

House of Care Services Ltd

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Inspection report

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Date of inspection visit: 2 June 2015
Date of publication: 30/07/2015

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 took place on 2 June 2015. The inspection was announced. The provider was given three days' notice of our inspection. This was to ensure the registered manager was available when we visited the agency's office, and staff were available to talk with us about the service. At the last inspection in December 2013 we found the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

House of Care Services is a small domiciliary care agency which provides care for people in their own homes. Some people received support with several visits each day, and some people received support 24 hours a day. On the day of our inspection the agency was providing support to two people.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality

Summary of findings

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. At the time of our inspection there was a registered manager at the service. We refer to the registered manager as the manager in the body of this report.

People and their relatives told us they felt safe using the service. Staff understood how to protect people they supported from abuse. People and their relatives thought staff were kind and responsive to people's needs.

The management team carried out regular checks on care staff to observe their working practices and to ensure records were completed accurately. There was an 'out of hours' on call system in operation, this ensured management support and advice was always available for staff.

Staff were inducted and trained, so they had the skills they needed to meet the needs of people they cared for.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. Where people had been assessed as not having capacity to make decisions, decisions had been taken on their behalf that were in their best interest.

People told us they knew how to make a complaint if they needed to. They were confident that the service would listen to them and they were sure that their complaint would be fully investigated and action taken if necessary.

Staff, people and their relatives felt the management of the service was open; people found the manager and staff approachable. Positive communication was encouraged and identified concerns were acted on quickly.

There were procedures in place to check the quality of care people received, and where systems required improvements the provider acted to make changes.

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 staff who supported them. People received support from a consistent team of workers, who understood the risks relating to people's care and supported people safely. Medicines were managed safely and people received their prescribed medicines when they should.

Good



Is the service effective?

The service was effective.

People were supported by a team of care workers who received training to help them undertake their work effectively. The rights of people who were unable to make important decisions about their health or wellbeing were protected. People were supported to access healthcare services to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

People felt supported by staff who they considered kind, caring and professional. Staff ensured people were treated with respect and maintained their dignity. People were supported to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. People were given support to access interests and hobbies that met their preferences, and to maintain links with their local community. The management team dealt with any concerns raised immediately.

Good



Is the service well-led?

The service was well-led.

Managers supported staff to provide care which focused on the needs of the individual. Staff felt fully supported to do their work, and people who used the service felt able to contact the organisation and speak to management at any time. There were systems to ensure people received quality care.

Good



House of Care Services Limited

Detailed findings

Background to this inspection

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

The inspection visit took place on 2 June 2015 and was announced. The inspection team consisted of one inspector. The provider was given three days' notice of our inspection because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with people who used the service and staff who worked for the agency.

We asked the provider to send to us a Provider's Information Return (PIR). The document allows the

provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

We visited the agency's office and looked at the records of all of the people who used the service and looked at three staff records. We also reviewed records which demonstrated the provider monitored the quality of service people received.

We spoke with the manager, the deputy manager and four members of staff. We spoke with one person, and a relative of one person, who had recently used the service. We spoke with two relatives of people who currently used the service.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Is the service safe?

Our findings

People told us they felt safe because they received care from staff they knew well and trusted. One relative told us, “I have no concerns.” Another relative said, “I feel my relative is safe.” Another relative commented, “[Name] appears content and is safe.”

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended regular safeguarding training. Staff told us the training assisted them in identifying different types of abuse, and they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm. Staff knew and understood their responsibilities to keep people safe and protect them from harm. Records showed concerns about potential abuse had been appropriately reported and action taken by the manager to keep people safe.

Staff told us and records confirmed, suitable recruitment practices were followed. Before staff started work, checks were made to make sure they were of a suitable character to work with people in their own homes and provide care support.

The manager had identified potential risks relating to each person who used the service, and plans had been drawn up to protect people from harm. For example, one person had a risk assessment in place for the use of bed rails, as they were at risk of falling out of bed. Care records instructed staff to make sure the bed rails were in place when the person was in bed. This minimised the risk of harm.

The provider had contingency plans for managing risks to the service which minimised the risk of people’s support being delivered inconsistently. Emergencies such as fire or staff absences were planned for. For example, there was a daily procedure to backup records and files on the computer, so any disruption to people’s care and support was minimised.

People told us there were enough staff available to meet their needs. People and records confirmed staff visited people at the right times, and for the correct period of time, in accordance with their care plans. One relative told us, “Care staff are with us 24 hours a day. They are regular people who know my relative well. They also provide cover when we need additional support.” Before people began using the service, the manager conducted detailed assessments of whether the service could meet people’s health, care and support needs. Initial assessments detailed people’s individual needs, and each aspect of their health and care requirements. The manager explained this helped the service decide whether they could provide effective care to people before they began supporting them. This ensured the correct staffing resources were in place. There were enough staff to care for people safely.

