

Home Matters Supporting People Limited

The Haven

Inspection report

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Date of inspection visit:
23 May 2018

Date of publication:
04 July 2018

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

The Haven is a domiciliary care agency. It provides personal care to three people, one person living in their own home, one person who has a tenancy agreement with an external organisation and one person living within a property owned by the provider.

The inspection took place on 23 May 2018 and was announced. This was the first inspection.

There was a registered manager in post; however they were unavailable at the time of the 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 2008 and associated Regulations about how the service is run.

People felt safe when cared for by staff who came into their homes. Staff were aware of any potential risks and how to mitigate them to keep people safe. There were enough staff to keep people safe and staff knew people's needs. People received medicines as required and environmental risk assessments were carried out.

People benefited from having their specific needs met by staff who were supported and trained to ensure they had the skills to assist people effectively. People were asked their consent before staff supported them. People's nutritional needs were maintained and people received drinks. Staff ensured that people's on-going health needs were met and people attended medical appointments.

People felt that staff were caring and that they provided support that maintained their privacy and dignity. People were supported to have choice and independence. Staff advocated for people where this was needed.

Detailed care plans were in place and reviewed as required. People's history, needs and likes and dislikes were recorded and staff were aware of them. There was a complaints policy that people were aware of and people felt that they would be listened to.

People knew the registered manager and felt satisfied with the service. Staff felt well supported and enjoyed their jobs. Audits were carried out and feedback was taken on the service, with actions carried out where required in response.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt that they received safe care. Detailed risk assessments were in place. There were enough staff to care for people safely. Medicines were given as required.

Is the service effective?

Good ●

The service was effective.

Staff felt supported and received training which provided them with the skills for the job. People were supported to maintain a healthy diet and good health. People's needs were clearly identified through assessments. Staff routinely obtained people's consent prior to offering support.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who they described as kind and caring. Staff treated people with dignity and respect. People were supported to express their views and make choices regarding their daily living.

Is the service responsive?

Good ●

The service was responsive.

Detailed care plans were in place and updated in a timely manner. Staff were aware of people's health and social care needs and their personal preferences with regard to likes and dislikes. People were confident that if they raised a complaint they would be listened to.

Is the service well-led?

Good ●

The service was well led.

A variety of audits were in place in order to identify any concerns, patterns or trends. People knew the registered manager well and staff felt that they were listened to and well supported.

The Haven

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.'

The inspection was prompted following concerns raised with us about the care received by people using the service; however we found that there had been no concerns in relation to people who received a regulated activity, such as personal care.

This inspection took place on 23 May 2018 and was announced. We gave the provider 48 hours' notice in order to arrange for staff to be available to speak with us. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people for their views on 22 May 2018.

We reviewed information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback. We asked the provider to complete a Provider Information Return and received it as requested. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with three people who used the service and one relative. We also spoke with two members of staff and one of the providers.

We looked at the care records for three people and their medicine records. We checked records held in relation to staff recruitment and training, accidents, incidents, complaints and systems in place to monitor the quality of the service.

Is the service safe?

Our findings

People told us they received safe care, one person said, "Yes I do feel safe, the staff are very respectful, best organisation I have used. I have had several organisations over the years and this is the best one". A relative told us, "[Person's name] is safe in the staff care, they are happy at the moment". A staff member shared, "People are kept safe, for example one person wasn't taking medicines appropriately, but we worked with them and agreed to give some assistance and the person now feels less stressed". Staff were able to discuss with us how they would respond to any concerns they had in relation to the safety of people. One staff member told us, "If I saw any safeguarding concerns I would go straight to the director. If they were involved I would go to the local authority or CQC, but would go to boss first and share what I had seen". We found that where potential safeguarding issues had been raised by staff actions had been put in place to mitigate risk. For example where a risk of a person falling when they put themselves to bed had been addressed as staff now ensured that the person was safely upstairs before leaving. We saw where safeguarding issues arose the local authority were informed, one example being when a person was in financial difficulty. We found that there was a procedure to record accidents and incidents; however this had not yet been required for those people receiving a regulated activity. Staff understood what action to take in the event of an emergency and one staff member told us, "In an emergency I would ring 999. I would assess the situation first, do what I could and contact the office".

