidays or sickness, one person said, “It's not a problem because I know the other carers too.”

We checked the recruitment records of three staff and saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Staff we spoke to told us all the necessary checks had been put in place prior to them commencing in post.

Both the people we spoke with and staff told us that there were sufficient numbers of staff available to meet the needs of the people they provided a service to. They told us that in the when staff were off work, other staff supported one another to cover calls, one staff member said, “it's a small team, so it's not too pressured.” The provider used a planning system to ensure staff cover and staff were given a rota of their care calls a week in advance to enable the provider to take account of any requested changes. The system also alerted office staff if a call had not been made enabling them to take action and arrange cover.

People spoken with confirmed they received help to take their medicines as prescribed. One relative told us, “They've sorted all the medicine and it all works fine. I've got no worries.” We saw records that staff had received training in supporting people to take their medication.

Staff were able to tell us what they would do if someone refused their medication, one member of staff told us, “I would always try again and explain why they needed the medicine, but if they still refused I would contact the office to get advice about what further action to take, like contacting the GP.”

Is the service effective?

Our findings

People told us that they felt they were supported by staff who knew how to look after them. One person told us, “They (staff) are well trained”. Another person told us, “They know me well” and “They know what I like, I wouldn’t want to change anything.”

Staff spoken with told us that training helped them to do their job and that they felt high levels of training was one of the services strengths. All four staff confirmed that access to training was good and each of them was able to give an example of how training had impacted on the care they provided. For example, one member of staff explained how medication training had improved their handling and disposal of medicines and their support to people. Staff told us that additional training was available to support their practice when caring for particular individuals, for example, dementia training.

Staff described to us their induction and told us they considered it to be “very good”. They told us that part of their induction involved being taken to meet people in their homes before providing care. One member of staff said, “I shadowed calls where I was introduced to people, this allowed people to get to know me and vice versa.”

People’s consent to care and treatment was sought and recorded. Where people needed support with their decision making the provider told us of the actions taken, for example speaking to the people who knew them well.

People signed their agreement to care plans and told us that they felt listened to and supported. One person told us, “Staff are good, they follow my instructions.” Staff told us how they respected people’s right to refuse care and the actions they would take for example, checking back with the person or reporting to the office so they were aware.

Where the provider visited a person’s home to carry out a spot check of the care provided and to get the person’s feedback on care provide, records showed that the person’s consent was sought before the visit went ahead.

Not all people spoken with had their meals prepared for them by their care worker. We spoke with one relative of a person who has support with their meal preparation. They told us, “Staff are very good and offer a choice, (relative’s name) would soon tell them if they didn’t like the food or if it wasn’t good enough”. One staff member told how, when one person became unwell, they encouraged them to eat and ensured they left food to hand, in case they, “Fancied something fresh later in the day.”

People told us that if they were unwell then staff would ring their GP for them. In the care records we looked at, we saw occasions when staff contacted the person’s GP on their behalf. We found that information was reported to staff in the office, who then ensured contact with the GP was made. We also saw that staff had contacted the district nurses where necessary and occupational therapists, when liaising with them regarding equipment.

Is the service caring?

Our findings

People spoke positively about both support they received and the staff that provided it. One person told us they provided “Marvellous care”, whilst another told us, “They are very reliable and very kind.”

People told us that they were supported by staff who knew how to provide their care in the way they wanted it. One person told us how they had a good relationship with the staff, they said, “We have a talk and joke, which is what I like.”

People told us they preferred receiving care from the same staff although they understood this was not always possible with annual leave and sickness. One person told us that staff were, “Very reliable” and this reassured them. Other people we spoke with said they knew which staff were due to arrive and they had regular staff.

Staff spoke warmly about the people they supported and provided care for. One member of staff said, “We know all the people we support well. People like us and we get good feedback. I enjoy my work if I know I have made someone happy.” Staff we spoke with were able to detail people’s needs and how they gave assurance when providing care.

During our conversations with staff, they were able to tell us about the people they supported and their likes and dislikes. Staff told us that it was the advantage of being a small service that they got to know everyone well. One member of staff also told us how they had built up knowledge of one person and worked with their family. They told us how they managed to communicate with each other through gestures and this enabled them to communicate directly with the person rather than ask family members.

Staff told us how they communicated with different people. A member of care staff explained to us sometimes it wasn’t just what was said, for instance, they told us it was important to take note of a person’s facial expressions as these could show if someone was unhappy or felt unwell. The member of staff said if they did notice someone was unhappy they would always ask if they could help.

