

Hinckley Carer Support Scheme

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Inspection report

Hinckley Health Centre
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Date of inspection visit:
28 January 2016
01 February 2016

Date of publication:
11 March 2016

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

The inspection took place on 28 January and 1 February 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The service provided personal care to adults with a variety of needs living in their own homes. This included people living with dementia, physical disabilities, older people, people with learning disabilities and younger adults. At the time of inspection there were 90 people using the service.

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

People told us that they felt safe when staff supported them.

People told us that staff arrived on time for appointments to support them. We saw that there was a system in place that monitored the time staff arrived and left each appointment.

People were supported to take their medicines by care workers who had received training in medicines management.

When people started to use the service a care plan was developed that included information about their support needs, likes, dislikes and preferences. This meant that staff had the relevant information to meet people's needs.

Risk assessments were in place which set out how to support people in a safe manner. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

People were supported to maintain a balanced diet where they were supported with eating and drinking. People were supported to access healthcare services.

Care workers were supported through training and supervision to be able to meet the care needs of people they supported. They undertook an induction programme when they started work at the service.

Staff told us that sought people's consent prior to providing their care.

Staff developed caring relationships with people and understood people's needs and preferences.

People were involved in decisions about their support. They told us that staff treated them with respect.

People were involved in the assessment and review of their needs.

People and staff felt the service was well managed. The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The provider carried out monitoring of the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from risk of abuse and avoidable harm. The provider had effective recruitment procedures and enough staff were deployed.

People were supported to take their medicine safely.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent prior to providing their support. People were supported by staff who had received appropriate training.

Where staff supported people with eating and drinking people were supported to maintain a balanced diet. People were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff were caring. People were involved in decisions about their care and support. Staff supported people to maintain their independence.

People told us that staff respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care which had been discussed and planned with them and was responsive to their needs.

There was a complaints procedure in place. People felt confident to raise a concern.

Is the service well-led?

Good ●

The service was well led.

People knew who the manager was and felt that they were approachable.

There were quality assurance procedures in place.

People had been asked for their opinion on the service that had been provided.

Hinckley Carer Support Scheme

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 28 January and 1 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by an 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. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included six people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, the deputy manager, the quality assurance training and development officer and four care workers.

We contacted 12 people who used the service by telephone. We spoke with eight people who used the service and four relatives of other people who used the service. This was to gather their views of the service being provided.

Is the service safe?

Our findings

People we spoke with told us that they always felt safe when receiving support from the care staff. One person told us, "They are constantly checking that I am safe." Another person told us, "They take care of my needs." Relatives we spoke with told us that they felt their relatives were safe when they were receiving care. One relative told us, "I always feel she is safe." Another relative told us, "I know he is safe here because they look after him."

Staff members we spoke with had a good understanding of types of abuse and what action they would take if they had concerns. All staff we spoke with told us that they would report any suspected abuse immediately to the office. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff told us they had received training around safeguarding adults. Records we saw confirmed this training had been completed. All the staff we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission. We saw that the registered manager had reported concerns appropriately to the local authority safeguarding team and the concerns had been investigated either internally, at the request of the safeguarding team, or by the local authority.

People's care plans included risk assessments and control measures to reduce the risk. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to this risk. These included assessments about access to someone's property, and risk associated with moving and handling. Risk assessments were reviewed annually unless a change had occurred in the person's circumstances. This was important to make sure that the information included in the assessment was based on the current needs of the person. Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

We saw that risk assessments had been carried out to make sure that the environment was safe for the person and also for the staff. This included recording what specialist equipment people used in their home and that this had been maintained correctly as per the manufacturers guidance. The registered manager told us that each person had been given a hotspot scald warning triangle so that staff could test the temperature of the water before they supported someone with washing or having a bath. This meant that staff were able to make sure that the water was a suitable temperature to be used and helped to prevent burns or scalds.

Staff told us that they felt there were enough staff to meet people's needs. The rota showed that staff had regular calls and that these were in a similar geographic area to make it easier to travel between calls.

People were cared for by suitable staff because the provider followed robust recruitment procedures. We looked at the files of four staff members and found that all appropriate pre-employment checks had been

carried out before they started work. This meant that people could be confident that safe recruitment practices had been followed.

The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete. Staff told us that they had been trained to administer medicines. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines. Each person who used the service had an assessment carried out to determine the support they need with medicine and a medication administration record to record what medicine the person took. We looked at the records relating to medicine and found these had been completed correctly.