We found that person specific risk assessments were in place, these included managing risk for concerns like falls, medicines, self-harm, physical aggression and exploitation from others. We saw risk assessments looked at trigger points for people, such as anxiety when not able to carry out tasks. A staff member told us, "We manage risk assessments really well. Staff read updates regularly and take any new information to managers for them to update files". We saw risk assessments reflected current risks and included information shared by the registered manager and professionals working with the person. Risk assessments were updated and reviewed in a timely manner.

One person told us, "The staff have never forgotten me" and a second said, "The staff have never let me down". A staff member told us, "The clients always get cared for, we don't miss calls. If there is ever a clash of personalities with a carer people can request a different carer and the management will make sure that it is all done in the correct way". A second staff member said, "We [staff] will sit and listen to people and have enough time to spend with people". We saw that staff rotas were in place and that they showed that there was enough staff to care for people in line with their care plans.

We saw evidence of, and staff told us of how they were required to complete a Disclosure and Barring check (DBS) to ensure that they were suitable to care for people and to provide identification and references prior to starting work. However, we found that on one staff recruitment file only one reference had been requested, which meant that a full picture of the staff members conduct within previous employment might not be provided. The director (provider) told us that they would ensure this was immediately done retrospectively. We found that staff members had provided photographic identification as part of the recruitment process and a work history.

People told us that they received their medicines as they should, with one person telling us, "The staff bring it [medicine] to me in the mornings and prompt me". A second person told us, "The three staff [who visit them] all follow the GP instructions to the letter". We looked at the Medication Administration Records [MAR] of people who received medicines and found that they had been recorded appropriately. A staff member told us, "The GP constantly monitors medicines and we discuss with them to keep people safe". A second staff member said, "We are trained to give medicines and we do an online test before we can administer them". We saw that people's care plans had a list of medicines included with detailed instructions for staff on how to give them.

We found that where people lived in a shared house owned by the provider infection control measures were in place and no concerns had been raised.

Is the service effective?

Our findings

People told us that staff were effective and were aware of their needs, with one person saying, "The staff are good, yeah they know what they are doing". A second person said, "The staff know when I am in a low mood or in good spirits". Staff members we spoke with were able to share with us their knowledge on caring for people, in particular those who required specific assistance, such as medical interventions.

We found that people's needs had been assessed prior to them receiving support and care records held information which included people's specific requirements related to their medical history, dietary requirements, family history and preferences. Staff were very knowledgeable about this information and demonstrated they knew people well.

Staff members told us that they had received an effective induction, with one staff member saying, "I had training and on the job induction, it was really helpful". A second member of staff shared, "I had an in-depth induction and had time off the rota so that I could make sure that I read the policies and procedures. I also shadowed other staff". We found staff felt well trained and one staff member said, "There is always lots of training and you can request specific training". We saw staff training was recorded so that the registered manager was clear when any training required updating.

Staff members told us they received supervisions where they could discuss issues related to their role with senior staff members, we saw that one observation within a supervision stated that 'The staff team are coming together really well'. Staff told us that they were able to speak with managers outside of supervision too and that there was an 'open door culture'. Appraisals were in place and staff used these as a way of reflecting on previous practice and setting goals for the coming year.

Staff members told us they communicated well with each other and with people using the service. A staff member told us, "We have a really effective communications book, which we record in daily events and any changes, so that other staff are aware". A second staff member said, "We share all we know between ourselves so that care is consistent".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We found that people using the service were able to make decisions about their own lives.

We found people were asked for their consent and a relative told us, "The staff don't tell [person's name] what to do. The staff support [person's name] to do what they want to do within limits". A staff member told us, "I would always ask for consent and I guide people in their own time". We saw that a consent form had been signed by people using the service in order to give prior consent for support.

