Hazelrose Care (UK) Limited

Barking Main Office

Inspection report

Unit 6, Town Quay Wharf
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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?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection of Barking Main Office on 19 September 2018. Barking Main Office is registered to provide personal care to people in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, the service provided personal care to three people in their homes. This was the first inspection of the service since it registered with the CQC.

The service had 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run. The registered manager was not present at the time of the inspection. The operations manager and business manager supported us with the inspection.

Some risks to people were not always robustly managed. We found some care plans did not contain suitable and sufficient risk assessments to effectively manage risks. We made a recommendation in this area.

Medicines were being managed safely. Records showed that people had received their medicines on time.

People's ability to communicate were recorded in their care plans. However, there was no information on how staff should communicate with people and particularly how staff would make information accessible to people.

Audits had not identified shortfalls with risk assessments and how to communicate effectively with people to ensure prompt action could be taken and people received high quality care.

People were given choices with meal times and there was information on how to support people with meals.

Staff were aware of how to identify abuse and knew who to report abuse to, both within the organisation and externally.

There were arrangements in place to ensure staff attended care visits on time. Staff told us they had time to provide person centred care and the service had enough staff to support people.

Pre-employment checks had been carried out in full to ensure staff were suitable to provide care and support to people safely.

Staff had been trained to perform their roles effectively. Formal one-to-one supervisions of staff had been

completed regularly, to ensure staff felt supported at all times. People were being cared for by staff who felt supported by the management team.

Pre-assessment forms had been completed to assess people's needs and their background before they started using the service. Reviews were held regularly to identify people's current preferences and support needs.

People were supported to access healthcare if needed. Staff knew if people were not feeling well and who to report to.

People's privacy and dignity were respected by staff. Relatives told us that staff were caring and they had a good relationship with them.

Relatives and staff were positive about the management team. People's feedback was sought from surveys.

No complaints had been received but people and relatives had access to complaint forms and staff were aware of how to manage complaints.

Staff were aware of the principles of the Mental Capacity Act [2005]. Staff sought people's consent before supporting them.

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.

Some risk assessments had not been completed for people with identified risks.

Medicines were being managed safely.

Pre-employment checks had been carried out to ensure staff were suitable to care for people safely.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

There were appropriate staffing arrangements to ensure staff attended care visits.

Appropriate infection control arrangements were in place.

Is the service effective?

Good

The service was effective.

Staff received essential training needed to care for people effectively.

Staff requested people's consent before carrying out tasks.

People's needs and choices were assessed effectively to achieve effective outcomes.

People were supported with meals and given choices.

Staff were supported to carry out their roles and received regular supervision.

People had access to healthcare services when required.

Is the service caring?

Good

The service was caring.

Staff had positive relationships with people and were caring.

People and their relatives were involved in decision making on the support people received.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and included people's support needs.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints. People and relatives had access to complaint forms should they need to make a complaint.

People's ability to communicate was recorded. However, information did not include how staff should communicate with people effectively.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality systems in place had not identified the shortfalls we found during the inspection.

Accurate records had not been kept to ensure people received high quality care at all times.

Staff and relatives we spoke to were positive about the management team.

People's feedback about the service was obtained from surveys.

Barking Main Office

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 carried out on 19 September 2018 and was announced. We announced our inspection because we wanted to be certain that someone would be available to support us. The inspection was undertaken by one inspector.

Before the inspection, we reviewed relevant information we held about the provider. We also sought feedback from social professionals that were involved with the service.

During the inspection, we reviewed documents and records that related to people's care and the management of the service. We reviewed three people's care plans, which included risk assessments and four staff files which included pre-employment checks. We looked at other documents held at the service such as medicine, training and supervision records. We spoke with the operations manager and business manager.

After the inspection, two people had communication difficulties therefore we spoke to their relatives and two staff members. We were unable to speak to the remaining person as they did not consent to speak to us.

Good

Is the service safe?

Our findings

Relatives told us that their family member was safe. A relative told us, "[Person] is safe around them." Another relative told us, "[Person] does feel safe." A social professional told us, "There are no issues regarding the service and the service user concerned is well looked after."