Is the service effective?

Our findings

People using the service and relatives told us that the staff were well trained and knowledgeable enough to meet their needs. One person told us, "They know what they are doing." Another person told us, "She is the very best." A relative told us, "The staff are always willing to help and support [person's name] with her needs."

The staff told us that they had a comprehensive induction. They described how they had been introduced to the people they supported and said they had been given time to complete training, read care plans and policies and procedures. The staff also said that they had shadowed more experienced staff before working alone with people using the service. Records we saw confirmed that staff had completed an induction. The registered manager told us that they were going to implement the Care Certificate however as the service rarely recruited staff who were new to care it had not been used previously. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides new staff with a set of skills and knowledge that help prepare them for their role as a care worker.

People were supported by well trained staff. We looked at the training matrix that was used to manage the training needs of the staff team. The training matrix accurately recorded details of the training staff had completed. The registered manager told us that the quality assurance training and development officer monitored the training for all staff to make sure that their training was up to date. We spoke with the quality assurance officer who told us that they observed staff and refreshed training on a regular basis. The staff we spoke with told us that they felt that they had completed enough training to enable them to carry out their roles. One staff member told us, "I do lots of training, it is all good quality and relevant." Another staff member told us, "You can always ask questions about the training and they will go over it again if you need to. It is all good quality." All staff we spoke with said that the training was good quality and covered specific needs that people they supported had. For example, we saw that staff had received training around working with people with Alzheimers at home.

Staff were supported through training and supervisions. Staff we spoke with told us they had supervision meetings with their manager. One staff member told us, "I have regular contact with the office and I am supervised through that." Another staff member told us, "I have regular supervision. It is really good." All staff told us that they felt supported and could raise issues with their manager. This showed that the staff felt that they could discuss issues with the manager at any time. We looked at the records and saw that supervisions took place. We saw that staff had a mixture of observational supervision while they were working to monitor their practice and one to one meetings with their manager. Records showed that most staff had received either three or four supervisions in the last 12 months. The registered manager advised that they were working to make sure that staff had supervision more frequently to support the staff. The registered manager told us that team meetings did not take place regularly but that staff had attended training together and used this time as a team meeting. The registered manager told us that they had planned team meetings to take place every three months in 2016.

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.

We checked whether the service was working within the principles of the MCA. We saw that each person had a care plan that included information about asking the person what they wanted and prompted the staff to involve people in making their own choices. We saw that people had signed their own care plan in most cases. The quality and development officer advised that as part of the initial assessment they asked if the person had a legal representative to make decisions on their behalf and recorded this information. This practice was in line with the requirements of the MCA.

People told us that the staff sought their consent before providing support and that they were involved in making their own decisions. A relative told us, "The carers ask for permission all the time." Staff told us how they would seek consent prior to assisting people with their support, and that people had the right to refuse care. Comments included, "The care is agreed initially, but I always ask people if they are happy with this. They can change their mind," "People have rights," "I respect people's wishes," and "It is fine if people refuse. I make sure I report it to the office."

Some of the people we spoke with told us that they received support with food and drink. We saw from the records that where people did receive support with food, details of what had been made were recorded in the daily notes. We saw that as part of the initial assessment it had been considered what support people would need with eating and drinking. Care plans indicated that people were able to choose what they ate and drank and included information about the amount of support and assistance needed. Where guidelines were in place from dieticians about food texture or specific foods to be eaten these were recorded in the care plan.

People told us that they were supported to call someone if they were not well. One person told us, "Anything that goes wrong with me they are there. When my cough got worse they contacted my son." Staff were aware of their responsibility for dealing with illness or injury telling us they would call an ambulance or GP if required and report any concerns to the office. Staff told us they would support someone to contact a health professional if they felt it was needed. One staff member told us, "I saw that someone was struggling to stand up and down when using the toilet. I contacted the office and asked them to refer to someone for a higher toilet seat." The registered manager told us that they had developed a good relationship with healthcare professionals and would make referrals if they felt that someone needed additional support or required assessments as their needs had changed. We saw that care plans contained contact details of people's relatives, GP's or other involved health professionals so that staff were able to contact them in the event of an emergency.

Is the service caring?

