

Hasbury Home Care Services Ltd

Hasbury Home Care Services Limited

Inspection report

154 Middleton Hall Road
Kings Norton
Birmingham
West Midlands
B30 1DN

Tel: 01214592234

Date of inspection visit:
17 November 2016
21 November 2016

Date of publication:
30 December 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

We last inspected this service in December 2015. At that time the provider was meeting all of the regulations we looked at but improvements were needed to ensure people were consistently safe and the location was well-led. Our inspection in November 2016 found that improvements had been made.

Hasbury Homecare Services Limited provides personal care for people in their own home or who live in shared accommodation. There were 70 people using the service when we inspected and there was a registered manager in post. 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 and associated Regulations about how the service is run.

People were protected from the risk of potential abuse and told us they felt safe when the staff visited. People had their individual risks looked at and had plans in place to manage them. There were enough staff employed to meet people's needs and accommodate changes to call times as requested by the person who used the service or their relatives. Staff told us that they had undergone robust checks to ensure they could support people safely and records supported this.

People who needed support with their medicines were supported appropriately. Staff knew how to dispense medicines safely and there were regular checks to make sure this was done properly.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People were involved in deciding how they wanted their care to be delivered and were supported in line with the Mental Capacity Act 2005. People said staff treated them with dignity and respect.

People told us that staff supported them to eat and drink enough to stay well. Staff knew what people liked to eat. People were supported to have their mental and physical healthcare needs met. The registered manager sought and took advice from relevant health professionals when needed.

People said staff were caring and had built up close relationships with the members of staff who supported them. People felt the care they had received met their needs. They were also supported in maintaining their dignity and encouraged to be involved in their care needs where able.

The provider sought feedback from people using the service and their relatives in respect of the quality of care provided and had arrangements in place to deal with any concerns or complaints. The registered provider had developed a complaints procedure. People said they felt confident to raise complaints and knew who to contact if they had any concerns. All of the staff we spoke with were confident they could raise any concerns with the managers, knowing they would be listened to and acted upon.

There was effective leadership from the registered manager and senior members of staff. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service.

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 received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People and care staff told us they felt there were enough staff to meet people's care needs and manage risks.

The systems in place for the administration of medicines ensured people received their medicines safely.

Is the service effective?

Good 

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs.

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights.

People were supported to receive appropriate health care and nutrition.

Is the service caring?

Good 

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Is the service responsive?

Good 

The service was responsive.

People were supported to make choices and be involved in planning their care.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if required.

Is the service well-led?

The service was well led.

The registered manager had used feedback from our last inspection to improve the service.

People were satisfied with the service they received. People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

Good ●

Hasbury Home Care Services Limited

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 first day of this inspection took place on 17 November and was announced. The provider was given 48 hours' notice. This was because the service provides domiciliary care and we wanted to be sure that staff would be available. We also visited, with their consent, some people in their shared accommodation on 21 November 2016. One inspector carried out this inspection. We were supported by an expert by experience who spoke on the telephone to some people using the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

We spoke with 13 people who used the service and seven relatives. We spoke with four care staff, a team leader, the deputy manager, and the registered manager. We also received feedback from two care professionals. We looked at some of the care records for five people, training records, complaint files, incident and quality audits that the registered manager and senior staff had completed.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when staff were in their home providing personal care. One person said, "I'm perfectly alright, and feel absolutely brilliant because I know all about health and safety. Carers also know my doctors, next of Kin and if anything happens I've got a really good neighbour I can call on, so there's nothing to worry about whatsoever." Another person told us, "I feel safe here as I used to feel vulnerable living on my own."

Staff we spoke with could demonstrate that they were aware of the types of abuse people could experience and the actions to take should they suspect that someone was being abused. Staff told us they would report any concerns to their supervisor or office staff and felt assured these would be dealt with. Staff understood how to report concerns both within the service and external agencies that they could contact, should they have any concerns about people's safety.