Assessments were carried out with people to identify risks. Risk assessments had been completed on medicines and moving and handling. However, when some risks had been identified, there was no detailed information on what actions staff should take to minimise risks. For example, one person was at risk of falls and had a history of falls, most recently falling two months ago. Records showed that they may become dizzy or have blackouts. The risk assessment included staff should be close to the person when they used steps. The operations manager told us that staff should also be close to the person when they mobilised around their home as they may become dizzy or have blackouts, which may lead to a fall. This information had not been included on the person's risk assessment. The person also had arthritis, there was no information on what part of the body the arthritis was to ensure staff were mindful when supporting the person to prevent pain or discomfort. Another person had asthma, a risk assessment was not in place to include the signs when the person may become breathless, what staff should do and if medicine should be administered such as inhalers.

Staff we spoke to were aware on how to manage risks such as the signs for asthma and strokes. However, there was a risk that new or agency staff may not know how to manage these risks. The management team told us that all staff received an induction, which involves shadowing experienced staff therefore staff would be aware of people's risks and how to support people safely. However, they informed that they would update all the risk assessments and make this more robust.

We recommend the service follows best practice guidance on risk management.

Care plans included the type of medicine people were on and consent had been obtained prior to supporting people with medicines. Staff had received medicines training and told us that they were confident with supporting people to take their medicines.

The service supported two people with medicines. We looked at both people's Medicine Administration Records (MAR). MAR charts included the medicine people were given with the dosage and frequency. We found MAR for one person had not been completed in full to evidence that the person had taken their medicines during August 2018. We were informed after the inspection that a supplementary MAR chart had to be completed as staff could not find the August 2018 MAR chart. Evidence of the supplementary MAR chart was sent after the inspection, which showed that the person received their medicines. We spoke to the relative of the person who told us, "[Person] always received their medicine on time." Staff we spoke to were aware of what to do if an error was made such as missing a medicine. They told us they would report this to the office and depending on the type of medicine then contact the GP for advice.

Staff were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what

abuse is and who to report abuse to. A staff member told us, "Abuse is doing something to vulnerable people. There is physical, verbal, emotional, financial and sexual. If this happens I will let my manager know and if they do not do anything then I will go to the council or CQC." Staff also understood how to whistle blow and knew they could report to outside organisations, such as the Care Quality Commission (CQC) and the police.

We checked four staff records to see if pre-employment checks had been completed. This ensured staff were suitable and of good character before supporting people. The Disclosure and Barring Service (DBS) is a criminal record check that helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. Pre-employment checks such as DBS and immigration checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment process. Staff we spoke to confirmed that they underwent pre-employment checks before supporting people with personal care.

Relatives told us that staff arrived on time and carried out the required tasks. A relative told us, "They 100% turn up on time." Staff rotas were sent in advance and staff were given time to travel in between appointments to minimise late calls or missed visits. A staff member told us, "We do have enough time to get to appointments. We are not rushed when we support people." The operations manager told us that staff were always on standby if staff could not attend appointments. Staff had to complete time sheets on the time spent supporting people. This was reviewed by the management team to ensure staff attended on time and stayed the required time to support people. The timesheets were also reviewed with people and signed by them to ensure it was correct.

The operations manager told us that there had been no incidents or accidents. There were incident and accident forms available to record incidents. The operations manager told us that if there was any incident, they would analyse this to ensure lessons were learnt and to minimise the risk of re-occurrence.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. Staff were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. Staff told us they disposed of PPE separately when completing personal care. A staff member told us, "We have aprons and gloves. We are taught how to use that."

Good

Is the service effective?

Our findings

Relatives told us staff were skilled, knowledgeable and able to provide care and support effectively. A relative told us, "They are knowledgeable. The staff go for training."

Records showed that new staff members had received an induction. This involved shadowing experienced members of staff, meeting people and looking at care plans. A staff member told us, "I got induction definitely. I shadowed for two weeks." Staff then received mandatory training to ensure they could perform their roles effectively. This was in accordance with the Care Certificate. The Care Certificate is a set of standards that health and social care workers comply with in their daily working life such as safeguarding, infection control, first aid and health and safety. A staff member told us, "They did give training. We did so many training, it was very helpful."

A training matrix was in place that listed the training staff had completed and when the next training was due. The management team told us they used the training matrix to monitor staff training and book training in advance.

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. We checked whether the service was working within the principles of the MCA.

Staff had not received the MCA training from the service. The business manager told us that some staff had already received this training in their previous roles and they did not want to overwhelm staff with too much training and the training has been booked for next month. Staff knew the principles of the MCA and confirmed that they knew this as they had received training in their previous roles.

