

Father Hudsons Society

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DCC

Inspection report

Coventry Road
Coleshill
Birmingham
B46 3ED

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Tel: 01675434003

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Father Hudson's Domiciliary Care provides personal care to adults living with a learning disability and / or mental health support needs such as anxiety. People had their own tenancies with flats within St Vincent's House or the local community. At the time of the inspection all 15 people in receipt of a package of care from the provider received a regulated activity of personal care as part of their support from the provider. Some people received a 24-hour package of supported living care and others received smaller packages of care depending on their agreed support needs.

The service applied the principles and values of Registering the Right Support, Right Care and Right Culture and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's experience of using this service and what we found

People described staff as kind and caring and their support as good. They felt involved in their care and support. Care was personalised and people's different needs were responded to.

People felt safe with staff members, who had been trained to protect people from the risks of abuse. Where concerns were raised these were acted on by the registered manager.

There was consistency in which staff supported people. This meant staff knew people well and how to protect them from identified risk of harm or injury. Risk management plans were included in people's plans of care which staff could refer to. The registered manager had systems in place to ensure risk management plans were read and followed by staff.

The provider had systems in place to check the suitability of staff, who were trained, and checks were undertaken on their skills and competencies.

People were supported with their prescribed medicines as needed by trained care staff.

Staff had supported people to understand the importance of hand-washing and infection prevention during the COVID-19 pandemic. Staff understood infection prevention and control measures and actions they should follow in line with Coronavirus guidance.

Staff followed professional healthcare guidance where this had been given. People were supported to access healthcare services if required. Staff worked within the principles of the Mental Capacity Act 2005 and understood the importance of gaining consent from people. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

There were quality assurance systems in place to check the safety and quality of the services. Compliance checks were made by the provider and had identified where improvements were needed and these had been acted on.

Rating at the last inspection

The last rating for this service was Good (published 4 January 2019).

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Father Hudson's Society DCC on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

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Detailed findings

Background to this inspection

The 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.

Inspection team

One inspector and an assistant inspector carried out part of the inspection using virtual technology. Another inspector undertook a site visit to the provider's office.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the registered manager 48 hours' notice of the inspection. This was because we needed to ensure they would be available to support the inspection. Virtual technology inspection activity commenced on 9 October 2020 and ended on 14 October 2020. We completed our inspection with a site visit to the provider's office on 12 November 2020.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details

about incidents the provider must notify us about, such as allegations of abuse. We also sought feedback from Local Authorities who were involved in agreeing people's packages of care between themselves and the provider. No information of concern was shared with us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We did use the PIR last submitted to us from provider. We used all of this information to plan our inspection.

During the inspection

We used virtual technology to have face to face conversations with six people to gain their feedback about the services. Another person sent us email feedback about their experiences of the service. We spoke with six members of care staff, the deputy manager, the registered manager and the head of care. The head of care is the nominated individual for the service and is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records, risk management plans, daily notes and medication records. We looked at staff training records and staff support through team meetings during the COVID-19 pandemic. A variety of records relating to the management of the service, including infection prevention procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. People continued to receive a safe service and were protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff when they received care and support. One person told us, "Staff knock before they enter my flat and I feel safe with them there." Another person told us, "I feel very safe and secure because we have outside lights and cameras, it's a safe area."
- Staff had received training in how to safeguard people. One staff member told us, "Safeguarding is about protecting people from harm and abuse both inside the service and outside the service. Any concerns, I'd tell management straight away."
- The registered manager demonstrated their understanding of their legal responsibilities in reporting incidents to us and safeguarding teams. The registered manager shared details of safeguarding investigations and these demonstrated they had followed the correct processes.

Assessing risk, safety monitoring and management

- Individual risks to people were identified and guidance on how to minimise these was included in people's plans of care for staff to refer to when needed. For example, one person occasionally did not return to their flat at night time and guidance was in place to tell staff what actions they should take to ensure the person's safety.
- People had individual Covid-19 risk management plans which informed staff of the actions they should take to safely support the person should they become symptomatic of the virus.
- Staff knew how to manage risks. For example, one staff member told us, "I observe [person's name] for any deterioration in their psychosis and would report this to the manager and contact their GP if needed."

Staffing and recruitment

- There were enough staff employed to undertake the agreed hours of care calls to people. People told us they had not experienced any missed calls and staff arrived at, and stayed for the agreed length of time.
- The provider's system for recruiting new staff ensured staff's suitability to work with people. We had no current concerns about recruitment processes and, on this inspection, did not review staff employment files.

Using medicines safely

- Where people were supported by staff with their medicines, they received the support they needed. One person told us, "Staff give my tablets every morning and every night time, they don't forget."
- Records were kept of when people had been supported with their medicines. These included medicines applied directly to skin (transdermal patches). Action taken during our last inspection to ensure staff consistently followed the manufacturer's instructions had been implemented and improvement sustained.

- Medication Administration Records (MAR) had been completed correctly by staff. We discussed one person's medicine with the registered manager when we identified current pharmaceutical guidance to 'take before food' was not stated on the person's MAR and staff were unaware of the need to administer before food. The registered manager took immediate action to add the guidance to the MAR and inform staff of this amendment.

