

Homecare Professionals (Essex) 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

This inspection took place on the 21 April 2016, 25 April 2016, 10 May 2016 and 20 May 2016 .

Homecare Professionals Limited provides care services to people within their own homes. Care services include personal care, a sitting service and domestic services. The services provided are either through private arrangement or social services funding.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Suitable arrangements were in place to ensure that people received appropriate care and support to meet their needs. Staff knew the needs of the people they supported and they were treated with respect and dignity. People's healthcare needs were well managed and they had access to a range of healthcare professionals.

People's needs were met by sufficient numbers of staff. Suitable arrangements were in place to ensure that staff had been recruited safely; they received opportunities for training and supervision.

People were safeguarded from harm; Staff had received training in Mental Capacity Act (MCA) 2005.

People were supported to have sufficient amounts to food and drink to ensure that their dietary and nutritional needs were met.

People were provided with the opportunity to participate and engage in activities of their choice which met their needs. Relatives and people who used the service knew how to make a complaint and we felt reassured that all complaints would be dealt with and resolved efficiently and in a timely manner.

The service had a number of ways of gathering people's views which included holding meetings and reviews with people, staff and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to help them make improvements.

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 felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Medication was managed and stored safely.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

People had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and their feedback was used to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 21 April 2016, 25 April 2016, 10 May 2016 and 20 May 2016 was unannounced and carried out by one inspector.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with five people who used the service, two of their relatives, three staff, the registered manager, provider and care co-ordinator. We looked at records in relation to five people's care, staff recruitment, supervision records and the systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe using this service. One person told us, "I feel very safe when the carers are here, they are always looking out for me and making sure I am safe." A relative informed us, "I am very happy with how they ensure my relative's safety. Staff always contact me if there is an issue."

Staff knew how to recognise the signs of possible abuse and how to report it. Where issues or concerns had been reported in the past they had been addressed appropriately by management. Staff had confidence that the senior staff would act appropriately in the event of any future concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Staff were clear on what actions they would take should they have any concerns about people's wellbeing. One member of staff informed us, "If I think one of the service users is at risk of abuse from anyone, I would speak to my manager straight away and make sure that my concerns have been dealt with or raised with social services depending on how serious the concerns are." All staff had attended safeguarding training. A member of staff informed us, "We attend safeguarding refresher training every year. This helps us ensure we are up to date with the changes in law."

Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. The registered manager had a good understanding of their responsibility to safeguard people and dealing with safeguarding concerns appropriately. The provider's policies and procedures were in line with local procedures and they worked closely with the local safeguarding team.

Most people using the service were monitored on a one to one basis throughout the day due to the risks people presented themselves. Staff were knowledgeable about the people they supported and used a range of techniques to intervene where people became distressed or upset.

People told us that care call times vary from time to time, on some days staff will be on time however some days mainly at the weekend and bank holidays staff can be late. People informed us that someone from the office would always call to let them know of the delay. The registered manager and provider told us that they had recently introduced a new call logging in system. Staff were required to log-in when they arrived and left a person's house and should for any reason staff be running late to their next call the system would notify the office; At which point the care coordinator based in the office contacted all parties involved and informed them of the potential delay and, if required, arranged for another member of staff to attend the next call.

The registered manager informed us that staffing levels at the service were based on the Local Authority's funding arrangements for each person. However, the registered manager and staff informed us that should people's needs change they would request an urgent review of needs for the individual from the Local Authority. This was confirmed by care plan records we reviewed.

People and staff told us all medication was safely, securely stored and the service had a procedure in place for the safe disposal of medication which involved contacting the pharmacist to arrange for unused medication to be disposed. Medication administration records (MARS) we checked were correctly

completed with no unexplained gaps of omission. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

Is the service effective?

Our findings

People and their relatives told us they found staff to have good knowledge and the skills on how to best meet their needs and always provided good quality care. One person told us, "The management team and the staff look after me very well and always seem to know what I need without even asking me." A relative added, "Staff appear to be well trained and have a good knowledge of how to care for people in the service."

Staff informed us that when they commenced employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans as this ensured staff had good knowledge of the people they were supporting. Staff went on to say this was a continued process as people's needs changed.

Staff attended mandatory training when they started employment and they attended yearly refresher courses. The training was provided through online workbooks or planned training dates with the local Authority. Staff informed us that were offered an array of training modules which had relevance to their roles and this helped them to deliver safe and effective care to people. Staff we spoke with were positive about their training and they felt supported by the management team. Staff had been trained in first aid and should there be a medical emergency, staff knew to contact the doctor or paramedic if required.

Staff had regular supervision and meetings to discuss people's care and the running of the service and were encouraged to be open and transparent about any concerns they may have. Staff said, "We have informal and formal supervision at least once a month and if we need to speak to the management team we can speak to them at any time." The registered manager informed us that they regularly held discussions with staff to acknowledge areas of good practice and improvement which helped to improve the quality of care being provided.

