Healing Cross Healthcare Limited

BE Wembley

Inspection report

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Date of inspection visit:
05 February 2016

Date of publication:
01 April 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 5 February 2016 and was announced. We told the provider one day before our visit that we would be coming. The service provides domiciliary care and support to eight people living in their own homes in Harrow and surrounding areas.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 was on duty on the day of our inspection and we also met with three team leaders of the domiciliary care agency.

People felt safe with the support they received from care staff. There were arrangements in place to help safeguard people from the risk of abuse.

The service had procedures for monitoring and managing risks to people.

People's care files contained risk assessments. The risk assessments identified risks and actions required of staff to minimise the risk.

Care staff supported people who were unable to manage their own medicines. They had been trained to administer medicines safely.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks.

Staff had the skills, knowledge and experience to deliver effective care. They had received a comprehensive induction and training in relevant areas of their work.

People said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were involved in making decisions about their care and support and their consent was sought and documented.

People were supported to eat and drink sufficiently to maintain a balanced diet.

The service encouraged people to raise any concerns they had and we saw from records people's concerns were responded to in a timely manner.

The service was well managed. It proactively sought feedback from staff and people, which it acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from risk of harm. This is because the service had an effective approach to safeguarding, whistle blowing, and staff recruitment.

Care staff supported people who were unable to manage their own medicines. They had been trained to administer medicines safely.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People received effective care that met their needs and wishes.

Care staff received training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Care staff were aware of the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff told us how they upheld the privacy and dignity of people using the service.

People told us care workers were kind and caring. They were supported to be as independent as possible.

People were involved and their views were respected and acted on.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care and support plans were produced identifying how to support them with their individual needs.

Care plans were personalised to meet the needs of individuals. People told us staff provided care and support that met their needs.

People and their relatives knew how to make a complaint and complaints were responded to and resolved appropriately.

Is the service well-led?

Good

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with him through one-to-one meetings and staff meetings.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

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

BE Wembley

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 5 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager was sometimes out of the office. We needed to be sure that the registered manager of the company would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector.

During the inspection we went to the provider's office and spoke with the registered manager and three team leaders. The branch manager identified the names of people who used the service or their families and a list of staff. We spoke with four people receiving care over the phone.

We spoke with five care staff and we also contacted the local authority for their view of the service.

We reviewed the care records of six people who used the service, and looked at the records of staff and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel safe. I have never been worried about letting staff into my home" Relatives said they felt people were safe. One relative told us, "My relative is safe because of regular visits from care staff."

There were appropriate procedures in place to help ensure people were protected from all forms of abuse. We saw a policy on safeguarding adults was available so care staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Care staff knew these policies were available to them. They understood the procedures they needed to follow to ensure people receiving care were safe. Care staff described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They told us they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information.

Risks to people were assessed and well managed. There were procedures in place for monitoring and managing risks to people receiving care. There was a health and safety policy available. People felt that their risks were managed appropriately and that they were involved in making decisions about any risks to them. We looked at files of people receiving care and each contained an individualised risk assessment and management plans. We saw that these plans were signed by people, which suggested the files were completed with people and where appropriate their relatives. The risk assessments identified the risks and the actions required of staff to minimise the risk. The risk assessments covered areas such as finance, medication, environment, moving and handling and infection control. The risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check, evidence of identity, right to work in the country, and a minimum of two references to ensure that staff were suitable and not barred from working with people who used the service. This helped to ensure people employed were of good character and had been assessed as suitable to work with people.

People were supported by sufficient care staff with the appropriate skills, experience and knowledge to meet their needs. Each person's care records identified the amount of care staff support they needed. Care staff told us they were given enough time to travel to people and spend the agreed amount of time supporting people. A care staff told us, "We are given time to travel between calls". The registered manager was also available to cover calls in emergencies. People told us they had enough staff support and visits were never rushed. This showed that sufficient staff were provided to meet people's needs in a safe manner and care staff were deployed safely and appropriately.

Appropriate policies were in place for the safe administration of medicines so staff had access to important information. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. Care staff confirmed they had undertaken training on medicines administration. The staff training

matrix showed all care workers had been provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health. Records showed staff completed the required documentation when supporting people with their medicines. One person receiving care told us, "Staff help me with my medication. They seem to know what they are doing."

Good

Is the service effective?

