

Hasbury Home Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We last inspected this service in January 2014. At that time the provider was meeting all of the regulations we looked at. This inspection took place on 9 December 2015 and was announced.

Hasbury Homecare Services Limited provides personal care for people in their own home. There were 56 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.

Summary of findings

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 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 but this was not always evidenced by the provider. People who received support with how their medicines were managed were satisfied but improvement was needed to ensure this was done safely.

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. Staff knew the people they were supporting and provided a personalised service. Staff received regular observations of their practice and supervisions to ensure they remained competent to support people.

People's consent was appropriately obtained by staff when caring for them. People had been asked how they wanted to be supported and when necessary they had been supported by others who were close to them in order to help express their views.

People told us that staff supported them to eat and drink enough to stay well. Staff knew what people liked to eat. People had access to health care professionals when necessary to maintain their health.

People received care from staff that spent time chatting to them while providing care and getting to know 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 knew how 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 were some processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through communication with people and staff, spot checks on staff and a programme of other checks and audits although these were not always effective in identifying how the service could be improved.

Summary of findings

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 not consistently safe.

The systems in place for the management and administration of medicines needed to be improved to ensure people received their medication safely.

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.

Requires improvement



Is the service effective?

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.

Good



Is the service caring?

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.

Good



Is the service responsive?

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.

Good



Is the service well-led?

The service was not consistently well led.

There were some processes to monitor the quality of the service provided and understand the experiences of people who used the service. Systems in place were not always effective in identifying and actioning improvements needed.

Requires improvement



Summary of findings

Most 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.

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.

This inspection took place on 9 December 2015 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. Two inspectors and an expert by experience carried out this inspection. 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 received surveys from three people who used the service, six members of staff and two healthcare professionals. 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 eight people who used the service and five relatives by telephone. We spoke with five care staff, a team leader, the deputy manager, and the registered manager. We looked at some of the care records about five people's care, 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 feel like I am in safe hands.” Another person told us, “I do feel safe with my carers. They always call out when they come in so I know it’s them.” One relative said, “We feel very safe with the carers we get. We know them all which makes a difference.”

All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. 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. Comments from staff included, “I would not hesitate to report issues if other staff put a person at risk” and “I’m confident the managers would deal with it. The managers are very good and knowledgeable.” Where concerns about people’s safety had occurred the registered manager had sent us a notification where required.

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. 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. Staff told us they followed the guidance to make sure the person would be protected. The provider had also assessed the risks for staff working in people’s homes. However we observed some of these assessments were not dated or signed and one repeatedly referred to the name of a staff member that the assessment was not about.

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. One relative told us they had used the out of hours contact number on one occasion and had no difficulties in gaining

a response. 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 and their relatives told us that the staff were usually reliable and that visits were not missed. People told us that their visits in the mornings were usually on time but some people commented that call times sometimes varied later in the day. One relative told us, “Most of the time they arrive on time, but the evening visit needs to be seven o’clock and can vary between six o’clock and nine o’clock which make things very difficult for us.” Some people told us that if staff were going to be late they were usually contacted in advance to inform them.

The staff we spoke with told us the service had enough staff to cover the number of calls people required. One member of staff told us, “From what I know there’s lots of staff. It seems to be the same members of staff who go to the same people.” Another staff told us, “I get enough time to get to people between visits. If I’m going to be late I let the on-call person know.” 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.

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. One member of staff told us, “They made sure all my checks had come back before I started work.” We looked at the recruitment records for five members of staff, this showed that for all staff the provider had obtained references and a DBS check for staff. We brought to the registered manager’s attention that for one member of staff a reference had not been obtained from their previous employer. The registered manager explained that this was because the employer had ceased trading. Further discussion showed that consideration had not been given to contacting other previous employment or completing a risk assessment for this member of staff to make sure the recruitment information gave assurance that the staff was suitable to work with people.

We looked at how medicines were managed by the service. Most people who used the service were supported with

Is the service safe?

their medication by their family members or just needed reminding by staff to take their medication. Where staff supported people to manage their medicines it was recorded in their care plan but these records did not always detail the type of support they needed and what the medication was for.

We saw that where staff supported people to take their medication they recorded this on a medication record. However the medication records we looked at did not record the actual medication given and recorded they had been administered 'as per the blister pack'. These records did not meet recognised guidance from the Royal Pharmaceutical Society of Great Britain about the Handling of Medicines in Social care. From the records, anyone should be able to understand exactly what the care staff has administered. The provider's system of recording medication did not meet these standards and may put people at risk of not receiving their medication in a safe way. The registered manager told us that when staff administered medication a list of what needed to be given was attached to the medication record but that this was

retained at the person's home and was not brought to the office with the medication record. Following our visit the registered manager provided information about the actions taken to improve the way medication was administered. This gave us some assurance that action was being taken to make sure medication was given safely.

Some people we spoke with administered their own medicines or their family was responsible for giving their medicines. People that required support with taking their medicines told us that where this was part of their care, staff always gave them the necessary support needed. One person told us, "They do not give me my medication but they do always remind me when I need to take it." A relative told us, I organise all my husband's tablets, but the carers do cream his body and write it up in his notes."

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.

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, "My carers [staff] are definitely well trained. They know how to do things and understand my needs. Whilst a limited number of people told us they did not always have regular carers who stayed for the agreed length of time this was not the experience of the majority of people we spoke with. One person told us, "I have two regular staff, they know all about me." Another person told us, "There have been no problems with time keeping, I always know when they are coming."

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 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. One member of staff told us, "I've done my NVQ3 and the manager is helping me move towards my five year plan and goals."

