H & S MEDICAL LIMITED

H & S Care & Medical Professionals

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 23 July 2018 with the registered provider being given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. This was the first inspection since the service registered with the CQC in July 2017.

H & S Care & Medical Professionals is a domiciliary care agency which provides personal care to people living in their own houses and flats in the community. At the time of the inspection the service was supporting 13 people with varying needs, this included older people, people living with dementia and children with a learning disability.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

Most of the people we spoke with told us they were satisfied with the way the service was run. However, they identified some areas they thought could be improved. People said their privacy and dignity was respected and staff were caring and helpful. However, written records did not always reflect the positive aspects of the service people told us about.

Systems were in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. However, guidance on how staff should manage each area of risk was not always as detailed as it could be and appropriate staff training in this topic could not be evidenced.

Recruitment processes to help the employer make safer recruitment decisions when employing staff had been carried out, but documentation was disorganised. Staff told us the registered manager had worked with them to help them understand people's needs, but documentation did not demonstrate staff had received a structured induction to the company, or timely training in all essential topics.

Staff received regular group support from the registered manager at weekly meetings, but regular one to one sessions had not been incorporated into routine practice. The registered manager had begun to meet with staff on a one to one basis to appraise their work performance and offer support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, there was room to improve the written information in people's records in relation to their capacity and consent interest. Not all staff had completed training in this topic.

Where possible, people were encouraged to manage their own medication, with some people being supported by relatives. Where assistance was required support was provided by staff. They told us they had completed medication training and their competency in this subject had been checked by the registered

manager, but there was no documented evidence to support the latter.

People's needs had been assessed before their care package commenced and we found they, and/or their relatives, had been involved in these assessments. People told us their needs were being met by staff. However, not all the people we spoke with had a written care plan in their home to inform and guide staff. Where plans were in place they provided information and guidance to staff, which assisted them to deliver the care people needed, in the way they preferred.

The registered manager told us the complaints policy was provided to people using the service along with other information about how the service intended to operate. However, some people said they had not received this information. When people had raised concerns, these had been addressed by the registered manager.

The service had only been supporting people in the community since February 2018, therefore the process for consulting with people about their satisfaction in the service was still being formalised and embedded into practice. In the meantime, the management team were speaking with people on a regular basis and had begun to record comments made during telephone conversations.

The registered manager was checking some processes to make sure staff were following company policies, such as the completing of visit records. However, the system needed to be refined and embedded into practice.

During this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Systems in place helped to keep people safe from the risk of abuse.

Risk assessments, aimed at keeping people safe from harm, lacked sufficient information.

Recruitment procedures aimed at helping to make sure the service recruited staff who were suitable to work with people who may be vulnerable had been followed.

People received the right medicines at the right time. However, medication documentation needed improving

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received all the essential training and support needed to carry out their job.

People were supported to have maximum choice and control of their lives. However, there was room to improve the written information in people's records in relation to their capacity and consent

People's health and nutritional needs were met.

Is the service caring?

Good

Overall people consulted were happy with the way staff delivered care. They told us staff were helpful, caring and friendly.

People were involved in their care and staff respected people's wishes. People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive

People received the care they wanted, but care plans had not always been put in place in a timely manner. Where they were in place they did not always fully reflect people's abilities and preferences.

There was a complaints policy, but this had not been shared with all the people being supported by the agency. When concerns had been raised they had been addressed.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems were in place to ensure the service operated to an expected standard. However, some of these had not been used effectively and others required embedding into practice.

Staff felt the registered manager supported them well.

System for gaining people views on the service provision needed formalising and embedding into practice.

H & S Care & Medical Professionals

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 registered 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 included a visit to the agency's office on 23 July 2018. To make sure the registered manager was available to assist in the inspection they were given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on during the inspection we considered all the information we held about the service. This included information gained from people who had contacted CQC to share their experiences about the service. We also requested the views of other agencies that worked with the service, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three people who used the service and four relatives to gain their opinion on how the service was operating. We also spoke with the registered manager, the business manager and two care workers employed by the service. This was carried out either face to face or on the telephone.

We looked at documentation relating to people who used the service, staff and the management of the service. This included two people's care records, including medication records, four staff recruitment files, training and support documentation. We also looked at how the agency gained people's views on the service provided, as well as checks made to ensure company policies were being followed.

Requires Improvement

Is the service safe?

Our findings

Most people using the service, and the relatives we spoke with, said they felt staff delivered care safely. However, one person told us they felt some staff did not handle them appropriately.

Potential risks to people had been assessed during initial assessments, but further development was needed to make sure areas of risk identified contained comprehensive information about the risk. There was also a lack of written guidance for staff on how to manage risks. For example, when someone was using a hoist to move from their bed to a chair there were no details about the sling loop configuration staff should use. This meant staff may not use the hoist safely.