People we spoke with also confirmed that they were treated with dignity and respect. One person told us, “When they arrive they always ask how I am and check all is okay with me before they start.” Another told us how staff looked to ensure their privacy for example, by closing doors before giving personal care. Staff were able to describe how they treated people with dignity and respect.

Is the service responsive?

Our findings

People told us that they received their care the way they wanted it and that they were involved in planning their care and had reviews when required. One person told us “They are very good girls’ they know me and look after me the way I want.”

Everyone spoken with told us that they were happy with the service that they received. A family member told us that following a change in their relative’s care needs their care had been amended to reflect this and their care plans updated. They told us “I am very happy with the service. When needed they even do those little extra things without being asked.”

Staff demonstrated a detailed knowledge of the people they cared for and told us how they supported them in the way they wanted to be supported. The registered manager said that where possible the service looked to match staff to people with similar interests for example, a shared love of books. This gave the person receiving support and the staff a topic outside of care to talk about and gave an example of where staff had supported an individual and respected their choice and how this had worked well.

People told us and we saw that care plans were reviewed regularly and that they had been involved in care plan reviews. We saw that care records held detailed instructions in the way people wanted their care delivered and these records were signed by the person receiving care to confirm their agreement.

All the people we spoke with told us how they would raise concerns if they had them. One person told us, “I would tell carers if I needed to, I would soon shout if I had any problems.” Another person told us they, “Wouldn’t hesitate” in raising concerns.

One person explained to us that when they had raised a concern, the registered manager contacted them and action was taken immediately. They told us they were, “Impressed that it was dealt with straight away.” They went on to say that the matter was resolved to their satisfaction.

Everyone we spoke to with knew how to raise a complaint with the service. People told us they would speak to the staff if they had any concerns or ring the staff in the office. People told us they were assured that if a complaint was raised action would be taken to resolve it. We saw that the registered manager had a complaints folder in place. The folder contained one complaint over the past 12 months; this had been logged, investigated and responded to.

Is the service well-led?

Our findings

People spoke positively about the service and one person said, 'People in the office are great.' One person told us, "[The registered manager] is great; they pop and see me to make sure everything is okay". Staff spoke positively of the people in management, they told us they felt listened to and supported and that manager and office staff were, 'Very responsive'.

Staff told us and we observed that they were given clear guidance on their roles and responsibilities. One member of staff told us, "The office is the nucleus of the whole service, everything comes from here and they are very supportive." Another member of staff told us, "It very reassuring to know there is always someone available".

All staff spoken with confirmed management were good in terms of communication, one member of staff said they always let us know "what's going on and any changes." They told us updates and changes or staff information was shared via telephone messages or in staff meetings. All staff we spoke with told us how they would visit the office get information or advice if required.

All staff we spoke to told us they received regular supervision and an annual appraisal. One member of staff told us, "We can raise any concerns and also ask if we would like further training". We found that staff had monthly spot checks to observe their practice. We saw that where issues had been identified these were followed up in staff meetings or with further training where required. For example, we saw that where recording of care needing improving, staff had been booked for recording keeping training in the next month.

Staff told us that they attended staff meetings and when they were not able to attend the minutes were copied and made available to them when they next visited the office.

We saw evidence that staff meetings had taken place on a monthly basis and covered any issues identified on spot checks when reminders of expected standards were discussed. One member of staff told us, "Management ask our views on how things can be done better".

The provider had purchased a software system that could monitor the calls staff made. The registered manager told us that they were currently working on inputting staff training and producing reports from the system. The system offered a range of facilities that the registered manager was keen to utilise in order to deliver effective, quality care. We saw that it allowed the office staff to monitor people's calls and set alarms against particular people's care packages to alert the office if a member of staff was running late.

People's confidential information was held securely. We saw that accidents and incidents were logged and a record made of any actions taken. There were good systems in place and staff knew where information was kept and how to access it.

People and their families told us that they had been sent a survey regarding the service and that they were contacted monthly over the phone and asked their opinion on the service. We saw records that showed this and where actions had been taken in response to the feedback, for example, discussions in team meetings.

Quality checks were in place and an annual survey had been completed in June 2015. The survey had been completed by eight people and the results had been positive. The registered manager advised that they had responded to the individual points raised in the survey but this had not been documented. The registered manager told us they were looking at ways to get a greater response and were looking to develop reviews to include satisfaction levels.