The operations manager told us that people had capacity to make their own decisions. People had signed a 'consent to care' form agreeing to receive support and care from the service. Staff we spoke with told us that they always requested consent before doing anything. A staff member told us, "Yes, you have to ask for consent, if they are ok for you to help them." A relative told us, "They get consent."

Staff told us they were supported in their role. One staff member told us, "I am supported all the time." Records confirmed that staff received regular supervision. Supervision included discussions about training and development, responsibilities, goals and policies.

Pre-admission assessments had been completed prior to people receiving support and care from the service. These enabled the service to identify people's daily living activities and the support that people required. This allowed the service to determine if they could support people effectively. Using this information, care plans were developed. The service assessed people's needs and choices through regular reviews. Reviews included information on people's well-being such as on their health condition and social

and emotional well-being. There was also a section on what was going well and what was not working for people. Records showed that changes in people's circumstances had been recorded and used to update people's care plans. This meant that people's needs and choices were being assessed effectively to achieve effective outcomes.

The service supported people with meals, which included preparing meals and making meals from scratch. Each person had an eating and drinking care plan was in place, which included the support people may require with food. For a person at risk of swallowing, information included that person's food should be soft and staff should sit next to them while the person ate. Where people were supported to shop for food, information on care plans included that people should have choices when making meals.

People were given choices by staff when supporting them with meals. A relative told us, "[Person] has their meals prepared by family but for breakfast I know [person] is given choices by the staff." A staff member told us, "Sometimes [people] get their own food so I help them. They always lead as I am not there to take their confidence away, just to help them."

Care records included the contact details of people's GP and who to call in the event of an emergency so staff could contact them if they had concerns about a person's health. A relative told us, "There was a situation where they helped me with the doctor to increase [person] medicine as they were having [specific health condition]." Where staff had more immediate concerns about a person's health, they called for a health professional to support the person. Staff were able to tell us the signs people would display if they did not feel well. This meant the service supported people to access health services to ensure they were in the best of health.

Good

Is the service caring?

Our findings

Relatives told us that staff were caring. They said, "They are friendly. They go the extra mile such as they do not rush even if they finish their time and have to stay behind."

Staff told us how they built positive relationships with people. A staff member told us, "Communication is the key. That way you get to know their likes and dislikes." Relatives told us that they had a good relationship with staff. A relative also told us, "Yes, they have a good relationship [staff and person]."

Relatives confirmed that they had been involved in decision making on the care their family member received. A relative told us, "They do involve me with decision, I am always part of it." There was a section where people and relatives could sign to evidence that they agreed with the contents of their care plan. A quote from one person's care plan included, "My daughter and [registered manager] from [provider name] helped me to review my care plan today. Things are going well and I am happy with the support I receive from [registered manager]. Speaks to me often and listens to me. My carer is nice and treats me with respect." Staff told us that they involved people with day to day decisions. A staff member told us, "I always give them a choice. Like with food, they can choose what they want, it's their decision."

People's independence was promoted. Where possible care plans included that people should be encouraged to support themselves. A relative told us, "They do give [person] independence. They [person] do what [person] is able to do and help when needed."

Staff ensured people's privacy and dignity was respected. They told us that when providing particular support, it was done in private. A staff member told us, "I make sure the door is closed when I help them with personal care. I would also knock before entering their room or house. Their dignity is very important to me." Relatives we spoke to confirmed this. A relative told us, "When they bath [person] they definitely close the doors so no one can come in."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines records were stored securely in the office.

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. This was confirmed by the person and relative we spoke to that people were treated equally and had no concerns about discrimination.

Good

Is the service responsive?

Our findings

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, and their health and support needs, which enabled them to provide a personalised service. Relatives told us that staff were responsive and knowledgeable. A relative told us, "[Person] was difficult with hearing. The carer encouraged us to get a hearing aid and now we got it. [Person] can actually hear more as before [person] could not hear anything and we had to shout all the time to speak to [person]."

Each person had an individual care plan which contained information about the support they needed from staff. One staff member told us, "Care plans is very helpful. It is easy to understand. It helps you to understand the type of care you deliver. You can also find out about their background." A relative told us, "Care plan is helpful and accurate. [Staff] look at it to find out what [person] needs are." Care plans detailed the support people would require with personal care. They also contained people's family contact details as well as people's personal information such as their religion, nationality and why they required support. Care plans were personalised based on people's preferences and support needs. This also included the times staff supported people and the support people required. In one person's care plan, information included that a person did not like to take baths when the house was cold. The operations manager told us that staff would then ensure the house was warm before giving the person a bath. In another person's care plan, the person had urine incontinent and required prompting to go to the toilet. A fluid chart was in place that included record of fluid intake and output to evidence the person was given drinks and taken to the toilet to prevent the risk of urinary tract infections and dehydration.