Staff administered medicines to people safely. Staff received training specific to each person who used the service. Medicines training included checks on the competency of staff by the manager. The care records gave staff information about what medicines people were taking, why they were needed and any side effects they needed to be aware of to minimise risks to people. Staff confirmed the manager or senior staff undertook regular spot checks to ensure medicines were managed safely. Staff knew to contact the manager if they had made a mistake with medicines, and told us they would feel supported to do so.

Accidents and incidents were reported to the manager when they occurred, which included any immediate actions taken. Where required staff contacted senior staff immediately for advice and support, including out of office hours. Accidents and incidents were reviewed by the manager, who took any further actions needed to reduce risks.

Is the service effective?

Our findings

People we spoke with told us staff had the skills they needed to support them effectively. One relative said, “The staff skill levels are good.” One member of staff told us “The training is good.” Another member of staff said, “We get the training we need to support people, there’s quite a lot of training.”

Staff told us when they started work at the agency they received an induction that met people’s needs. The manager explained they used a recognised induction programme designed by Skills for Care, which is an organisation that provides information to employers, and sets standards for people working in adult social care. Staff told us in addition to completing the induction programme; they had a lengthy probationary period and were regularly assessed to check they had the right skills and attitudes required to support people.

Staff said the manager encouraged them to attend regular training sessions to ensure they kept their skills up to date, and could meet the specific needs of the people they cared for. One member of staff told us, “The training is good. We are also supported to attain nationally recognised training qualifications.” Staff told us the manager observed their practice following training, for example in manual handling, to ensure they used their knowledge effectively. The manager had a programme of staff training and kept a record of training attended and when training was due, so that it could be monitored.

Staff were supported using a system of meetings and yearly appraisals with their manager. Staff told us regular meetings provided an opportunity for them to discuss personal development and training requirements. Regular meetings also enabled the manager to monitor the performance of staff, and discuss performance issues. The management also undertook regular observations of staff performance to ensure high standards of care were met. The manager told us senior staff regularly went to people’s houses at different times of the day to ensure staff were delivering the care expected. This was confirmed by staff we spoke with.

The rights of people who were unable to make decisions about their health or wellbeing were protected. Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and decisions were made in people’s best

interests when they were unable to do this for themselves. Staff demonstrated they understood other principles of the MCA. For example, staff understood people were assumed to have capacity to make decisions unless it was established they did not. They asked people for their consent and respected people’s decisions to refuse care where they had capacity to do so.

Staff told us they had had an opportunity to read care records at the start of each visit. The care records included information from the previous member of staff as a ‘handover’ which updated them with any changes since they were last in the person’s home. One relative told us, “They complete the daily diary regularly.” Staff explained this supported them to provide effective care for people because the information kept them up to date with any changes to people’s health.

People received the support they needed, as identified in their care records. For example, one person was unable to mobilise without assistance, and required two people to help them move several times a day. The records detailed how often the person needed to be moved, and the equipment that was needed. Staffing levels were organised so that the person always had two people available to assist them. Records showed the person was moved according to their care plan. One person who recently used the service told us, “They always sent two people to support me with moving around, according to my support plan.”

People and staff told us the provider worked well with other health and social care professionals involved to support people. People were supported to see health care professionals such as the GP, dentist, district nurses and nutritional specialists. This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

Staff supported people with specialist dietary needs to maintain their health. For example, they offered support to people with diabetes, or people who were on a ‘soft diet’. One relative told us, “My relative needs support with eating to maintain their health. Staff support them to reduce the risk of choking. They also add thickener to their drinks.” People told us staff also supported them by preparing meals, so they had access to food that met their nutritional needs.

Is the service caring?

Our findings

People and their relatives told us staff treated them with kindness. A relative told us, “[Name] likes the carers.” Another relative told us, “The carers are ‘spot on’.”

Everyone we spoke with told us they were introduced to regular staff before they provided support to them, and they were happy with the care they received. Staff were proud of the care they provided to people. It was important to them to do a good job and get to know the people they provided care and support to. One member of staff told us, “I only support one person, they are lovely.”

People told us staff listened to them, and supported them to maintain their independence. One member of staff explained how they supported one person. They told us they made sure the person was encouraged to do what they could themselves, and the staff member only supported them with tasks they could not manage. One member of staff said, “[Name] tells me what they want me to do, and how they want me to do things.”

Staff explained how they supported people in respectful, positive ways using their preferred name and asking people’s opinion and preference before supporting them with tasks. People expressed their views and were actively involved in making decisions about their care. For example, one relative told us, “They respect [Name’s] wishes. They ask them what they would like. They also ask us. They take account of our wishes.”

Staff made sure people were involved in any decision making around their care and support needs. One member of staff said, “The person is always there when discussing their care needs.”

Staff understood how to provide care to people whilst retaining dignity and privacy. One relative told us, “They always treat [Name] with respect and dignity.” People said staff always explained what they were doing and ensured doors were shut for privacy. One staff member said, “We always ask if people are comfortable, and explain what we are doing.”

Is the service responsive?