Our findings

People who used the service spoke highly of the staff who provided support to them. One person told us, "The carers are good they treat me with respect and are very polite." Another person told us, "She is the very best." One person told us, "They are very patient and never rush." A relative told us, "I like the carers they come and chat to [person's name]." Another relative told us, "When the carer is around [person's name] is very happy. She smiles all the time. You can see that she is content." A staff member told us, "The staff are caring. They are that good I would have them for myself."

People told us that they felt involved in making decisions about their care. One person told us, "They were here last month to discuss the things I wanted to have." A relative told us, "We sat down together at the beginning and I (together with [person's name]) told them about her needs." The registered manager told us that people were involved in reviewing their own care plans. We saw that people had been involved in discussions around their care.

People told us that they had the same staff when they could. One person told us, "I asked if I could have the same carer. It was not a problem. She is excellent." Staff told us that they worked with the same people who used the service regularly and this made it easier to get to know each person. One staff member told us, "I am very lucky as I get to go to the same people. I get to know people." Another staff member told us, "I get to have regular calls and build relationships with the people I am caring for. I love the rapport." Staff told us about what people liked and disliked and that this information was in people's care plans. One staff member told us, "The care plans are reflective of people's needs." We saw that each person's care plan contained information about what the person liked, and how they wanted to be cared for.

People told us that they felt happy with the care that they received and that they felt listened to by staff at the service. One person told us, "When I mentioned minor things, they took it on board and started sending the same person. They are excellent." Another person told us, "Everytime they are on the phone to see if all is okay and if there is anything I need." A relative told us, "I feel ever so comfortable when they are around." The quality assurance officer told us, "It is very much about listening and what the client wants."

Staff told us that they encouraged people to be independent and to choose what they wanted. One staff member told us, "I try and talk [person's name] through the task to get her to complete it." Another staff member told us, "I encourage people to do as much as possible for themselves." This meant that staff were encouraging people to maintain the skills that they had instead of doing things for people that they could still do for themselves.

People told us that staff provided care in a dignified way and respected their privacy. One person told us, "They treat me with respect." Another person told us, "Doors are shut during personal care." A relative told us, "They are very caring and treat [person's name] as a respectable individual." Staff told us that they respected people's privacy and dignity. This was through keeping doors and curtains shut, knocking, asking people before assisting them and making sure people are covered as much as possible during personal care. One staff member told us, "I make sure that I approach people sensitively."

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and that staff had a good understanding of how to support them. One person told us, "Staff are always willing to help, especially when there are some changes." Another person told us, "They are very flexible." A person told us, "They take care of my needs."

People and their relatives told us that they felt that they had contributed to planning and reviewing their care. One person told us, "I get a visit (to review my care needs) every year." A relative told us, "They send a senior person if there are changes." The quality assurance officer told us that after they received an initial referral to the service that they would meet with the person and carry out an assessment. This was to determine if the service was able to meet their needs. They said that care plans and risk assessments were developed based on information provided by the person, their relatives and information that had been provided by the funding authority. This involved discussions and input from the person and their family. This meant that people contributed to planning their care.

The quality assurance officer told us that they would introduce the staff and stay with the person and the staff to make sure that the care is working for the person. They told us that they carried out regular reviews at the start of a new package. This involved either calling the person or the quality assurance officer visited them. The quality assurance officer told us that care plans were reviewed every six months or sooner if a person's needs had changed. Records we saw confirmed that reviews had taken place within the last six months. One staff member told us, "The care plans have enough information in. If it changes I will contact the office and they will come out and assess." We saw that the computer system recorded details of all changes to care plans and sent all staff who worked with the person an update to let them know of the changes that had been made to the care plan. This meant that staff were provided with up to date information about a change in someone's needs before they cared for them.

Care plans included personalised information about what was important to the person and what their hobbies and interests were. For example, the care plan for one person highlighted that they liked their key leaving in a specific place so they knew where it was. Staff had a good understanding of the care needs of the people they worked with and could tell us about these.

People told us that staff were on time, or told them that they were running late. One person told us, "They come four times a day, and never miss." Staff told us that they had enough time between calls to get to people on time. We saw that the system that was used showed the time staff were planned to arrive, actually arrived and left. The registered manager told us that the system alerted the office staff if a staff member was late and this prompted a call to the member of staff to make sure that they were safe. We saw that the system would also alert the office staff if care staff had not left the call more than 15 minutes after the call end time. Staff told us that if they were running late they would call the office and the office staff would contact the person to let them know.