People's risks had been looked at when they started receiving care from the provider. Their risks had been reviewed regularly and were recorded in the care plans. For example, assessments had been completed where people needed the support of staff and equipment to move. One person who needed staff to use a hoist to assist them to change position told us, "Staff are trained in using it." Staff confirmed they had received training on using the hoist. One member of staff told us, "I had to sit in the hoist so I experienced what it was like for people." One person's moving and handling needs had changed in the previous few weeks. Whilst a risk assessment had been completed to reflect these changes it was not detailed and lacked guidance about how staff needed to keep the person safe. This was rectified by the registered manager during our inspection visit.

Staff told us that the appropriate equipment was provided to support people's care and they were trained and competent to use the equipment to ensure people received safe care. Staff told us that the policy was for two staff to use moving and handling equipment and that these policies were always adhered to.

We looked at the system in place to deal with emergencies. The service operated an out of hours on call system so that people or staff had access to advice and assistance when the office was closed. Staff told us that they had not had any difficulties in getting assistance in an emergency. All the staff were aware of the medical emergencies that could arise for the person they were supporting, and were able to describe the action they would take. This knowledge would ensure the person got the appropriate medical support as quickly as possible.

People who used the service told us that there were enough staff to meet their needs. The staff we spoke with told us the service had enough staff to cover the number of calls people required. The management team informed us that they would only accept new referrals to the service if they knew they had enough staff to provide that care.

People told us and the registered manager confirmed that people were usually supported by the same care staff. People and their relatives told us that the staff were usually reliable and that visits were not missed.

One person told us, "I have the same staff, they have not left me stranded." One relative told us, "Carers arriving on time is pretty variable due to traffic, but they are always here within a reasonable time." Another relative commented, "No complaints whatsoever, the best thing about the service is that they come every day and it makes a positive difference to our lives."

Staff told us they had not started working in people's homes until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. We looked at the recruitment records for recently recruited staff. These showed that robust checks had been completed before staff commenced working with people. This helped to ensure people were supported by staff who were suitable.

We looked at how medicines were managed by the service. Some people we spoke with administered their own medicines or their family was responsible for giving their medicines. People that required support from staff with taking their medicines told us that staff always gave them the necessary support needed. One person told us, "My carer gives me my medication." Another person told us, "All workers are reliable and look after me wonderfully and help me with medication which I take four times a day." A relative told us, "The medication is in the blister pack. No problems as far as we're concerned."

Improvements had taken place to the medication records since our last inspection. We saw that where staff supported people to take their medication they recorded this on a medication record. Systems had been introduced to record the actual medication given by staff. At our last inspection we identified that people's care plans did not contain information about what people's medication was for. The provider has taken some action and provided staff with this information. This information was generic and was not specific to the person. The registered manager told us they would ensure it was included in people's care plans so that staff knew why the medicine was needed.

All the staff that we spoke with told us that they had completed medication training. They told us that senior staff observed their practice to ensure people received their medicines at the time they needed and in a safe way. People received their medicines safely and when they needed them.

Is the service effective?

Our findings

People we spoke with told us the care staff knew how to look after them and they received the care and support they needed. One person told us, "Overall Hasbury have been pretty good in the five years I've been with them. The best thing is that staff look after me and do a good job." One relative commented, "Hasbury Homecare are absolutely fantastic."

Whilst one person told us that some care staff did not stay for long this was not the experience of the majority of people we spoke with. People told us call times were flexible and they were usually informed if staff were going to be late. One person told us, "If they are going to change the times, they always call me and ask if it's okay." Another person told us, "They turn up on time, no bother, and come early on Tuesdays because I'm picked up by ring and ride."

People told us that they were usually supported by care staff they knew. One relative told us, "The regular staff - she knows them quite well, however long she's been with them. They have four or five on the team and know what we need." Another relative told us, "The staff have a good understanding of my family member's needs." One member of staff told us, "People get regular staff as there is a consistent group of staff. There is not a lot of turnover of staff as it is a good company to work for."

We asked recently employed staff if they had been given an induction prior to starting work. They confirmed they had and that this included training and working alongside a more experienced staff before they worked on their own. The provider told us and records showed that the induction training for new staff included the Care Certificate standards. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Discussions with staff and training records confirmed there was a programme for regular refresher training for staff to keep their skills up to date. The provider also encouraged staff to attain a vocational qualification in care. Staff said they had regular meetings with their line manager that provided an opportunity for them to discuss personal development and training requirements.

