Henley Care Limited

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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?	Good

Summary of findings

Overall summary

The inspection took place on 19 May 2016 and was announced.

Henley Care Limited is a domiciliary care service providing support for people living in their own homes. At the time of our inspection there were 25 people using the service.

The service had a registered manager in post. 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.

The registered manager promoted a caring culture that put people at the centre of all the service did. People, their representatives and staff were positive about the registered manager and the quality of care provided. The registered manager had systems in place to gather feedback about the service. Feedback was used to monitor and improve the quality of the service.

Staff were kind and caring. Staff encouraged people to maintain their independence and made sure people were involved in decisions about every aspect of their care.

Care plans were personalised and identified people's physical, emotional, social and cultural needs. People had support to meet their nutritional needs and were supported to access health professionals when needed.

Staff had completed training in safeguarding vulnerable people and were confident to identify and report concerns. Where risks to people were identified there were plans in place to manage the risk. People's medicines were managed safely.

There were sufficient staff to meet people's needs. Staff arrived on time and there were no reported missed visits. There were systems in place to ensure all care visits were scheduled and carried out. People benefitted from consistent staff.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The registered manger had a clear understanding of their responsibilities in relation to MCA.

Staff had sufficient training to ensure they had the skills and knowledge to meet people's needs. Staff felt supported by the management team.

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

Staff had a clear understanding of their responsibilities to identify and report any concerns relating to abuse. Staff had received training in safeguarding vulnerable people.

People were supported to ensure they received medicines as prescribed.

Staff had sufficient time to support people in line with their care plans.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and ensured people were supported in line with the principles of the Act.

Staff had the skills and knowledge to meet people's needs and felt supported in their roles.

People were supported to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

People benefitted from staff who were kind and compassionate.

People were treated with dignity and respect. Staff promoted independence.

People and their representatives were involved in decisions about their care and in the development of their care plans.

Is the service responsive?

Good

The service was responsive.

People had personalised care plans that identified how their needs would be met.

Care plans were reviewed regularly and whenever any changes were identified.

The service had a complaints policy and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted a caring culture that put people at the centre of everything the service did.

Staff were positive about the registered manager and the support they received.

There were systems in place to monitor and improve the quality of the service.

Henley Care 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 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 19 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 sought feedback from health and social care professionals.

During the inspection we spoke with the registered manager, the commercial director, the office administrator and two team leaders. We looked at four people's care records, three staff records and records relating to the general management of the service.

Following the inspection we spoke with three people who used the services, two people's relatives/representatives and two care workers.

Good

Is the service safe?

Our findings

People told us they felt safe when being supported by the service. One person told us, "I feel nice and safe with them".

Staff had completed training in safeguarding vulnerable people and had a clear understanding of their responsibilities to identify and report any concerns relating to potential abuse. Staff were aware of the outside agencies they could report concerns to if they felt the registered manager had not taken action. One member of staff told us "I would talk to the manager and write a report. I can go to the safeguarding team if I need to". Contact details of the local authority safeguarding team were displayed in the office and were provided to staff during training.

There was a safeguarding policy and procedure in place and records showed that appropriate referrals had been made to the local authority safeguarding team. The registered manager had made appropriate referrals to the Disclosure and Barring Service (DBS) where investigations indicated staff were unsuitable to work with vulnerable people. The DBS are responsible for deciding whether it is appropriate for a staff member to be placed on or removed from a list which prevents them working with vulnerable people.

People's care plans included risk assessments and where risks were identified care plans contained plans to identify how risks would be managed. Risk assessments included risks associated with nutrition, falls, medicines, pressure damage, personal care and behaviour. Risks assessments identified the importance of people maintaining independence and positive risk taking. For example, one person was assessed as at risk of falls. The care plan detailed that the person wished to maintain their independence and that they were aware of the risks of falling. Staff supported the person to maintain their independence and reduce the risk of falls by prompting them to use walking aids.

Where people were at risk in relation to specific health conditions care plans detailed the action staff should take if people experienced symptoms associated with the condition. For example, one person experienced seizures. The care plan detailed the action staff should take and when health professionals should be consulted.

People were supported with the administration of their prescribed medicines. There was a medicines policy and procedure in place. Staff received medicines training and were observed as competent before being allowed to administer medicines unsupervised. The registered manager worked to the Oxfordshire Shared Care Protocols. The protocols required staff to receive person specific training where people required support with a delegated health task. Staff records showed that staff had been signed as competent by an approved trainer before being able to support people. Staff told us they would not support a person or administer certain prescribed medicines until they had received specific training.

Care plans detailed the support people required to enable them to take their medicines as prescribed. Where people required prompting with medicine administration this was clearly documented and Medicine Administration Records (MAR) were completed to confirm the person had been prompted. For example, one

person required prompting to replace a pain relieving patch every three days. The person preferred to remove the existing patch and apply the new patch independently. The care plan detailed that the person could carry out this process independently and that care staff should remind the person on the appropriate day. The person's MAR showed the patch was replaced every three days and was signed by staff to confirm the person had completed the administration.

