

Honor 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 

Overall summary

This inspection took place on 7 January 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could contact them.

The service is registered to provide personal care and support to people in their own homes. People who use the service may need support or care due to old age, dementia, learning disability, physical disability or

sensory impairment. At the time of the inspection the service was providing support and personal care to 14 people in their own homes. This was the first inspection of this service.

There was 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.

Summary of findings

People told us that they felt safe when staff entered their home and that staff knew how to support them. Staff were aware of how to keep people safe and were aware of the risks to people.

People usually received their care on time and told us if staff were running late they were usually notified of this.

Appropriate recruitment processes were in place in order to reduce the risk of unsuitable people being employed by the service.

Staff were provided with the training and information required in order to support people to take their medicines safely.

Staff knew people's healthcare needs and supported them to access their GP or other healthcare services if they were feeling unwell.

Staff understood the importance of obtaining people's consent prior to supporting them but had a limited understanding of the Mental Capacity Act (2005).

People told us that they were supported by staff who were kind and caring and went out of their way to help them.

People were involved in the development of their care plans to ensure that they received their care in the way they wanted. Arrangements were made for staff to be introduced to people prior to them providing care and support.

People told us they had not had to raise any concerns or complaints but if they did, they knew who to speak to and were confident that they would be dealt with appropriately.

People spoke positively about the service they received and the staff who supported them.

Staff were well supported in their role and felt able to approach management with any issues or concerns.

There were a number of audits in place to assess the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe when supported by staff.

Staff were safely recruited to ensure their suitability and prevent people being placed at risk of harm.

People were supported to take their medicines safely.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to provide them with the skills and knowledge to support people appropriately.

People were supported to access healthcare services when required by staff who knew their healthcare needs.

Staff understood the importance of obtaining people's consent but had a limited understanding of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People told us that they were supported by staff who were kind and caring.

People told us that they felt listened to and were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were supported by staff who knew their needs and delivered their care in the way they wanted.

There was a system in place to receive and handle any complaints regarding the service.

Good



Is the service well-led?

The service was well led.

People who used the service, their families and staff all spoke positively about the service.

There were audits in place to check the quality of the service.

Good



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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 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 7 January 2016 and was announced. The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete 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 used this information to assist in the planning of our inspection.

We reviewed information we held about the provider, in particular, any notifications about incidents, accidents, safeguarding matters or deaths. We contacted the local authority commissioning team to obtain information about the service. We spoke with two people who used the service and two relatives. We also spoke with the registered manager, the care co-ordinator and two members of care staff.

We reviewed a range of documents and records including four care records of the people using the service, two staff files, training records, accident and incident records, complaints and quality audits.

Is the service safe?

Our findings

People told us that when staff supported them in their own home, they felt safe. One person told us, “I am very happy with everything, I definitely feel safe when they [staff] are in my home”. Relatives spoken with told us they had no concerns about the staff who supported their loved ones. One relative told us, “I’m confident that the staff know what they are doing and [relative] is safe when they’re here” and another relative said, “Yes, I think [relative] is safe, I’ve no concerns”.

Staff had received training in how to safeguard people from abuse and were able to describe with us the procedures they would follow if they suspected people were at risk of harm. A member of staff said, “I would report [abuse] to my manager and team, I’ve got all the numbers in my phone”, adding, “I’ve never seen abuse, or anything that looks unusual, but I always ask people how they are feeling when I go in the morning and look for any changes”.

Staff told us that prior to supporting new people, risk assessments were completed. One member of staff told us, “I went with the manager when they did the pre-assessment and risk assessments. They took me on the assessment itself and we walked around with them to see and check the environment”. Staff were able to provide us with a good account of the risks people were exposed to and how they were managed.

People told us that staff were usually on time, but occasionally ran late. One person told us, “Sometimes they’re a little late but it’s not a problem and they always apologise”. Relatives spoken with also made similar comments, that staff were usually on time ‘bar the odd occasion’ and another relative said there had been a few late calls, but they weren’t a problem. They told us they

usually received a call to let them know the carer was running late but it didn’t happen very often. A relative told us there had been two missed calls, but the manager had apologised immediately and it hadn’t happened since. Staff told us that if they were running late they would contact the office and let them know. A member of staff said, “I would call the care co-ordinator first, to make sure they got someone there if I couldn’t make it”.

We saw that systems were in place to record any accidents and incidents and staff spoken with were aware of their responsibilities with regard to reporting these events.

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Baring Service (DBS) (which provides information about people’s criminal records) had been undertaken before they had started work and records seen confirmed this. One member of staff told us, “I was upset having to wait so long (to start work)”.