The staff we spoke with were complimentary about the training and support they received. One member of staff told us, "There is definitely enough training." People were supported by staff who had the skills and knowledge to meet their individual care needs.

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. The registered manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005.

People told us that staff sought their consent before providing care. Staff told us how they respected

people's decisions and gained people's consent before they provided personal care. When necessary the registered manager had arranged for people to be supported by their relatives and people close to them in order to express their views and ensure they were receiving care in line with their preferences.

Some people told us that they, or their relative provided all their meals and drinks. However those people who required support said they were happy with the assistance they received from staff. Staff we spoke with knew people's specific needs and what people liked to eat and drink and these preferences were reflected in their care records.

One member of staff told us that a person they supported needed their food prepared to a specific texture to reduce the risk of choking. They told us they had been provided with written guidelines and received training from a health care professional to help meet the person's needs.

We looked at the support people received with their healthcare needs. Some of the people who received the service had family members involved who would arrange healthcare appointments if and when needed. Relatives informed us that the service was quick to alert them should their relative become unwell. One relative told us, "If my family member is very ill which is very rare - the staff deal with this calmly and collectively and for that we are thankful and certainly satisfied." Another relative told us that when their family member needed healthcare support "We go to the hospital as soon as possible with plenty of help when required."

During our inspection visit the deputy manager told us they were currently concerned that one person's mental health had deteriorated. We saw they took action in regard to this to alert the person's community nurse.

One person's care plan did not contain sufficient details of the support they needed in regard to a health condition or the signs that staff needed to look out for should they become unwell. This was rectified during our inspection visit. Staff were able to tell us appropriate action they would take should they be concerned about the healthcare needs of a person they were supporting. We also received positive feedback from a healthcare professional who told us in their view the service worked better than others with adults with complex mental health needs. People were receiving appropriate support with their healthcare needs.

Is the service caring?

Our findings

People and their relatives told us the staff had a caring approach. One person told us, "They are kind and caring, very much so." Another person commented, "I would say the best thing is that the staff are pleasant ladies." One relative told us, "My family member loves her carers, they are really good - very caring and we are very happy overall." Another relative commented, "Staff are lovely." During our visit to speak to people in their shared accommodation we saw that staff spoke to people in a kind and respectful manner.

People told us that staff listened to their wishes and usually did as they asked, so that care was delivered in line with people's expectations and wishes. Staff we spoke with described the people they supported with enthusiasm and compassion. Staff told us they enjoyed supporting people and had built relationships with them after working with them for some time. On some occasions, staff had attended the funerals of people who had passed away as a mark of respect and an acknowledgment of their friendship. This demonstrated that staff were compassionate and caring. One member of staff told us, "The main thing is to be caring. We have to remember this could be our family member receiving care."

All the people we spoke with said their privacy, dignity and independence were respected by staff. One person told us, "Carers help me wash and shower, treating me kindly with care and respect." Another person told us, "Staff always knock on my door and seek permission to come in." The staff we spoke with gave examples of how they respected people's privacy and dignity, for example knocking on doors before entering, closing curtains and stepping out of bathrooms whilst people used the toilet.

People were supported to maintain their independence. One person told us, "My carer takes me shopping and does housework for me; I can't fault them in any way. They're lovely people; they really have a conversation and help to make my bed. She always asks if there's anything else I want to do." Another person told us, "I love the ladies [staff] there is nothing bad I can say about them. They help me shower and wash my hair, then apply cream and put my stockings on my legs. We change the bed together, but everything else I can do myself. She's a lovely lady, never refusing to help and always asking me what else there is to do."

All staff were able to explain people's different care needs. Staff told us that they encouraged people to do things for themselves to ensure that they promoted people's independence. During our discussion with staff they used terms such as 'support' and 'choice' when describing how they supported people. We also saw in people's records that staff had recorded that they had 'assisted' people and staff documented when a person had carried out a task independently. This encouraged people's self-reliance and sense of control over their daily tasks and goals..

Is the service responsive?