People's care plans contained details of all prescribed medicines, including strength, dose and required time of administration. Information relating to the condition the medicine was prescribed for and possible side effects was also included. MAR in people's care records were completed fully and accurately.

People told us staff arrived on time and stayed for the required time. One person told us, "They are never late. If they (care staff) are held up in traffic they let me know". The person added this was rare. Another person said, "They are always on time".

Staff told us they had enough time to spend with people and were not rushed. Staff were given sufficient time to travel between people's homes. Staff understood their responsibility to inform the office and where possible the person if they were running late.

The registered manager used an electronic system that ensured all visits were scheduled. Weekly schedules were sent to staff electronically and by post. People who liked to receive a weekly schedule in order to know which care workers would be supporting them were sent one by post. Staff and people were notified of any changes to the planned schedule.

Records relating to the recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in people's homes. This was to ensure staff were of good character. These checks included employment references and DBS checks. DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People's care plans included environmental risk assessments and fire emergency plans. The provider was able to explain what action would be taken in the event of an emergency, for example bad weather. However there was no written contingency plan. We spoke to the registered manager who told us they would put a written plan in place.

Good

Is the service effective?

Our findings

The registered manager understood their responsibilities in relation to the Mental Capacity Act (MCA) and ensured people were supported in line with the principles of the Act. 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. The registered manager was aware of the supreme court judgement in relation to depriving people of their liberty in community settings. The registered manager had assessed one person as being deprived of their liberty and had contacted the local authority. The local authority have responsibility to carry out an assessment and where necessary make an application to the court of protection if someone is being deprived of their liberty in a community setting.

Staff had received training in MCA and understood how to support people who may lack capacity to make specific decision's. One staff member told us, "We have to be sure people understand information to make decisions. If not we may need to make a decision in their best interest". Staff were able to explain how people's mental capacity may change and how people may have capacity to make some decisions but not all. Staff were clear that they would support people to make their own decisions and gave examples of how they would respect people's rights to make unwise decisions.

People's care records included mental capacity assessments where there were indications that people may lack capacity in relation to specific decisions. For example, one person's care plan identified the person had capacity to make decisions relating to aspects of their daily living. A mental capacity assessment was completed in relation to more complex decisions and there was a record of a best interest process being followed.

Where people had representatives with legal authority to make decisions on their behalf, there were copies of the appropriate documents in people's files and there was evidence that legal representatives were involved in decisions relating to people's care needs.

Staff had the skills and knowledge to meet people's needs. Staff had completed training which included: first aid; safeguarding; pressure ulcer care; loss and bereavement; end of life care and equality and diversity. New staff completed induction training and shadowed more experienced staff until they felt confident to work unsupervised. A team leader told us, "They (new staff) shadow until they are confident. It's not about a certain length of time it's until they (staff) and clients are confident".

Staff told us they felt well supported. Staff comments included: "There is so much support"; "Someone is always available to help" and "Can talk to the team leaders anytime. There's always someone to talk to". Some staff told us they had regular supervisions. One live-in care worker told us, "I have supervision every three months. They (team leader) come to the patient's house". However, records showed not all staff had received supervision in line with the providers supervision policy. We spoke to the registered manager who told us the team structure had changed to introduce additional senior staff who were able to complete

supervisions with care staff. This would ensure supervisions were completed as per the policy. A supervision planner had been completed that showed when supervisions would be completed.

Care plans identified where people required support to meet their nutritional needs. Where people had specific dietary requirements, care plans contained details of how needs were met. For example, one person was diagnosed with diabetes. The person's care plan stated 'Help to source and chose low sugar meals'. The person used pre-prepared meals and the registered manager had sourced a company who provided low sugar meals.

People were supported to access health professionals appropriately. People's care records showed the registered manager had contacted: G.P's; occupational therapists; psychologists and district nurses on people's behalf. The registered manager liaised closely with health professionals and ensured any advice given was followed.

People's personal information was stored securely in a cupboard that was locked when the office was unmanned. Information stored electronically could only be accessed by staff with authority to do so and was password protected. Information was shared securely when shared electronically. This ensured people's confidentiality was protected.

Good

Is the service caring?

Our findings

People and their relatives were positive about care staff. Comments included: "They (care staff) are all lovely, very professional. I can't fault them"; "They're brilliant. All the girls are marvellous": "Excellent. First rate" and "Staff are all very caring. They have never been neglectful".

Staff spoke with kindness and compassion when speaking about people they supported. One member of staff said, "I love working with the clients. It's about respecting them and they respect you".

Staff understood the importance of supporting people's independence. One member of the care staff told us, "We must promote independence. It's about finding ways of supporting people that is best for them".

People told us they were treated with dignity and respect. Comments included; "Absolutely, they always ask me what I want" and "They treat me with dignity and respect. It's all about me and they know me very well". Staff explained how they made sure people's dignity was respected. Examples included: prompting a person to change their clothes after a meal and before going out to ensure they did not go out in stained clothing and closing doors when providing personal care.

People told us they were involved in all decisions about their care. One person said, "I am absolutely able to say what I want". Another person told us, "They always ask me what I want".