From speaking with staff, it was evident they mainly relied on information about the best way to manage risks being passed on by word of mouth, until a care plan was provided. However, there was no evidence the lack of written information had resulted in any harm to people. One relative told us staff had worked with the occupational therapist to develop their family members care plan and make sure staff knew how to use the equipment in place. Following the inspection visit the registered manager sent us copies of improved guidance to be provided to staff. This gave better detail and guidance, but further work would be beneficial.

The registered manager could not evidence that all staff had received manual handling training from someone qualified to deliver this training. Following the inspection, the registered provider sent us confirmation that further manual handling training had been arranged for staff in the next two weeks.

The registered provider protected people from the risk of abuse because they had taken reasonable steps to identify the possibility of abuse and minimise the risk of it from happening. Staff told us they had completed training in this topic and demonstrated a satisfactory awareness of the types of abuse that could take place, as well as their role in reporting any concerns.

There had been no accidents or serious incidents reported since the service was registered. However, the registered manager described to us how she would monitor and evaluate any future incidents so the service could learn lessons from past events and make improvements where necessary.

The service had a policy and procedure in place for recruiting new staff, but the files we checked did not contain all the information required. In the files we checked we found documents such as an application form, two written references and a Disclosure and Barring Service [DBS] check were not always present. The DBS check help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. The registered manager said these had been received, but could not provide them on the day of our visit. Following our visit, she sent us the missing documents. These showed a safe recruitment process had taken place, but records were disorganised. We also noted that although interview notes had been completed gaps in employment histories had not been documented.

It was unclear if sufficient staff were employed to meet the needs of the people being supported. Most of the people we spoke with told us they received their visits at the correct time from a regular team of care

workers. However, other people said staff were sometimes late and did not always stay the allotted time. One person said, "Timings are not always good. I was told I would get a list of the times they [staff] would come, but it hasn't happened. On one occasion they [staff] came at 9pm instead of 7.30pm and no-one phoned to tell us." Another person told us, "Occasionally they [staff] will ring to say they are going to be late, but it's not a problem." A relative said, "They [staff] normally come on time, but [registered manager] rings and tells me they will be late, nine out of ten times they are on time."

People said the registered manager provided a lot of their care, but this meant she was not available to fulfil her managerial role. This was also raised as a potential concern by a social care professional we spoke with. The service had recruited new staff as it started to support more people, which the registered manager said would ease the situation.

Medication was managed safely. Prior to the inspection we had received information which raised concerns about the way medication was being recorded, as it did not provide an accurate record of administration. The registered manager showed us the changes they had made after this had been raised with them. The new system had been introduced, but needed embedding and monitoring to ensure staff were working to the new procedure. Most people we spoke with said they, or their relative, retained responsibility for any medication. If this was not possible staff told us they had been trained to assist or prompt people to take their medication from a monitored dose system [blister pack] in a timely manner. However, there were gaps in training records so it could not be evidenced that all staff had completed medication training and their competency assessed to make sure they were following company policy.

Staff we spoke with were knowledgeable about minimising the spread of infection. They said they had completed training in this topic and had ample supplies of protective clothing, such as disposable gloves. This was also confirmed by the people we spoke with.

Requires Improvement

Is the service effective?

Our findings

We received mixed responses about staff having the right skills to deliver care and support. While some people felt staff cared for them well and the felt they were well trained, other people felt more training would be beneficial to help staff understand people's specific needs. One person using the service told us, "They look after me well." Another person said, "Sometimes I feel like a sack of potatoes, I get tired [meaning staff did not understand their tiredness caused problems when they were being hoisted]." Relative's opinions also differed. One person said, "The quality of care [delivered by care staff] depends on who comes." Another relative commented, "Some carers struggle to understand the need to encourage [family member] to drink, or they will not drink." A third relative described staff as, "Excellent."

Records failed to demonstrate staff had received all the training and support they needed to carry out their job. Staff told us they had shadowed the registered manager when they started working for the service, and she had discussed people's needs with them. However, the registered manager could not evidence staff had completed a comprehensive, structured induction when they joined the company, or timely essential training. For instance, in one file we looked at there was a company induction form, but this had not been completed. When we asked the registered manager about this she could not produce any evidence to show the induction had been undertaken. She said she had inducted new staff and provided on the job training, including in how to move people safely, but she could not evidence that she had the level of training needed to provide the latter.

A training matrix was being formulated to log all staff training, but neither this or certificates in staff files showed staff had completed all required training. For example, one file contained certificates for only health and safety, infection control and manual handling theory. There was also a certificate for safeguarding people training, but this did not include children, which the service also supported. The registered manager said the staff who supported children had completed a workbook on the subject for the council before the care package started. However, this was not evidenced. Another file contained a certificate to say the care worker had completed medication e-learning, but there was no evidence their competency to administer medication safely had been checked.

