

HFSS Limited







HFSS Supporting People in Scarborough

Inspection report

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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? | Requires improvement |  |

Overall summary

This inspection took place on 5 March 2015 and was announced. We gave the service 24 hours' notice of the inspection. This service had not had a comprehensive inspection previously.

HFSS Supporting People in Scarborough is a domiciliary care service providing eight people with care in their own

homes. The service was registered to provide care to children, younger and older adults who may have a learning disability, autism, physical or mental health issues, dementia, people with eating disorders or who misuse drugs and alcohol and those with sensory impairment.

Summary of findings

There was a registered manager but they had recently stopped working for the service and we were told would be applying to have their registration with CQC cancelled. 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.

We saw that staff had received training in safeguarding adults and children. Staff were able to confirm that they had attended the training and could tell us what they would do if they witnessed any abuse of a person they were caring for.

Medicines were managed safely by staff who were trained and had competency checks carried out by the agency. Any accident and incidents were recorded appropriately.

Staff had been recruited safely and there were sufficient staff identified on rotas to meet people's needs. Staff worked in small teams and covered each other where possible so that routines were maintained for people who used the service.

People were provided with care by staff that were well trained in subjects that were relevant to people's day to day care such as medicines training and moving and handling of people.

Where risks had been identified there were clear management plans in place for staff to follow.

Staff were supported by senior staff from the agency and received regular supervision. They attended staff meetings and were encouraged to share ideas and practice.

The service was working within the principles of the Mental Capacity Act (MCA) 2005. We could see that consent had been sought from people who used the service and from relatives for those people who may lack capacity.

People who used the service told us that they would know how to complain about the agency. However, they did say that they would not know who to contact within the service.

Senior staff regularly visited people's homes to check that the service was working well but no formal surveys had been completed for people who use the service. Staff had completed a survey with positive responses.

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?

This service was safe. We saw that staff had received training in safeguarding adults and children. Staff were able to confirm that they had attended the training and could tell us what they would do if they witnessed any abuse of a person they were caring for.

Medicines were managed safely by staff who were trained and were competent. Any accident and incidents were recorded appropriately.

Staff had been recruited safely and there were sufficient staff identified on rotas to meet people's needs. Staff worked in small teams and covered each other where possible so that routines were maintained

Good



Is the service effective?

This service was effective. People were provided with care by staff that were well trained in subjects that were relevant to peoples day to day care. For example medicines training and moving and handling of people.

Where risks had been identified there were clear management plans in place for staff to follow.

The service was working within the principles of the Mental capacity Act 2005.

Good



Is the service caring?

This service is caring. People told us that they were always introduced to their care worker before the service began.

People were always treated with dignity and respect.

People told us that their care workers were always caring and kind.

Good



Is the service responsive?

This service is responsive. People who used the service told us that they would know how to complain about the service.

Care and support plans were person centred and had associated risk assessments. Where necessary there were clearly written management plans for staff to follow.

Good



Is the service well-led?

This service is not consistently well-led. The registered manager had recently left the service; the director was working closely with senior staff to ensure continuity of service.

There were clear policies and procedures in place for staff to follow and some audits had been completed.

The quality assurance system was in place but not always formalised.

Requires improvement



HFSS Supporting People in Scarborough

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 5 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Prior to the inspection the provider completed a Provider Information Return (PIR) which we read. 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. We had also sent questionnaires to six people who used the service (50 % returned), six staff (33.3% returned) and 11 community professionals (18.2% returned) asking them for their views about the service. We reviewed the notifications we had received for this service.

During the inspection we interviewed two members of staff and the director of the company and spoke with one relative of a person who used the service. We looked at the care and support plans of three people. We also looked at two staff recruitment files and their training records. We looked at other records associated with running this service such as policies and procedures, accidents and incidents, staff meeting minutes and questionnaires sent out by the service. We spoke to the local authority contracting and quality assurance team to get their views about the service.

Is the service safe?