Our findings

People or their relatives, where appropriate, told us they had been involved in completing an initial assessment and the subsequent development of a care plan. One person told us, "I don't attend meetings but managers come to see me once in a while." Another person commented, "Reviews are every six months." One person's relative told us, "Reviews are held once every 6 to 12 months to check that everything is okay." We saw the registered manager had a system in place that identified when people had a review and when their next review was due. This helped to ensure people's care needs were regularly assessed and met their current needs.

We saw examples of the registered manager taking action where it had been identified people's needs had changed. One care professional gave an example of where the registered manager had shared concerns in relation to the changing needs of a person using the service and that additional funding for extra staff was being considered.

Some people received support from staff to engage in their chosen hobbies or interests and to access the community. People told us they were happy with the support they received. One person told us that staff regularly supported them to go and visit a family member.

The provider had a complaints procedure and we were told that people were provided with a copy of this when they commenced using the service. Some people could not remember receiving this but told us they knew how to contact the office with any concerns. People we spoke with told us they had no reason to make a complaint. One person told us, "I have no complaints or concerns to be unhappy because Hasbury are helpful." Another person told us, "I have complained in the past and it didn't take them long to correct their mistakes." One relative told us they had raised a concern as it was not 'working out' with their allocated staff member. They told us this was quickly rectified and they were now happy with the staff allocated. However they were disappointed not to have received a follow up call to check they were now satisfied.

All of the staff we spoke with were confident they could raise any concerns with the registered manager, knowing they would be listened to and acted upon. We saw the provider kept a record of complaints and concerns that had been received and the actions they had taken to respond to these. This indicated the provider acted on all complaints and concerns received and people could be confident their complaints would be taken seriously.

Is the service well-led?

Our findings

People we spoke with told us that they were happy with the care they received. One person told us, "Overall my opinion is Hasbury Homecare are very good, I've no complaints and I don't need extra callouts. I am able to communicate and they respond quickly to my enquiries."

The registered manager told us and we saw that since our last inspection improvements had been made to the audit systems in place. Various audits were completed that included checks of care and medication records, the call times people experienced, finance records, the number of falls, incidents, accidents and complaints. This information was analysed to identify any patterns and trends and records had been kept of actions taken. Prior to our inspection we were made aware of some concerns that had been received in relation to the care one person was receiving. The registered manager told us of the actions they had taken and demonstrated they had learnt lessons for future practice in relation to the assessment process of new people intending to use the service.

At our last inspection the registered manager was exploring how they could improve the monitoring of call times that people experienced and were planning to purchase a computerised system that enabled them to monitor the times that staff commenced and finished scheduled care visits. At this inspection we were told this system had not yet been purchased due to the financial resources needed to fund this. The registered manager told us that it was hoped this would be purchased and implemented within the next 12 months. The registered manager was still actively seeking ways to improve the service

Before our inspection we asked the provider to send us the provider information return (PIR), this was a report that gave us information about the service. This was returned to us on time and was completed adequately. However, we did identify some errors in the information and our discussions with the registered manager indicated they had misunderstood the information that was required.

The views of people who used the service were sought by the provider. One person told us, "I'm very pleased with the service. Two ladies [staff] visit every couple of months to see if I'm happy with what's going on." The registered manager had sent out customer surveys and 24 surveys had been returned. These indicated people were happy with the support they received. Where one person had identified some improvement was needed these had been responded to. We saw that 'thank-you' letters had been sent to everyone who had completed a survey in appreciation of their contributions. One relative told us, "I am asked for my opinion." People had the opportunity to influence how the service was developed.

The registered manager promoted a culture of openness. Staff confirmed that if they had any concerns about the service they felt able to raise them with the registered manager. One member of staff told us, "You do not have to think twice to raise any concerns. The manager listens and we discuss things as a team to get a solution." Another member of staff told us, "The managers are always available if we need them." Staff told us that they understood their responsibilities and felt supported by the registered manager, deputy manager and office based staff. Staff told us that there was always support available to them by telephone

both day and night and they were encouraged to call into the office if ever they needed to discuss any concerns.

The care supervisors undertook unannounced spot checks to review the quality of the service and observed the standard of care provided by care staff. Staff told us the care supervisor frequently came to observe them at a person's home to ensure they provided care in line with people's needs and satisfaction.