Our findings

Staff encouraged and supported people to follow their interests and take part in social activities. This helped people maintain links with their local community. Staff knew people well, and could describe the different activities people enjoyed. One relative told us, “They regularly take [Name] out into town or to the local garden centre. They dress them carefully for going outside and ensure they are comfortable.”

People who used the service and their relatives told us they knew how to make a complaint if they needed to. The provider had a written complaints policy, which was contained in the service user guide each person had in their home. The provider logged complaints and feedback, and analysed the information for trends and patterns. Complaints were investigated and responded to in a timely way. The provider made improvements to the service following complaints. For example, following a recent complaint the provider had altered staffing rotas, to accommodate the wishes of one person. People told us they felt confident about raising any concerns they had with the manager.

We found people who used the service and their relatives were involved in planning and agreeing their own care. Care plans were comprehensive and had been written in partnership with people and their relatives. Records detailed people’s needs, and preferences. People told us all their likes and dislikes were discussed so that their plan of care reflected what they wanted. We saw these differed from person to person meaning people’s individual needs were listened to and supported.

People’s preferences were met by staff. Staff we spoke with had a good understanding of people’s needs and choices. Staff knew all about each person, their likes and dislikes, interests and hobbies, what each person could do independently and when they needed staff support. We saw the information staff told us matched the information in people’s care records. For example, one person had identified they preferred to have a shower twice a week, rather than a bath. Records showed staff supported the person according to their care plan.

Care plans were up to date and reviewed regularly. People and their relatives told us, the manager regularly checked with them that the care provided was suitable to meet their needs and this was changed if required. Formal annual reviews had taken place for each person.

Is the service well-led?

Our findings

People described the manager as being approachable and open. One member of staff told us, “It’s a nice place to work.” They added, “The manager is approachable.” Another member of staff told us, “The manager is happy to answer any queries, they are open.” One relative said, “As a family we are very pleased with the level of care and attention given to our relative. The service are very easy to work with, flexible, respectful, polite and friendly.”

The provider had identified its aims and values and communicated them to people who used the service. We saw the aim of the organisation was clearly stated in the service user guide. The aim of the organisation was to treat people with respect and dignity, and involve people in making decisions about their care. We saw people were involved in how their care was delivered. The service promoted person centred care, putting the person at the heart of what they did. Staff told us the values of the service were communicated to them through training which gave them a clear guide about how care should be delivered to people consistently.

There was a clear management structure in place to support staff. Staff told us they received regular support and advice from managers via the telephone and face to face meetings. Staff were able to access support and information from managers at all times as the service operated an ‘out of hours’ advice and support telephone line, which supported them in delivering consistent care to people.

Staff were encouraged to challenge and question practice and were supported to change things that were not working well. For example, staff had regular meetings with the manager and other senior team members, to discuss how things could be improved. The deputy manager told us, “Management have a good rapport with staff, we always ask for their feedback in staff meetings.” We saw the records for a recent staff meeting detailed staff discussions on a range of topics, for example, staff rotas, visit times, and records completion.

Recruitment of staff was designed to ensure people were cared for by staff who were caring and professional. Recruitment processes tested staff competencies, but also their values, and whether potential staff had a caring attitude. Staff were recruited and trained to support

specific people and meet their individual health and care needs. There were good systems in place to ensure continuity of care when staff were sick or on annual leave as managers and senior staff were available to cover staff absence.

Staff told us the manager supported them by giving them the time they needed to complete their work. We saw a recent audit had identified more travelling time was needed between calls, and this had been incorporated into staff rotas. We saw staff were allocated to each call for the appropriate amount of time, and time was allowed for staff to travel from one call to the next. This ensured staff had the time they needed to support people.

People were asked to give feedback about how the service was run. The provider monitored the quality of the service by regularly visiting and speaking with people, to ensure they were happy with the service they received. For example, the service contacted people monthly to ask them how the service was delivered. Records of these monthly checks showed comments from people including, “We are really happy with the staff” and “We’re happy with the care.” One relative told us, “They seem to do regular checks. I have contact numbers to give feedback or make requests if I need to.”

People were asked to take part in regular quality assurance surveys. We viewed a recent survey where a high percentage of people had described the service as excellent or very good. Feedback was analysed for any trends or patterns in the information received. Where issues had been identified, we saw the manager took action to address these.

Quality assurance audits were performed by the provider to make sure procedures were followed, and care was delivered consistently. For example, audit of call times, missed calls, and care records. Locally, staff undertook a range of daily and weekly checks which included medicines and care records. Where issues had been identified action plans were put in place to make improvements. For example, a recent audit highlighted the need for staff to record the actual times they were at people’s homes, rather than an approximate time. Staff had been provided with training on how to log call times correctly. The provider was also introducing a new call monitoring system to monitor call times more accurately. Action plans were monitored to ensure actions had been completed. This ensured the service continuously improved.

Is the service well-led?

The manager had sent notifications to us about important events and incidents that occurred. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where

investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from incidents. These investigations showed the manager made improvements, to minimise the chance of them happening again.