Care records were written in a respectful manner and showed people were involved in decisions about their care. For example, records showed care plans were reviewed and discussed with people and their relatives/representatives. Where changes were identified these were agreed with people. One relative told us, "I am kept informed of any changes. I am very involved in [person] care plan. The care plan is sent to me and I make changes and send it back. It's signed by everyone once we have agreed".

Good

Is the service responsive?

Our findings

People's needs were assessed prior to them accessing the service. These assessments were used to develop care plans that identified how people's needs were met. Care plans were personalised and included information relating to people's life histories, likes, dislikes and what was important to them. For example, one person's care plan identified they had a dog.

Care plans contained details of people's health conditions and the impact conditions had on people's ability to care for themselves. For example, one person experienced seizures. The person's care plan detailed the impact seizures had on the person's ability to communicate and mobilise.

Where people had specific needs related to their health condition, care plans detailed the support the person required. Identified health conditions included: Epilepsy, cerebral palsy, diabetes and dementia.

There was an emphasis on what people could do for themselves and the importance of supporting people to maintain their independence. One person's care plan stated, 'I'm trying to be as independent as possible. My independence is very important to me'. Another person's daily records showed they had been encouraged to help prepare their meal.

People were supported to access social activities to minimise the risk of social isolation, where this formed part of their care needs. For example, one person's care plan stated, 'I love nature, flowers and bird feeding. I like to go on walks. Please offer to take me out when we have spare time'. The daily records showed the person was supported to go on walks. We spoke to this person's representative who told us care staff regularly took the person to 'the river'.

People's cultural needs were identified and met. For example, one person had their care visit at a different time on a Sunday to enable them to attend church.

Daily records showed staff knew people well and used the knowledge to engage them in meaningful interactions. For example, one person's care record identified they had enjoyed dancing. The daily record included an entry which stated, 'Showed me how to dance ballet'.

Care plans were reviewed monthly and whenever needs changed. Where issues were identified the registered manager took action to ensure needs were met. One person had a pendant alarm which they wore around their neck. The person told care staff they did not like the pendant alarm. The registered manager arranged for the person to have an alarm they could wear around their wrist.

The provider had a complaints policy and procedure in place. People were given a copy of the policy when they accessed the service. Records showed that complaints had been responded to in line with the policy and to the satisfaction of the person making the complaint.

People and their relatives knew how to make a complaint and felt sure any concerns would be dealt with in

a timely manner. However no one had made a complaint. Comments included: "Never had any problems, everything is very good" and "I have no complaints and if I did they (registered manager) would sort it out".

Good

Is the service well-led?

Our findings

People and their relatives/representatives were extremely positive about the service and registered manager. Comments included: "It is managed very well. It is a trustworthy organisation"; "[Registered manager] is marvellous. She makes sure everything is ok. Nothing is too much trouble"; "There is good communication and it is easy to get hold of the manager. Every element of care works extremely well"; "[Registered manager] is very approachable and responsive. The service is of good quality" and "We have a great partnership. I would thoroughly recommend them".

People and their relatives/representatives told us the registered manager would 'go the extra mile' for people to ensure they received all the support they needed. For example, one person wanted to go to a flower show. The registered manager sourced tickets for the person and was arranging for a member of care staff to accompany them.

Staff were equally positive about the registered manager and the support they received. Staff comments included: "It's a lovely place to work. There is really good communication and good teamwork"; "It is a very friendly place to work. There is good, open communication and [registered manager] is very supportive"; "It is a very good company, I enjoy working for them. Everyone (office based staff) is very helpful and always find ways to help me if I have a problem" and "It's a very good company. I am really happy to work for them. [Registered manager] will always help and support".

The registered manager promoted a caring culture that ensured people were at the centre of everything the service did. The registered manager spoke passionately about the quality of care the service provided and knew people and staff well. The registered manager told us the service had a minimum visit time of one hour to enable staff to spend with people and ensure their needs were met.

Staff were valued and felt listened to. There were regular staff meetings and where staff could not attend notes of the meeting were sent to them to ensure they were aware of any issues discussed. Records of staff meetings showed that staff were encouraged and supported to find solutions to issues raised. Staff told us they received regular memos from the registered manager that kept them up to date with any changes in relation to people's needs and organisational changes.

There was a whistleblowing policy in place and staff knew how to report concerns using the policy. Staff were confident that concerns would be taken seriously and acted upon.

The registered manager had sent out a quality questionnaire. The responses were extremely positive. The results of the survey had been analysed and were sent out to people, relatives and staff. The analysis identified areas that could be improved. There was no written action plan; however the registered manager told us the actions they planned to take to improve the service. For example, communication with the office had been identified as one area for improvement. The registered manager told us they were planning to design a newsletter to send out to people and their relatives.

The registered manager monitored the quality of the service by regular spot checks. Team leaders carried out spot checks of care staff every three months. During the spot checks people were asked for feedback about the service and this was shared with the registered manager. Records showed that all feedback about the service and staff was positive.

Accidents and incidents were recorded and action taken to minimise the risk of further incidents. For example, one person had acted inappropriately towards staff. The registered manager met with the person and discussed the incident. Guidance was put in place for staff to advise them what action they should take in future.