Our findings

Staff received regular training to enable them to provide safe and effective care. People were supported by care staff who had the right skills and knowledge. Care staff were knowledgeable about people's individual needs and preferences and how to meet these. They were provided with mandatory training along with other more specialists training, designed to help them to meet people's individual needs. The records we looked at confirmed care staff had attended training in mandatory subjects such as manual handling, health and safety, food hygiene, fire safety, dementia and infection control. A care staff told us, "I get adequate training to enable me to carry out my job."

Staff completed an induction programme when they started work. The service had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The induction consisted of three weeks of formal training and a period of shadowing experienced members of staff before they were permitted to provide care independently. New staff were required to complete 16 mandatory fundamental standards of care in accordance with the requirements of the Care Certificate. This was designed to help ensure care staff had a wide theoretical knowledge of good working practice within the care sector.

Staff told us they felt well supported by the registered manager. The service had a system in place for individual staff supervision. Staff told us and records confirmed they were supported through regular supervision. Appraisals were undertaken annually to assess and monitor staff performance and development needs. This ensured that people were supported by staff who were also supported to carry out their duties. All staff had had an appraisal within the last 12 months.

The service worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated. The service worked successfully with local providers to ensure people's health care needs were met. The service supported people to access services from a variety of health care professionals including; GPs, occupational therapists (OT), dentists, physiotherapists and district nurses. We saw the service had referred people with mobility needs for occupational therapy input. For example, we saw from a person's records that the service had implemented guidelines from an OT, which had improved the independence of this person.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. 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.

The service had written information on the Mental Capacity Act 2005 (MCA) so that care staff had access to important information to uphold people's rights. Care staff were clear that when people had the mental capacity to make their own decisions this would be respected. They understood their responsibilities in making sure people were supported in accordance with their preferences and wishes. Staff told us and records confirmed they had received training in the MCA to help them understand how to protect people's rights.

People were supported to eat and drink sufficient to maintain a balanced diet. The registered manager explained that food preparation was dependent on whether the people lived with family and if food and nutrition tasks were part of the support required. Information about people's nutritional well-being was gathered during their pre-admission assessment and staff continued to monitor this on a regular basis. In most examples people were responsible for budgeting, shopping and cooking their own meals. However, staff ensured the nutritional and cultural needs of people on special diets were met. A care staff told us, "Normally people are supported by their families for food. If a person does not have a family, we offer choice of a balanced diet."

Good

Is the service caring?

Our findings

People told us that all the staff and the registered manager showed them kindness and empathy. They told us staff gave them time and listened to them. For example, one person told us, "I am happy. Staff are kind to me and they respect me", whilst another said," "I look forward to staff visiting me. They offer me all the care and support l need."

Care staff told us how they respected people's privacy. They ensured doors and curtains were closed when providing personal care. They told us they knocked on people's doors before they could enter their homes. The care plans described how people should be supported so that their privacy and dignity was upheld. These were regularly reviewed, to ensure staff understood when people may need more support and attention. People told us care staff respected their privacy and dignity. In a survey that was undertaken in December 2015, all respondents stated they felt their carer respected their dignity. This showed that care staff had an awareness of the need to respect people's privacy and dignity.

Staff were knowledgeable of people's histories, likes and preferences. Care plans contained information about people's preferences and identified how they would like their care and support to be delivered. The plans had been developed in a person-centred way, so they included people's likes and dislikes. Information about individuals' specific needs and records had been reviewed and updated to reflect people's wishes. The registered manager told us the plans were developed with people and their family members where necessary. The service supported people to express their views and be actively involved in making decisions about their care and support. Two people were supported by the service to transfer from the traditional payment method to a 'personal budget'. Through the traditional system, the local authority purchased services on people's behalf. However, a personal budget ensured that people were able to arrange with the agency how and when they wanted services delivered. People were also able to change the pattern of services received. This ensured people were able to maximise their allocated hours and resources. For example, we saw that through a 'personal budget', and with support from relatives, people were able to draw up a personal care plan that was more aligned to their needs.

The registered manager said they tried to provide people with the same regular carers so they could get to know their needs and build up trusting relationships. People told us that they had some regular care workers that they knew well. People told us, the agency always sent the same staff; and were notified in advance if for any reason a different carer was booked. Likewise, staff confirmed they had a regular schedule, which meant they could get to know people they supported so their needs could be met.

The service had an up to date policy on equality and diversity. Care staff had received training on equality and diversity, as part of their induction. For example, the assessment form covered people's preferences in terms of language, culture, religion and lifestyle. A section on dietary requirements also indicated a variety of food types, including vegetarian and halal meat. The registered manager told us when required care staff supported people to attend places of worship so that they could practice their faith. For example, one person was supported to attend a Temple, and another attended church services.