One person told us, “They [staff] help me with my medicines, it’s the same young lady who helps with my lunch”. Staff were able to describe to us how they provided people with assistance to take their medicines. A member of staff told us that if a person declined to take their medication, they would report it to the registered manager and contact their relative. One member of staff described to us how they tried to persuade one person to take their medication if they declined it. They told us, “I’ll leave it a while and then go back and say, ‘It’s your painkiller, you have to take it with your meals’; you just need to use the right language to persuade [person]”. We saw that Medication Administration Records (MARs) all held the necessary signatures to demonstrate that people had taken their medication.

Is the service effective?

Our findings

People and their relatives all told us that they felt they were supported by staff who were trained to do their job. One person told us, “I am happy with the service, the carers know how to look after me” and another person said, “They know how to care for me and they [carers] are all quite good”. Relatives told us they were confident that the people who supported their loved ones were competent in their role. A relative told us, “My mother is happy with the care, if she wasn’t then I wouldn’t use the service” and another relative reflected, “You can tell the service is small, they don’t have many years’ experience, but I don’t have any issues with the care, it’s ok”. All spoken with told us they considered the staff to be well trained to do their job.

Staff told us that prior to commencing in post they received a comprehensive induction. One member of staff told us, “I did my induction and training and then shadowed another member of staff who was very helpful and professional. Her feedback was spot on”. Staff confirmed that they had completed a number of shadowing sessions before they started to support people on their own. A relative told us, “I was very impressed that before new carers come in they make sure they shadow the experienced ones”. A member of staff told us, “They did spot checks on me and telephone calls to check how I was getting on”.

We saw that staff had access to regular training and a training matrix was in place to enable the registered manager to assess staff’s progress and training needs. Staff told us that they received regular training and that they felt fully equipped to be able to meet the needs of the people they supported. They told us they felt fully supported in their role and benefitted from regular supervision. One member of staff told us, “I get supervision every 6 weeks, sometimes it feels like every two days! I’m the type of person who likes to get a second opinion”. Staff confirmed their practice was observed on a regular basis and the care co-ordinator provided feedback on their performance.

Staff told us that they were always kept informed of any changes in people’s care needs. One member of staff told us, “When I returned from leave, they brought me up to date with what had happened with [person’s name]”. Staff also confirmed that they checked people’s care records on a daily basis for any changes they needed to be aware of.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

A member of staff told us, “Even if someone lacks capacity, they still have capacity to make some decisions and it’s important to give people choices”. Staff spoken with understood the principles of obtaining people’s consent before supporting them, but they had a mixed understanding of the Mental Capacity Act 2005 and required some prompting on this subject. We were shown documentation which demonstrated that this subject was covered in their induction but no other training had taken place. We discussed this with the registered manager who confirmed that plans were in place to ensure staff received training in this area.

People told us that if they were unwell then staff would ring their GP for them. One relative confirmed that a member of staff had noted their relative was unwell and had contacted the family and alerted them to this. We discussed the circumstances of this event with the carer. They told us, “It’s part of the job and they [management] tell you the seriousness of it”.

Is the service caring?

Our findings

People told us that the staff who supported them were caring and kind. One person told us, “You couldn’t wish for a politer person” and another person said, “The staff are kind to me”. Relatives spoken with also told us they considered the staff to be kind. A relative told us, “I have no issues with the staff, my mother has a very good rapport with them, she trusts them” and another relative said, “The young lady who visits is lovely”. One relative told us they found the staff to be very caring and told us, “They [staff] do little bit more than they need to and they do go above and beyond what they need to do”.

Staff spoke kindly and respectfully about the people they supported. They were able to describe in detail how they supported people and how important it was to listen to them and promote their independence where possible. One member of staff told us, “You have to promote independence, I have a little chat to see what their wishes are and go along with them as long as they aren’t harming them, I always assist them; you don’t need to do everything for people as they end up doing nothing for themselves and then they’d be helpless”.

People told us that the care co-ordinator visited them regularly to ensure that they were happy with the care they

received and told us they appreciated these visits. One person told us, “She [care co-ordinator] comes out and visits herself and checks everything is ok, she doesn’t just phone”.

People described staff as respectful and told us they treated them with dignity and respect and families spoken with confirmed this. A member of staff told us, “I take my job very seriously, I respect my clients and make sure I treat them with dignity” adding “I always make sure the close the door before I start to provide care and also asked first what they would like me to help them with, I stand back respectfully when they are supporting themselves”.

People told us they were involved in their own care planning and making their own decisions. They told us that they were listened to and their views acted on. One person told us, “They went through everything with me and I do feel involved” and another person said, “I am happy with them, they are quite good. I didn’t think they would be when the first started, I don’t know why, but I can’t say anything bad about them”. A relative confirmed they had been involved in the planning of their relatives care and that a copy of the information was held in their loved one’s home. They told us, “Everything we need to know is in the book”.

Staff spoken with were aware of the importance of advocacy services and how to access them should people require independent advice and support.

Is the service responsive?