People received meals prepared by staff and we found people were supported to maintain a healthy diet. People told us, "I have cooked meals and they [staff] give me choice". "I am having an egg mayo sandwich and then tonight jacket potato with cheese", and, "The staff help me cook my meals, I like it when the staff eat with me. 'I have to do healthy shopping. Today it is meat balls and pasta". A staff member told us how they had supported a person to have a healthy diet and said, "12 months ago [person's name] had no appetite and was losing weight following surgery. We built up their food and fluid intake slowly and expanded items on menus. They now have an interest in food again, in particular when staff bake their favourite cakes.

We saw people were supported to maintain good health. One person told us, "Later today the staff are taking me to a GP review". A relative told us, "[Person's name] can go to the dentist themselves and is good at that, but the staff support if a GP appointment is needed". A staff member told us, "If people need help to get to an appointment we will do all we can to get them there, even if it means coming into work earlier or leaving later". We saw that all medical appointments were documented and letters kept.

Is the service caring?

Our findings

Everyone we spoke with was complimentary of the care provided by the staff and one person told us, "The staff are kind and they are a good support to me. They are friendly and I like them". A relative told us, "The staff are a friendly bunch there are no major problems and I am contented with the care that is given". A staff member told us, "We care about people and will go in to support them whenever needed and outside of normal hours if they have an early appointment".

People told us that they were able to make their own choices and decisions where they were able to. One person told us, "I can make my own choices". A second person said, "I go to bed when I want to. I am in my own flat". A relative told us, "Nobody [staff] tells [person's name] what to do they make their own choices". A staff member told us, "[Person's name] still has a lot of life in them and they choose to still work, so I will transport them to their place of work and support them in this". A second staff member said, "I care for people as they wish. Their wants and needs are always changing and one day they may be more able than the next. So I am able to be flexible to offer them choice".

People were encouraged to maintain their independence and one person said, "I can do things for myself and I do". A relative told us, "The staff will say to [person's name] 'come on let's do the bathroom together [have a wash] and [person's name] will be encouraged to be independent". A staff member told us, "I encourage independence; I want people to feel involved, so I get them to participate whenever I can, such as helping to make their bed".

We found people were treated with dignity and respect. People told us they felt that staff were sensitive when it came to making sure their dignity was maintained. One staff member told us, "[Person's name] dresses himself, but I will stand outside of door to assist. [Person's name] didn't realise they were not dressed appropriately, so I encouraged them to cover up without embarrassing them". A staff member said, "We have great respect for clients and would never do anything like talking negatively about them in their presence".

Staff members told us that they had good working relationships with people's friends and relatives and told us, "I have raised concerns with [person's name's] next of kin and keep them informed". A second staff member shared, "We have good relationships with family members and I talk to [person's names] representative multiple times a day to update them".

Where people may require the support of an advocate, we saw that this was in place. Staff also actively took on the role of advocate for people and examples given included, speaking up for people when they required more medical tests, dealing with financial issues with government agencies on the person's behalf and speaking with colleges when a person found things difficult. We saw that a pictorial contact information sheet included telephone numbers for advocates, should this be required. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Is the service responsive?

Our findings

We found pre-assessment information had been included in the care plan, which enabled the provider to ensure that they were able to meet people's needs. Care records showed that people and/or their relatives had been involved in this process with one person telling us, "I was involved with the care plan and it is reviewed and I have a lovely keyworker who helps [devise care plan]". A relative told us, "There was an initial assessment". A staff member told us, "The manager will be involved in reviews and comes out to speak with people, in particular for medicine reviews". We found care plans were updated six monthly in the mental health service and monthly in the Dementia service, or sooner if required. Care plans related to a mental health recovery plan and covered for example; physical and self-care, living skills, social networks, work, relationships, addictive behaviour and responsibilities, identity and self-esteem, trust and hope. Areas of risk were noted, such as staying safe within relationships and this was recorded within the care plan. Support needs also listed included regaining strength after illness and providing companionship to the person.