There were daily records, which recorded information about people's daily routines and the support provided by staff. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that staff could summarise the care needs of the people on each shift and respond to any changing or immediate needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans included people's ability to communicate and what gestures or body language they may use if they were happy, angry or sad. However, for a person that found it difficult to communicate there was no information on how to communicate with them effectively. Information on their care plan included that the person may have difficulties with words. The operations manager told us that staff would have to be patient when speaking to the person and if the person spoke wait until they have finished before talking. This level of information had not been included on their care plan. We were informed that a new section would be created to include on how to communicate with people. The operations manager told us as some people did not speak English they had employed staff that spoke the same language people spoke, which made it easier to communicate with people. This was confirmed by the relatives we spoke to. A relative told us, "They sent someone that understood [person]

language, made it easier."

No complaints had been received since the service registered with the CQC. There was a complaint form available should people or relatives want to complain and the forms were given to people when they started receiving support from the service. Relatives told us that they had not concerns but knew how to make complaints if required. Staff were aware of how to manage complaints. A staff member told us, "If someone makes a complaint, I would listen to them and record this. I would then let my manager know of the complaint for them to investigate it."

Requires Improvement

Is the service well-led?

Our findings

The provider had failed to ensure that adequate quality assurance and systems were in place. The registered manager carried out quarterly care plan reviews. However, the audits had not identified the shortfalls we found during the inspection, specifically with risk assessments. This meant that the quality assurance systems were not robust enough to identify shortfalls to take immediate action. This was required to ensure high quality care was being delivered at all times and there was a culture of continuous improvement. We fed this back to the operations manager and business manager who told us that audit processes would be made more robust to identify shortfalls such as including the operations manager to quality assure care plans in addition to the registered manager.

Records were not always kept up to date. We found some risk assessments and how to communicate with people communication plans had not been completed in full to ensure staff had the relevant information to provide high quality care at all times. In addition, we were informed a person MAR chart could not be found in their home, which meant that the service had to complete a supplementary MAR and this MAR chart was not kept in the providers office nor evidenced at the time of the inspection. A monthly medicine audit was carried out to ensure medicines were being managed safely. However, the audit did not include that the MAR chart for August 2018 could not be located therefore a supplementary MAR had to be completed and there was no information about what actions should be taken to ensure this did not happen again. Keeping accurate records is important to ensure the service had oversight of the support people required and if support had been delivered effectively and in a safe way. The operations manager told us that they had learnt from this and will ensure measures are in place to minimise the risk of re-occurrence.

Spot checks had been carried out to check staff performance. Spot checks included, time-keeping, medicine management, support given to people and staff approach. The findings of the spot checks were then communicated to staff with further action included if required.

Quality monitoring systems were in place. The service requested feedback from people and relatives in the form of a survey. The survey focused on staff knowledge, time-keeping, privacy and satisfaction. The results of the feedback were positive. A quote from one survey included, "I am very satisfied with the service my [person] receives." The operations manager told us that should they get negative feedback then this would be analysed and an action plan would be put in place to make improvements and address concerns.

Relatives were positive about the service and the management. A relative commented, "[Registered manager] is a good manager. They are quite good. We tried some carers in the past, it was not that good at all but with this one, it is good. I give them 5 star." Another relative told us, "[Management team] are very nice."

Staff told us that they enjoyed working for the service. One staff member told us, "I really enjoy working for them. I am the type that loves helping people." Another staff member told us, "I do enjoy working for them. I like helping people especially when I see them improving."

Staff told us that they were supported in their role, the service was well-led and there was an open culture, where they could raise concerns and felt this would be addressed promptly. One staff member told us, "[Registered manager] is really nice, very approachable and always available. [Registered manager] is a good manager." Another staff member told us, "[Registered manager] is a very good manager, very helpful."

Staff meetings were held regularly. Records showed that meetings kept staff updated with any changes in the service and allowed them to discuss any issues. This meant that staff were able to discuss any ideas or areas of improvements as a team to ensure people always received high quality support and care.