The registered manager told us that people were supported to follow the hobbies that they enjoyed. They gave us examples of people being supported to access a singing café that had been opened to support

people who were living with dementia, being supported to go to a local church, and staff taking people to an activity and then collecting them. The registered manager told us that this meant that people were enabled to access a social activity and this helped to avoid people becoming too lonely. They told us that one person was supported to attend matches at their preferred football club and that other people were supported to go shopping with staff instead of staff shopping for people. We saw records that showed that people had been supported to attend activities as part of their care. This meant that people were being supported to access the local area and to follow their interests.

People told us they knew how to make a complaint. One person told us, "If I am not happy with someone I will certainly let the agency know." A relative told us, "Any little concern I raised on behalf of [person's name] were resolved." The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us that all people were provided with a copy of the complaints procedure and we saw that it was included within the service user guide. We saw records that showed that one complaint had been received in the last twelve months. We saw that this had been investigated and the outcome of the complaint had been communicated to person who made the complaint. The complaint had been resolved within the timeframe that were described in the complaints procedure.

Is the service well-led?

Our findings

People told us that they knew who the managers were and that they were approachable. One person told us, "The management is good I think." Another person told us, "I can't fault the management." Staff told us that they could approach the management and feel that they were listened to. One staff member told us, "They are fantastic, you couldn't ask for a better company. You feel like they want to hear what is happening."

Staff told us that they felt involved in developing the service. They told us that they had requested changes and that these had been listened to and implemented. For example, one staff member asked that care plans were colour coded so that the care plan for each visit was on a different colour paper. We saw that this had been implemented and that care plans were on green paper if they were a morning visit and on blue paper for visits around tea time. This meant that staff could easily identify the correct care plan using the colour code.

People told us that they had received questionnaires about the service that they received. One person told us, "They send a questionnaire, or a senior person visits us." A relative told us, "Every year we get a questionnaire or a visit." We saw that a questionnaire had been sent to people who used the service in November 2014. The feedback from this was positive. The registered manager told us that they would speak with people individually to try and resolve any concerns if people raised a concern through the questionnaire. The next questionnaire was planned for February 2016. Following the inspection the registered manager told us that this had taken place and sent us a copy of the feedback that had been received. The registered manager told us that people who used the service and their relatives also came to the office to talk to the staff or to pay for their service. We saw that throughout the inspection people were calling the service to discuss their care with the registered manager or deputy manager. This meant that the service was accessible and that people could visit when they wanted to.

All staff we spoke with told us that they felt valued by the organisation. One staff member told us, "I feel valued, they tell you when you have done something well." Staff told us that they received good communication from the service. One staff member told us, "They tell you about all changes." The deputy manager told us, "Anytime you need to tell staff something has happened we text the staff." We saw that each staff member had been provided with a bespoke phone that contained information about their rota, and the people who they worked with. The system was secure and allowed information to be shared with the staff on their work phone. This meant that people were kept up to date with changes and informed of key information they needed to know. The registered manager told us that staff received a newsletter monthly to provide information about the service, changes to legislation and reminders for staff about things to complete to ensure that records were correct. Throughout the inspection we saw staff visiting the office to collect personal protective equipment, such as gloves, or to speak with the registered manager. The registered manager and quality assurance officer told us that they had an open door policy and we saw that this was in place.

The registered manager and quality assurance officer undertook audits of quality. This included audits on

the daily records, medication records, care plans and risk assessments. The quality assurance officer told us that they monitored records to make sure that they had been completed correctly and signed. They told us that if they found areas that had not been completed correctly they would follow this up with the individual staff member. The quality assurance officer told us that they completed spot checks on staff. This type of check is carried out at people's homes while staff were providing support. These checks monitor staff behaviour and work that they had completed. Records we saw confirmed these checks had taken place. This meant that systems were in place to monitor the quality of the service that had been provided.

The registered manager told us that they were developing new roles for staff that were called quality assurance workers and this was being piloted in one area currently. This role had been developed to give staff more responsibility for ensuring that a high quality service was being provided. Staff were offered training in order to complete this role. We saw that one staff member had been identified for this role and was in the process of being trained for the role.

We spoke with Leicestershire County Council who hold a contract with the provider. Feedback received was that the service was compliant with the contract.

The registered manager worked with external organisations to develop their practice and to make sure that the organisation was working in line with national guidance. This included working with the local council and being involved in pilots for new schemes that were being trialled. This meant that the registered manager was involved in assessing current guidance and what could develop in the future to drive improvement within the service.

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC. They reported events they were required to report.