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) governs decision-making on behalf of adults who may not be able to make particular decisions because they do not have capacity to do so. Details on how to involve the person in decision-making according to their Individual levels of understanding and preferred communication methods were included in each person's care plan. The service ensured that if people became unbefriended and had no support with making decisions to care planning, advocacy support was available from an Independent Mental Capacity Advocate (IMCA) should one be required. Advocacy services ensure that people's rights are protected.

Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We spoke to staff on how they consulted people about how they wanted their support to be delivered and if the person was unable to make an informed decision how would staff then make a decision in the person's best interests. Staff informed us they would take into account the person's past and present wishes and feelings before making a decision and would also review the person's care plan. Where a person lacked capacity the service had care plans in place to support people and the service had consulted the person's family and all professionals involved with the person's care to ensure the people's wishes and feelings were being respected and their needs were being met in the best way possible.

People said they were supported by staff to have enough food and choice about what they liked to eat. The service regularly monitored people's food intake and adapted individual plans to ensure that people had a balanced diet. The registered manager told us, "We are in regular contact with the district nurse and GP to monitor people's weights and wellbeing."

People's healthcare needs were well managed. People told us they were supported to have access to a range of healthcare professionals and services such as, GP and district nurse. One relative told us, "The service always makes sure that my relative has support from the district nurse and have worked with the nurse to accommodate changes to my relative's care needs, for example recently they service changed my relative's call time so they could attend at the same time as the district nurse as my relative needs to be turned whilst the nurses are here."

Is the service caring?

Our findings

People and relatives told us they found staff to be friendly and caring towards them. Staff informed us they felt it was their responsibility to make sure the people they cared for mattered as most people had little interaction with the outside world. One person informed us, "I find all the staff listen to me and treat me in a dignified and respectful manner." People told us they found staff to have a positive attitude towards caring for them. One person informed us, "My carer [name] is very important to me, I don't know what I would do without them, we have built on such a good relationship and I'm not sure how I would manage without them."

The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. Care plans were personalised to each individual's needs. The service worked closely with all professionals and relatives to undertake specific ways of providing care for all the people living in the service and this was all recorded in the care plans.

People were supported to be as independent as they chose to be and this was documented in their support plans; the registered manager also added how they supported people to be independent. People told us they felt their independence was promoted and staff respected each other's choices, for example ensuring each other's privacy.

Staff knew people well, their preferences for care and their personal histories. People and their relatives were aware of their support plans and had annual review meetings with the management team and social services to identify any needs or wants they may have, along with their overall well-being. A relative told us, "The manager is very approachable and always communicates with us when there is a change in our relative's needs."

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. One person informed, "care staff will help me to go into town to do some shopping and however sometimes I wish they could just sit down and spend time with me chatting as I don't get to see people often." This was fed back to the registered manager.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to or if a person had been assessed as requiring support to make decisions. The registered manager gave us examples of when the service had involved an advocate, such as supporting with annual reviews and support planning. Advocates were mostly involved in decisions about changes to care provision.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff, relatives and people receiving support. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The registered manager held conversations with other health professionals, people and relatives to plan and discuss people's care before the service commenced as to ensure the service can meet the needs of the person. They regularly communicated with people and their relatives to ensure the information held in the care plans was accurate and correct and also as a tool to make improvements to people's care plans. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care such as watching people's responses to their care.

The service encouraged people to access activities in the community. The registered manager expressed that staff continued to encourage and support people to develop and sustain their aspirations.

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, moods and specific behaviours and any changes were communicated with the person and social services. Care plans were regularly reviewed as and when required.

People were involved as much as possible in reviews of their care. Communication with the service was said to be good. Relatives told us they were always kept appropriately informed and attended review meetings. Staff were able to identify and represent people's views from their knowledge of their communication methods.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager.

Is the service well-led?

Our findings

People and relatives felt at ease discussing any issues with the registered manager and the staff. The registered manager was visible throughout our inspection and informed us that in their absence the provider and the care coordinators looked after the service and kept them up-to-date of all the changes and concerns. The registered manager had a very good knowledge of most of the people using the service.

The registered manager was supported by the provider and care coordinators to carry out a number of quality monitoring audits on a monthly basis as to ensure the continued improvement of the quality of the service provided to people. For example, the service carried out audits on people's care files, medication management and staff folders. The registered manager was keen to deliver a high standard of care to people and used information from the quality monitoring processes to keep the service under review and to drive any improvements. The management team also carried out staff meetings on a regular basis as to listen and learn from staff's experiences and used this as another way to find ways to improve the service.

People benefited from a staff team that felt supported by the registered manager. The ethos to enhance the wellbeing of the people using the service was put into practice by value based training and a robust induction process. Staff received regular supervision from the registered manager and a yearly appraisal, which was documented within individual staff files. Staff received positive feedback, encouragement and motivation from their manager.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control. The registered manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.