Preventing and controlling infection

- Staff understood the importance of infection prevention and control. One staff member, "We have had recent training about good practice with hand washing and how to put on and take off PPE (Personal Protective equipment) in a safe way."
- Staff had completed Coronavirus Awareness training and used their knowledge to help support people safely.
- Staff had the information they required. Infection prevention information was available to remind staff about safe infection prevention practices to follow. This was also included in people's plans of care and one person told us, "They have put pictures and information in my care plan about how staff have to wear a face mask because of the pandemic. This helped me so I knew what staff would look like in a face mask."

Learning lessons when things go wrong

- The registered manager had implemented a 'staff signature form' which staff signed after reading new risk management plans implemented for people. The registered manager told us, "We had found not all staff had always read new risk plans, so this form enables me to keep a check that staff have read the latest guidance. It's a good check system to make sure the team have been updated and we can ask to ensure they understand any changes."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People continued to receive a caring service from staff.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People described staff as having a caring attitude. One person told us, "All staff are nice to me." Another person told us, "All the staff work hard, they are good and treat me well."
- People said staff were respectful toward them. Everyone who gave us feedback told us staff knocked on their front-door before entering their home. Another person told us, "Staff encourage me to have a shower, but I only need a little support, they give me privacy when I am in the shower."
- Staff provided emotional support to people. One person told us, "I needed to have an appointment with my psychiatrist and I usually see them face to face, that's better really. But, because of the pandemic I couldn't and had to have a telephone meeting, that made me anxious. So, [deputy manager] took me for a walk, that really helped calm my anxiety."
- Staff knew people well and how they liked to be supported. One staff member told us, "We support the same people so get to know them well and it builds good relationships between us."

Supporting people to express their views and be involved in making decisions about their care

- Staff gave people guidance and information that enabled people to make decisions. For example, staff had observed one person was not going to the launderette frequently enough to meet their needs. Staff discussed the benefits of them purchasing a washing machine, which the person agreed to. They were supported by staff with budgeting to save some money and purchased their own washing machine.
- The deputy manager told us, "During the pandemic, we've included people in making decisions about their care, though within the government restrictions imposed. We've worked really hard in these crazy times to ensure people have had no increase in distressed behaviours. It's worked well and we have been inventive in offering lots of other at home activities."
- People's plans of care described what activities, hobbies and relationships were important to them. However, people told us these had been impacted by COVID-19 restrictions. One person told us, "I really miss my disco and the bowling I went to every week, the staff explained it's because of the pandemic, it's all closed." This person, and others, told us about the many new activities that staff had offered to them. These included a baking competition, quizzes, painting and colouring to make rainbow window posters and model making for a rock garden.
- New routines had been created for people by staff to prevent isolation. The deputy manager told us, "We realised early on in the pandemic, we needed to be inventive and create activities staff could offer during people's support hours. I'm really proud of our service users and staff how they have all risen to the challenge and everyone has been really involved. It's actually led to people gaining new skills and trying things they may never have tried out before."

- Staff supported people to maintain important relationships. One staff member told us, "I support [person's name] and their best friend is another tenant, but because of social distancing and the pandemic, they have not been able to meet in the usual ways. So, I support them to video call them and also have lounge window visits."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements had been made in the registered manager acting on their legal responsibilities to notify us (CQC) of specific incidents. The registered manager ensured information and statutory notifications were sent to us, as required, in a timely way.
- The registered manager had developed a process to enable them to track the progress of any safeguarding notifications.
- The provider had quality assurance systems which were used to check the safety and quality of the services. For example, weekly checks were made on people's finances to ensure these were recorded and receipts kept in line with policies. Where action was needed to make improvements, these were completed in a timely way.
- The registered manager had oversight of delegated safety checks. They told us they had recently noted that medicinal skin (transdermal) patch recording forms were not being changed on a monthly basis which made the record unclear. The deputy manager confirmed action to take had been communicated with them about this so as to ensure records were clear to staff.
- During our inspection we identified one issue on a medicine recording form that had not been identified in the weekly checks. We discussed this with the registered manager and they took immediate action to address the medication record entry. Following our inspection, the registered manager confirmed actions taken to make improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people who used the services. Feedback questionnaires had been given to people during August 2020 and at the time of our inspection, these were in the process of being analysed by the registered manager. We sampled five questionnaires and feedback from people was all positive.
- The provider created an open culture. Staff felt well supported in their role and told us during the COVID-19 pandemic, they felt managers had increased communication with them, provided further training, emotional support and kept them informed of government guidance changes which impacted working practices. One staff member told us, "At the start of the pandemic, we didn't really have enough personal protective equipment, things were challenging. Managers worked hard to get this for us, we are very supported." Another staff member told us, "Both the registered manager and deputy manager listen to any

concerns we have, they are always available to support us."

- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010). For example, people's choices about whether they practised a faith or not was respected. Staff received training in equality and diversity and put values into practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others; Continuous learning and improving care

- The registered manager and head of care worked in partnership with other organisations. For example, there had been close working with Warwickshire County Council (WCC) and the registered manager had attended infection prevention and control webinar sessions during the pandemic and implemented all guidance. Advice and support had been requested from WCC when the provider had faced challenges in accessing personal protective equipment.
- The registered manager and head of care had, since the last inspection sought advice and guidance from us (CQC), when needed, to clarify when a specific incident should be reported and has shared information in a transparent way.