Our findings

People were safe and one person we spoke with told us, “The staff have not been alone with (name) yet. They came to a (recent family event) and I knew she (relative) was safe and well looked after. I feel that she is safe in their care.” All of the people who used the service who responded to our survey said that they felt safe from harm and abuse from care and support workers. The community professionals who replied to our questionnaires agreed. A member of staff told us that the senior staff member was always doing supervisions and checks to ensure that staff were working safely and that people felt confident with the staff members allocated to carry out their care.

We saw that staff had received training in safeguarding adults and children. The service cared for a number of young children which meant that staff had to be clear about both procedures. Staff were able to confirm that they had attended the training and could tell us what they would do if they witnessed any abuse of a person they were caring for saying they would report the incident to the team leader and also speak to the director of the service if necessary. The member of staff we spoke with also told us how they safeguard themselves by recording and reporting everything. We saw from the care plan, that one person received support when collecting their money from the bank. The member of staff told us that they checked the person’s wallet with them before they leave and recorded the amount of money they had. They then recorded what was taken out of the bank to provide some limited safeguards for themselves. There had been no safeguarding or whistleblowing alerts made about this service leading up to this inspection.

We looked at the care records, risk assessments and medicine administration records for three people who received care and support. We saw that the care plans highlighted the areas of support needed in detail and had identified all the risks for each person. There were clear descriptions of particular conditions in each person’s file so that staff were aware of how the condition manifested itself and gave clear and relevant information to staff. People’s needs had been identified clearly and were being managed safely.

We looked at staff recruitment records and could see that staff had been recruited appropriately and had a check in place carried out by the Disclosure and Barring Service

(DBS). The Disclosure and Barring Service helps employers make safe recruitment decisions by processing criminal record checks (DBS check) and checking whether or not people are barred from working with vulnerable groups. One member of staff we spoke with confirmed that they had completed application forms, attended an interview, given names of two referees and had a DBS check carried out before starting work for this service. This meant that the organisation was carrying out checks to ensure that prospective employees were suitable to work with people in their own homes which in turn protected people who used the service.

One member of staff told us that they were given their rotas at least one week in advance by telephone. They said that their shifts were always consecutive and if any changes were identified that staff were notified by telephone and then new rotas were issued. This was never a problem they told us, because staff worked in small teams to ensure continuity. This meant that because staff worked with the same people and within small teams, people who used the service knew who would be providing their care and support.

Medication was managed safely. These were kept in people’s homes and there was clear information in their records telling staff who the dispensing chemist was and whether medication was delivered or to be collected. When medication needed to be returned a member of staff recorded the return and delivered the medication to the pharmacy. We saw policies and procedures were in place to guide staff. We saw up to date medicine administration records and saw that there were no gaps in recording when medicines had been given by staff. Competency checks were carried out by the supervisor and medicine audits were completed. There had been one medication error because a member of staff had misread the rota and not attended a call resulting in the person who used the service missing a dose of their medication. They did not suffer any harm. The incident and actions taken were recorded clearly.

Accidents and incidents were recorded appropriately. We saw records of four accidents that had been recorded. These were clearly logged and any actions taken were recorded which meant that the staff could easily identify trends.

Staff knew people well and treated them with respect. They maintained people’s dignity.

Is the service effective?

Our findings

This service was effective. People received effective care and support that met their individual needs and preferences from staff employed by HFSS Supporting people in Scarborough. They were provided with care by staff that were well trained in areas which were relevant to people's day to day care such as medicines training and moving and handling of people. One member of staff said in a questionnaire, "The training made me feel more confident." However we saw that there was no evidence of any specialist training being carried out. We did see that the service's field support worker had made sure that staff had knowledge of people's conditions and had provided written information in care and support files. We also saw specific guidance that had been provided by the learning disability nurse for one person. They also made sure that staff worked closely with families to get to know people's needs well. To make sure that staff received appropriate training a company trainer had recently been appointed. The field support worker made sure, as far as was possible, that the same member of staff visited the person so they had continuity, but further training would enhance staff knowledge and skills.