One person told us, "The staff all know what I like and dislike". Care plans detailed people's day to day needs and preferences, such as how people prefer to maintain hygiene (shower rather than bath), food preferences, television choices and how they like to interact with staff, for example one person didn't wish to be 'cared' for and wished to look upon staff as companions. We found that daily records were kept up to date and included information on people's health, mood and appetite.

We saw that information had been given to people about different external projects and groups in the area that might suit their needs. Groups were also run from the service's head office that people could participate in and these included, Zumba and mindfulness. We also saw one person getting involved in some gardening at the rear of the office. We found that one person who had used the service for many years had been encouraged to develop skills and confidence by volunteering within the Dementia service and they had now secured paid part time employment within the organisation. Other people who had received support through the organisation continued to volunteer their time and skills to support others using the service.

People told us that they would feel confident in reporting any complaints. One person said, "I would sit the person down and in the nicest way we would sit and talk about things". A second person shared, "I would tell Head Office or the managers if I had a complaint and they would help me". A relative told us, "We have no complaints because there are no major concerns". A staff member said, "If we had any complaints from people or from ourselves I think the manager would listen and do something". We found that there was a complaints procedure in place, but there had been no complaints raised at this time.

The service was not caring for any persons who were on end of life care at the time of the inspection. However; staff told us if people were at the end of their life care would still be provided for them at home should they require it. One staff member gave an example of when a person was very poorly following an operation and they received half hourly observations during that time.

Is the service well-led?

Our findings

People told us that they were happy with the service they received. One person told us, "They [staff] come on time and I am happy". A second person said, "The staff are brilliant". A staff member shared with us, "I love my job, the company is wonderful, they are very good and are family orientated". We found that people knew the registered manager with one person telling us, "[Registered manager's name] is nice to me". A second person spoke very positively about the registered manager by name and said, "I know the manager and the staff, they are very friendly". A relative told us, "The staff are a friendly bunch and I get on with the manager and all the staff. [Person's name] gets on well with the manager who is very down to earth". A staff member said, "We have a very supportive manager and the service is well led". A second staff member shared, "We can discuss things with the manager, they have a sensible approach. She always tries to do her best, for example most of our calls are in nearby geographical areas, so we have more time to spend with people and less time travelling".

We found that regular meetings took place for staff where they discussed issues such as staffing and methods of constantly improving care. A staff member told us, "We can put our opinions across in meetings. I suggested the mindfulness group and this was then actioned".

We saw that audits were in place to assess the quality of the service and included care plans and medicines amongst others. Audits were detailed and allowed the provider to track any patterns or concerns. We found that there was no requirement for the provider to notify us of any previous concerns, as they did not meet our requirements for notification. However, we saw that there was a procedure in place to notify us and safeguarding incidents had been reported to the local authority safeguarding teams where a person was potentially putting themselves at risk and support had been put in place.

We were told that one request for feedback had been sent out and there were plans to request feedback from other people at the annual upcoming summer barbeque. We saw that the feedback received was positive, with the person stating that they were happy with the support and care given to them by staff and that they were satisfied with the timekeeping of staff and treated with respect. Any areas of concern from the feedback were followed up and actioned, such as a person required a new front door. We saw that a stakeholder survey had been completed by professionals who were involved with the service and responses were positive, such as, 'Home Matters staff team have the knowledge, empathy and experience to deliver services', and, 'If I were ill and needed support, I would hope to be placed with Home Matters, as I see daily how hard each and every person [staff] works to make the lives of others more fulfilling'.

Staff told us that they felt able to speak with the registered manager openly, however if at any point they felt that action was not being taken appropriately staff were aware of the whistle-blowing procedure and told us they would use it. One staff member shared, "If I saw anything concerning I would whistle blow". A whistle-blower is a person who reports wrong-doing.