Our findings

People and their relatives told us that prior to them commencing with the service they met with the registered manager or the care co-ordinator to go through their requirements. The registered manager confirmed they would meet with the person and their relative and take a member of staff along with them who they thought may be an appropriate match in order to support the person. A relative told us, “They came in and did the pre-assessment and we were happy with it. They arranged for someone to introduce herself before they started the care package”. Another relative told us, “They did a home visit and did the assessment. I was fairly impressed with them at that point and have continued to be”.

People told us that they received their care the way they wanted it and that they were involved in their care plans and records seen confirmed this. People told us they had not been asked to attend any reviews of their care but were in regular contact with the care co-ordinator who regularly requested feedback on the service received. We saw that where people’s care needs had changed, for example, on return from hospital, their care records reflected these changes. We discussed reviews with the registered manager and the care co-ordinator as records of these were inconsistent across the files we looked at. They told us they had identified the need for formal reviews to take place and we saw evidence that these were planned.

All people spoken with told us that they were happy with the service they received. One relative told us, “It is a small service and localised to our area; what we do get is continuity of care; it’s very important they get used to my mother’s routines and we don’t have to tell them twice how to do something”.

Staff spoken with were able to demonstrate a detailed knowledge of the people they cared for and how they supported them. We saw that care records held information about people’s preferences and what was important to them.

Everyone spoken with told us that if they had to make a complaint, they would contact the office. They also told us they were confident that if they had any concerns, they would be dealt with appropriately. One person told us, “I’ve never had to complain, they’re alright to me” and a relative said, “I’ve not had to raise a complaint, I know how the details are in the book”. Staff told us that if someone did raise a complaint they would support them to do so appropriately.

We saw that the registered manager had a complaints folder in place. No complaints had been received but a copy of the procedure was in place for staff to follow. The registered manager told us, “It is important to make people aware they can call us at any time with any issues”. We saw that the main number for the agency was available 24 hours a day and during out of office hours was transferred to a member of staff on call. People told us that they were not aware of being asked to complete any surveys to provide feedback on the service but that they spoke with the care co-ordinator on a regular basis and were happy to provide feedback in this way. A relative told us, “I’m not aware of any surveys or reviews but my mother deals with all that”. The registered manager told us they planned to compare and contrast the information received from the surveys and then relay the information back to the people using the service.

Is the service well-led?

Our findings

People told us that they were happy with the service they received, one person told us, “I can’t say anything bad about them”. A relative commented that she realised that it was a small service, but that she was happy with the care her relative received. Another relative told us, “I have found it [the service] much better than other ones I’ve used in the past”.

Staff spoken with told us they felt well supported by the registered manager and the care co-ordinator, and that they enjoyed their work. One member of staff told us, “I love my job, it’s challenging and I learn every day”. They went on to say how pleased they were that the care co-ordinator had confidence in their abilities and that they were now being shadowed by new staff. The care co-ordinator told us that she too felt very supported. She told us, “The registered manager pushed me to go for further training”. I can always ring him if a situation arises; he is quite good like that”. Staff told us they felt listened to and were confident that if they raised any concerns then they would be acted upon. Staff described the registered manager and the care co-ordinator as ‘approachable’, one member of staff told us, “I can call the care co-ordinator at anytime, anywhere, she is always there to speak to, she is very supportive”.

We discussed with the registered manager their plans for the service. We saw that a number of new carers had recently been recruited and plans were in place for them to commence their induction once their DBS had been received. The registered manager told us that they planned to build up the staff group before taking on additional packages of care. They told us, “The intention is to slowly but gradually grow the service, I wouldn’t want to rush or compromise people’s safety”.

The registered manager told us and staff confirmed that there was always someone available to contact in emergencies and relatives spoken with confirmed this. One relative told us, “We have their booklet with all their numbers, if you leave a message they get back to you quite quickly”.

The care co-ordinator told us, “Because we are a small team we get on really well with each other. We tend to cover shifts between ourselves and support each other”. Staff told us they attended regular staff meetings and that they felt listened to. The care co-ordinator told us they considered that staff were able to have an input into the service and provided an example of suggestions that had made to improve the rota system to reduce the risk of missed calls.

We saw that there were a number of audits in place in order to develop and improve the quality of the service on offer, including individual medication audits. Staff told us that their practice was regularly observed and we saw evidence of this. Regular audits also took place to ensure calls were made in a timely manner, the care co-ordinator told us, “Through this [the audit] we can identify areas for improvement and ensure calls are being done when they should”.

We discussed with the registered manager how they ensured they delivered a quality service. They told us, “It’s about understanding the needs of the service user; if we understand what is required we can provide a service accordingly”. We saw that regular feedback was obtained from people who used the service and all spoken with confirmed that the care co-ordinator visited them in their home to ensure they were happy with the service provided.