We saw that staff had gone through an induction period when they started working for this service. We saw records of supervision which had been carried out monthly and which indicated that staff were supported in their roles by more senior staff. Supervision is a meeting where staff can discuss their work and continuing training and development and highlight any concerns they may have. The staff we spoke with told us that they had received an induction when they started

working for this service and had been supervised by more experienced staff when they went into people's homes until they were assessed as competent. This meant that staff were well supported in their roles. One member of staff told us, "I have supervision and checks often. She (field support

worker) is always coming round and doing them." They told us that they could access support at any time as there was always a senior member of staff on call. They said, "The way it (HFSS Supporting People in Scarborough) is run, information and training is brilliant."

A relative we spoke with told us that support was being provided for their child. They said, "This is a new service for us but the people we are dealing with are lovely. There is a team of two but so far they have never been alone with (name). I am very pleased with the support so far and (daughter) is very happy." We also saw a recent letter from someone whose relative had received care from the service which said, "The carers supported me too, talked and listened to me."

We saw that the service was working within the principles of the Mental Capacity Act (MCA) 2005 as we could see that consent had been sought from people who used the service and from relatives for those people who may lack capacity. The MCA sets out the legal requirements and guidance around how staff should ascertain people's capacity to make decisions. The Deprivation of Liberty Safeguards protects people liberties and freedoms lawfully when they are unable to make their own decisions and any aspect of their care might involve restrictions on their liberty. The director of the service told us that they planned to make a request to the Local Authority for an authorisation to deprive a person of their liberty which meant that they were working lawfully within these safeguards to protect people's freedom.

People who used the service accessed and were involved with health and social care professionals where appropriate. We saw evidence from emails that were sent to the staff at this service, that updated developments in people's care and support needs were provided when any changes were made. These had been kept in people's care and support files in order that the care people received could be reviewed to reflect these changes.

Is the service caring?

Our findings

This service was caring. 98% of people who used the service who responded to our questionnaires told us that the care workers were caring and kind towards them. The community professionals that replied agreed. When we spoke with a relative they told us, "The staff we are dealing with are lovely." We saw that in people's daily records arrival and departure times of care workers was documented which ensured that people were receiving the care they required within the agreed time frames.

When we spoke with a member of staff they could clearly describe the support needed by one person who used the service which demonstrated to us that they knew them well. All of the people who used the service who completed our questionnaires told us that they were introduced to their care and support workers before they started working with them and care workers confirmed that in their own responses.

People also told us that they were always treated with dignity and respect by staff and community professionals confirmed that they shared this view.. We saw that people had signed where possible to say that they agreed with their care plan which demonstrated some involvement in the care planning process. We could see that the service had worked with the local authority care coordinator and the parent in one case to plan another person's care. We saw evidence in care files of regular meetings with care coordinators and health professionals to support those people with a learning disability and those with more complex needs. This showed that the service was a part of a team which worked jointly to reach good outcomes for people.

During our visit a parent called the office to speak with staff about their child who received care from the service. We heard the member of staff give reassurance and communicate in a straightforward but caring manner. Listening to this conversation demonstrated to us that the member of staff knew the family well and that they worked together with the family to reach the best outcomes for this child.

We spoke with staff about maintaining people's independence. They told us that people chose what care and support they wanted to accept. Where there was no verbal communication they looked for implied consent. They described how they took one person shopping. The person went wherever they wished and bought anything they wanted but just needed some support. The member of staff told us that they gave life skills support and tried to encourage independence as far as possible.

We could see from care plans that it was important for some people to maintain their routines. These were clearly documented in care and support plans. If necessary there was guidance in care and support plans on how to care for people with a specific disability. For example people with a learning disability. When there were times when people who used the service did not wish a particular staff member to provide care they were removed from that person's care worker list. A relative told us this had happened and praised the service for the way in which this was handled.

We did not see that anyone had an advocate but could see that it was not necessary as health and social care professionals were involved in most cases and sometimes families were involved. This meant that each person had someone to speak out on their behalf if it was necessary.