These examples showed there was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 [Staffing].

Following our visit to the agency's office the registered manager told us some staff already had the Doncaster council manual handling passport training and all other staff had been booked on a manual handling course in August. She said other people had been booked to complete training in first aid, learning disability, dementia awareness and mental capacity, and she would be accessing e-learning in other topics.

Staff received support from the registered manager, but this was not always formally recorded. Staff told us weekly meetings were held every Thursday to update them on new care packages and areas needing attention. They said these meetings were useful. The registered manager told us although formal one to one support sessions had not taken place on a regular basis, plans were now in place for this to happen. We saw

one care worker had attended an appraisal session and a system was being introduced for all staff to meet with the registered manager over the coming weeks.

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. People who used the service, and the relatives we spoke with, told us they had been involved in care assessments before care packages started. This meant information about their needs, choices and preferences could be determined and guidance on how best to support them made available to staff. However, this information was passed on verbally until a care plan was put into their home, which at times had taken several weeks.

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. Whilst the feedback about the outcomes for people in this area was positive, we found there was room to improve the written information in people's records in relation to their capacity and consent.

The registered manager told us they had received MCA training, but it was quite a while ago, and they could not evidence that all staff had completed this training. Following our visit to the office the registered manager confirmed she had sourced training for herself and the staff who needed this training. Staff we spoke with demonstrated a satisfactory knowledge of gaining consent from people routinely as part of care provision and acting in a person's best interest, but as some people did not have care plans available in their homes at the beginning of their care package, this meant staff did not have written documentation to back up what the registered manager told them. A care worker told us, "I explain [to people] what I am going to do and ask their permission to wash them for example."

People were supported to access health professionals. We saw people's health conditions were recorded in their files. Staff were clear about sharing information with healthcare professionals and reporting changes to the registered manager. A relative described to us how an occupational therapist had been to assess their family member's needs when the care package started and worked with staff to make sure they understood how to support the person.

People were supported to maintain a healthy diet. Some people we spoke with confirmed staff assisted them with meals, snacks and drinks. They said this was done as they wished and staff maintained satisfactory hygiene while making meals. However, the registered manager could not evidence staff had completed basic food hygiene or nutrition and hydration training.

Good

Is the service caring?

Our findings

The service had only been providing care to people in their own homes since February 2018, and most people's care package had only recently started. Therefore, the feedback they could provide about the care provision was limited. However, most people spoke positively about the care and support they, or their family member received. They said overall staff were friendly and helpful and the registered manager was caring and compassionate. One person told us, "They look after me quite well." A relative said they knew all the staff who visited well and found them, "Quite obliging." They added, "They do extra jobs, like get my washing in." Another relative commented, "They give [family member] all the care and attention needed."

Staff were clear it was important to ensure people were involved in their care and for them to be at the centre of all discussions and planning involving their care and support. They told us the registered manager had informed them of each person's care needs and preferences verbally until care plans were available. They said they talked to people to find out how they liked things doing, involved them, and encouraged them to remain as independent as possible.

People told us most of the time staff were reliable and they received care from the same team of staff, which was important to them as they got to know the staff and the staff knew them and their needs.

Staff we spoke with told us the registered manager had clear values about caring for people and encouraged them to work within these values. This included caring for people as they would a member of their own family, listening to people and helping them to have choice. Staff told us the registered manager cared about the people who used the service and worked with staff to make sure their needs were met.

People told us staff listened to them and offered them choice regarding how their care and support was delivered. They said they had been asked if they had any preferences to having a male or female care worker, and their choices had been respected. Staff spoke confidently about offering people choice in all aspects of their care. For example, one care worker said, "[Person using the service] has their clothes upstairs so I bring down three different outfits for them to choose from." Another care worker described how they assisted another person to go to the fridge in their kitchen to choose what they wanted for their lunch.

Staff respected people's privacy and dignity as well as their equality, diversity and human rights. All the people we spoke with spoke positively about how staff respected their dignity. One person said, "They always cover up my private parts [when washing them]." Staff understood the importance of respecting people's dignity, privacy and independence. Information about people's cultural and religious beliefs, and any communication needs, were discussed as part of initial assessments. Staff said they would always try to support people to continue to follow their usual practices and would respect their wishes when at all possible. A relative told us, "[Family member] does not have much speech [due to their illness], but staff seem to be able to understand what [family member] wants and just do it."

However, two people spoke with us about issues relating to communication. One person said as English was not some care workers first language this made communication difficult at times. Another person told us

they did not like it when their care workers spoke in a different language to each other, while in their home. We discussed these comments with the registered manager who said she would consider them and speak to staff.

Requires Improvement

Is the service responsive?