Good

Is the service responsive?

Our findings

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. One person told us that if they had problems or concerns they would speak to the office staff. Another person told us, "I have never had reason to complain but if I did I would let the staff know."

We saw that all care files were reviewed regularly. They contained care plans, which were person-centred, including personal histories of people, their likes and dislikes. The files also contained risk assessments and like care plans, they were also personalised. The information in both care documents was clear, easy to follow and complete. This allowed new care workers to have relevant information about the person before providing care.

The registered manager described a thorough assessment process to ascertain people's requirements prior to care visits. We saw that people's life histories and preferences had been acted on in a meaningful way. People confirmed they were supported to live their lives as they chose. For example, one person had previously enjoyed shopping, and we saw evidence the service had made arrangements with the person and their family for this to be accommodated. Another person had received Holy Communion, and the service ensured this person was supported to continue to do so. This meant staff had taken into account people's interests and ensured they established means for people to be re-engaged with those interests.

Care plans were regularly reviewed and we saw relatives were invited to these reviews. The reviews identified changing needs in people's care, with corresponding changes to care plans. This ensured that care plans contained up to date information. For example, we saw staff had incorporated recent occupational therapy or district nurse advice into relevant care files and had updated care plans accordingly. This meant the person could be assured of care that was informed by recent input from healthcare specialists. People we spoke with unanimously confirmed that their needs were reviewed regularly with the involvement of family.

The service sought feedback from people who used the service by conducting surveys. The survey included questions about the care people received, whether care staff were on time, and whether they stayed for the allocated times. We saw that findings from the surveys were always reviewed and used to implement changes within the service to improve the support provided to others.

The service had a complaints policy in place but no complaints had been received. We saw the complaints procedure was clearly displayed in the Statement of Purpose as well as in documentation given to people when they started using the service. People using the service and their relatives told us they were aware of the complaints procedure or who to contact in the office if they had concerns. Where complaints had been made we found they were investigated and dealt with appropriately and within the timescales stated in the complaints procedure. For example, the service had received two complaints in the last twelve months, and we saw these had been resolved accordingly. This showed that people were provided with important information to promote their rights and choices.

Good

Is the service well-led?

Our findings

There was a clear management structure including a registered manager and team leaders. Care staff were fully aware of their roles and responsibilities of managers and the lines of accountability. The registered manager told us he encouraged a positive and open culture by being supportive to staff and by making himself available. Every care staff felt supported in their role and did not have any concerns. They said the senior staff were accessible and approachable. The service had a 24 hour on-call system which meant there was always a senior member of staff available to talk to if required. Care staff confirmed the on-call system was reliable.

The service held regular staff meetings to enable staff to share ideas and discuss good practice when working with people. Staff told us they were encouraged to consider ways they could provide people with better standards of care and support. One staff member told us, "We can raise issues and make suggestions." Staff said they were able to make suggestions about the way the service was provided in one to one meetings, debriefing sessions or team meetings and these were taken seriously and discussed. Several staff members spoke about the management being approachable.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. Regular audits designed to monitor the quality of care and identify any areas where improvements could be made had been completed. Staff had received regular 'spot checks' where the registered manager observed them providing care to people and assessed areas such as their punctuality, the quality of daily logs, medicines and how they worked with the person. Where there were concerns about the performance of care workers, this had been addressed using the provider's supervision and the disciplinary procedure. For example, some people had raised concerns regarding punctuality and this had been resolved promptly and effectively by the service.

The local authority also conducted audits and we saw that an action plan was produced, that identified gaps and improvements to be made to address these. An audit undertaken in January 2015, identified some issues, including, staff training, infection control, and quality of records. At this inspection we saw that the provider had taken action to address these gaps. Equally, the service had carried out annual quality surveys with people using the service. Records of these surveys included any action that had been taken to improve. This showed us that the provider valued the views of people.

We also saw that accidents that occurred within the service were appropriately documented and investigated by the registered manager. We looked at how accidents and incidents had been reported and managed. We saw accident forms had been completed and these had been checked and signed off by the registered manager. The provider had a system in place for all accidents and incidents to be recorded so they could be analysed to identify any themes or trends which might be helpful in mitigating future risk. For example, one person was prone to falls. The fall pattern was investigated and it was determined the frequency of falls was during a particular time of the day when the person was undertaking a particular activity. The registered manager carried out a reassessment and shared findings with the person's social worker and an OT. The outcome resulted in some renovation work, which led to the reduction of falls.