Is the service responsive?

Our findings

We found that the service was responsive. Care plans were person centred and up to date. There were detailed descriptions about peoples care needs and how staff should support those needs. There was additional guidance provided by the NHS learning disability team where needed. For example one person did not always recognise dangers and so there were detailed descriptions of how staff could support this person. When changes to peoples care had been identified these had been recorded and acted upon . We saw that people received life skills support from staff which involved going shopping, to the bank and other everyday activities to help people become as independent as possible.

There were risk assessments in place which were linked to peoples care plans. The risk to the person was clearly outlined and there were clear instructions for staff about how to manage the risk. For instance one person was self-medicating but there was a risk that they may not recognise that they had taken too much medication. Staff had a detailed management plan which had been put in place in order to minimise the risk.

We saw care plans had been reviewed to ensure that people were receiving the care and support they needed.. 67% of people who used the service who responded to our questionnaire told us that they had been involved in making decisions about their care and support.

We saw an example of how staff had responded to one family's needs. They needed support with their child's care but were understandably reluctant to trust people they hardly knew with their care. The service had the same two care workers supporting this family and they worked at the family home with at least one parent in the house. One parent told us, "I feel (relative) is safe in their care." They were learning from the parents how best to provide care and support to their child while at the same time building trust.

We saw another example of a person who had a pain disorder which meant that they were focused on their pain. There was a clear list of strategies for staff to use in order to assist the person in focusing on other things and to reduce their anxiety. This meant that staff were clear about how to respond in specific situations because there was a clear plan in place with guidance.

People who used the service told us that they knew how to complain about the service and four out of six people told us that the service responded well to any concerns or complaints. We saw that effective systems were in place to deal with any complaints and we saw that complaints had been responded to in accordance with the service policy.

Is the service well-led?

Our findings

This service was not consistently well led. The director of the service was present throughout the inspection and was able to answer all our questions and provide us with all the documents we requested. They were very enthusiastic about their work and we found this enthusiasm was there whenever we spoke with staff. They had a clear vision for the service and staff we spoke with were aware of plans for service development.

The registered manager had recently left the service and the director was considering whether or not to become the registered manager. In the interim they were working with senior staff on a daily basis to ensure consistency.

However, people who used the service told us in a survey that they would not know who to contact within the service. They also said they had not completed a survey from the agency to see what they thought of the service they received. We were told by the director that senior staff did check whether or not people were satisfied with the service verbally but there was no evidence of any surveys being done. This meant that although the service did not formally gather the views of people who used the service they were gathered informally. It would enhance the quality assurance systems of the service to have these views written down.

When we spoke with staff they told us that they enjoyed working at this service saying, "HFSS are brilliant." A staff questionnaire had been completed in November 2014 with positive responses such as, "Staff felt that the company is developing." There were learning and action points at the end of the report which indicated that the company was learning from the comments and using them to develop their service.

Staff told us that they would feel confident reporting any concerns or poor practice to managers and felt that their views were taken into account. They confirmed that the staff in the office gave them important information as soon as they needed it, which meant that the service was prompt when responding to any matters that arose which may affect staff working in people's homes.

Staff meetings were held regularly. The last meeting had been held in January 2015 and had identified that the training was not adequate for staff supporting a particular person. Further training had been organised. This meant that people who used the service and staff had benefited from these staff discussions because staff were using them to question practice and make improvements.

There were clear policies and procedures in place for staff to follow and some audits had been carried out. There was a weekly summary of any incidents. This identified the person, issue and any action taken. For example one person living in rented accommodation had stained their carpet. This was reported to the landlord by staff on the person's behalf.

The service had clear links with other professionals, which was demonstrated in people's care and support plans. There was clear evidence of the service working in partnership with the NHS learning disability service and they sought advice and support from other agencies. They also had some links with the community through the work they were doing with life skills support with people. Community professionals told us that the service was well managed and continuously tried to improve the quality of care that they provided.

We recommend that the service look at quality assurance systems.