Our findings

Most people said it was early days in their care package, but overall staff were responsive to their needs. A relative described the care provision as "Very good." Another relative told us at the beginning of the care package their family member had received "Very good care," as the registered manager had provided the care. However, they said there came a time when staff had not met their family member's needs, due to the inconsistency with staff, so they raised this with the registered manager. They told us, "Things have significantly improved, staff are going the extra mile now."

People had been involved in planning their care prior to their care package beginning. A relative told us, "[Registered manager] came and talked it all out with us. A plan in being done, but it's not in place yet." Another person described how they had talked through the planned care with the registered manager. However, staff did not always have access to written information about people's needs in a timely manner.

Each person's care needs had been assessed and where people had been supported for some time care plans had been formulated and maintained in the person's home. However, other people told us they did not have care plans in their home. We discussed this with the registered manager. She told us following assessment they gathered further information over the first few weeks, as they provided care to people. She said this enabled them to produce a comprehensive plan of care for the person. During this time staff said they only had access to information passed on verbally and through entries in the visit notes other staff completed. Although no-one told us this had affected them in a negative way, the lack of a care plan could lead to people not receiving the correct care, as staff did not have access to the written information on how to deliver care.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 [Good Governance].

People told us that during every visit staff recorded the care provided in a book. People who had read the contents of the book said they accurately reflected the care they, or their family member had received. We saw completed entries during our visit to the office. The contents were descriptive and reflected the care needs identified in the person's needs assessment.

The service had not provided end of life care to date, but the registered manager said they would work with other agencies to support people appropriately. Due to training not being accurately recorded, it was not possible to see if staff had undertaken training in this topic.

People's concerns and complaints were listened to and acted upon. The service had a complaints procedure which told people how to raise concerns. The registered manager told us this was provided to people at the beginning of their care package. However, some people could not recall receiving this document as part of their welcome pack. We highlighted this to the business manager who said he would check that everyone had received this information. People we spoke with said they had regular contact with the registered manager and would raise any complaints or concerns with her, or their care worker.

A record of concerns and complaints received had been maintained. This showed four complaints had been investigated and if outcomes indicated changes were needed, these had been made. We also saw one person had complimented staff for the care they had provided.

Requires Improvement

Is the service well-led?

Our findings

The service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported in their post by the business manager whose role included, recruitment, invoicing and staff rotas. The service had been registered with us since July 2017. The registered manager told us that until February 2018 they had been providing staff to care homes, but not to people living in their own home.

People who used the service, as well as the relatives we contacted, said although they had not used the service for very long, overall, they were satisfied with how it operated. A relative said, "So far, so good." Another relative commented, "Excellent service. I can't fault them. The manager always gets back to me when I ask about things." A third relative told us, "She [registered manager] seems to know what she is doing. She bends over backwards, but sometimes things don't happen [such as a time change for their visit]."

The registered manager demonstrated a good knowledge of the people being supported, as they worked closely with staff and sometimes provided people's care. However, systems to monitor the quality of the service provided were not fully embedded. The registered manager said they had spoken with people on a regular basis when they visited them and occasional phone calls had been made to ask about people's satisfaction, but these had not been recorded until recently. They also told us one of the directors visited people periodically to check they were satisfied with the care provision and discuss their general wellbeing. We saw a record of visits made to five people during June 2018, these showed advice and support had been provided to people.

The registered manager had monitored the quality of the service by carrying out checks on individual peoples completed visit notes and medication records. She also said she asked people about their satisfaction with the service when she visited them. However, there was a lack of evidence to demonstrate this information was being systematically gathered, reviewed, monitored and used to drive improvements in the service for people. For example, staff did not always have access to written information about each person's needs and any associated risks in their home, training records were not accurately maintained and recruitment records were missing from files on the day we visited the service. Although the latter were produced later, there was no system in place to audit staff records. Neither was there a documented plan to improve any identified issues, or address shortfalls in staffs' performance. Therefore, the registered manager was unable to demonstrate the effectiveness and safety of the service in these areas.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff met with the registered manager at weekly meetings aimed at keeping them informed of changes in the company and supporting them. However, one to one supervision and appraisals had only just started to take place. The registered manager told us staffs competency was assessed in topics such as administering medication and moving people safely, but documentary evidence of this taking place consistently was not

provided.

Staff spoke positively about the registered manager and the support they received. One care worker told us that although they had not taken part in any one to one support sessions yet, they attended meetings and the registered manager was always available to talk about anything they needed to clarify.

The service aimed to work effectively in partnership with other agencies. As the service had only been operating for a short time evidence of this was minimal. The registered manager and the staff we spoke with discussed working with doctors and district nurses, to make sure people were well supported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective systems and processes in place to monitor and improve the service provided. Staff were not always provided with the written information that would enable them to meet people's individual needs. Regulation 17 (1) and (2) (a) (b) (c).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not ensured all staff had received appropriate training to enable them to carry out the duties they were employed to perform. Regulation 18 (1) and (2)(a).