Some staff supported a person who had a specific health care need. They told us that although district nurses provided the clinical interventions they had received training from the district nurses to make sure they knew how to meet these needs and to spot if the person was at risk of infection.

The staff we spoke with were complimentary about the training they received. One member of staff told us, "You recognise how beneficial the training is, it's good quality." All staff spoken with said they received supervision and they had regular contact with the office and they felt supported in their role. Staff said they had regular meetings with their line manager that provided an opportunity for them to discuss personal development and training requirements.

The registered manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. The registered manager told us that for one person who they supported they were concerned that the person may have been deprived of their liberty. They had referred this to the local authority. They told us this experience had helped to develop their learning about the correct procedure they needed to follow to raise similar concerns with the local authority.

People told us that staff sought their consent before providing care. One person told us, "They always ask if it is alright to do things particularly when they are doing my personal care." One person's relative told us "When they cream [person's name] body they always ask if that is OK for them." Another relative told us, "They always ask if it alright to do things for them particularly the personal sort of things." Staff told us how they respected people's decisions and gained people's consent before they provided personal care. One member of staff told us, "I make sure people understand the choices they make."

Some people told us that they, or their relative provided all their meals and drinks. People who were reliant on care staff to assist with meal preparation told us choice was given whenever possible and drinks were offered where needed. One person told us, "They make all my meals for me. I have microwave meals and I choose which one I want each day. They always ask what I would like for breakfast and tea. They make sure I have a hot drink before they leave." Another person said, "The staff do my meals and drinks but I tell them what I want."

We looked at the care records of one person which recorded that they needed a specific texture for their meals and drinks to ensure they were not at risk of choking. Staff we spoke with were able to tell us how they prepared the person's drinks and also made sure they were in the correct position when eating or drinking. However information from staff about the texture of food did not match what was written in the person's care plan. Staff told us this was because the person chose their own meals and was aware of the risks of foods of a different texture. Following our inspection the provider sent us information to confirm they had since consulted with the person and an appropriate health professional to agree the support that needed to be provided by care staff.

We looked at the support people received with their healthcare needs. Most of the people who received the

Is the service effective?

service had family members involved who would arrange healthcare appointments if and when needed. Relatives informed us that the service were quick to alert them should their relative become unwell. 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, “The care I get is good. They always put me first and treat me with real respect. We always have a good laugh while they are doing their work. It brightens my day.” Another person told us, “The care I get is exceptional. Nothing is too much trouble and because I have one carer we get on really well. She is so sensitive to my needs. She also treats me with real respect and is very polite.” One relative told us, “The carers [staff] are all lovely and hey do try and keep the same ones for consistency.”

During our visit to the office we overheard one member of staff talking on the telephone to a person who used the service. They spoke to the person with respect and gave the person some sensible advice in respect of their medication. The advice given respected the person’s independence and was given in a way that involved the person in making a decision.

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 people after working with them for some time.

All the people we spoke with said their privacy, dignity and independence were respected by staff. One person told us “I prefer female staff and that is what they send to me.” One person told us, “I am very happy with my carers as they are a nice bunch who really know me and help me remain independent.” A relative told us that when staff were caring for their family member “they do try to get him to do little things for himself.” Another relative told us, “They always treat [person’s name] with real respect and always try to get them to do as much as they can do for themselves.” We also received positive feedback from a healthcare professional regarding staff attempts to maximise a person’s independence and choice.

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.

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. The written care plans we looked at had been subject to regular reviews. One person told us, “I can remember the original planning meeting with the staff. They were very good and I have had a review meeting to check if anything needed to change.” A relative told us, “We have also had a review meeting to make sure if we needed any changes.”

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed. One person’s relative told us that the service had been very responsive after the person had been in hospital. They told us that arrangements to re-commence the support were very smooth and well organised. Records for one person showed their usual call time had been altered so that staff could assist the person to get ready for a hospital appointment. This showed the provider had a flexible approach.

Some people received support from staff to engage in their chosen hobbies or interests and to access the community. One member of staff had recently supported a person to play for their local football team and had accompanied the person on a holiday.

Most people told us that they had mainly regular care staff and this was important to all the people we spoke with. Staff we spoke with were aware of people’s preferences and gave us examples of how they supported people in line with these wishes. The provider had systems in place to support people to express their views about the service and the provider had conducted a survey recently of people’s views. We noted that most feedback was complimentary about the service.

The provider had a complaints procedure and people were provided with a copy of this. The majority of people we spoke with told us they had no reason to make a complaint. The majority of people and relatives we spoke with knew how to complain about the service and were confident their concerns would be listened to, acted upon and resolved to their satisfaction. Some people told us of concerns they had raised that had been addressed. One relative told us, “I have mentioned about one carer [staff] who just didn’t gel and she does not come any more.” However a minority of people did mention a few minor niggles which they felt had not fully been resolved.

All of the staff we spoke with were confident they could raise any concerns with the 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.

Is the service well-led?

Our findings

The registered manager told us and we saw that there was a system in place to audit care records including medication records. However these audits had failed to identify that the medication administration records in use did not contain adequate information to show that medication was given as prescribed. Whilst staff told us that senior staff conducted spot checks which included checks of finance records we saw there were inconsistencies in the way financial records were audited. There was also a lack of information in some people's care plans about the exact support they needed from staff regarding their finances. One person received support from staff for their meals in a way that was not in line with their care plan, this had not been identified and rectified. This showed that improvement was needed to the auditing systems in place.

The provider kept records of all complaints, concerns and incidents. We noted that many of the issues recorded were outside of the provider's control and some complaints related to other services or professionals. Whilst it was positive that even minor issues were recorded along with the action taken there was no analysis of these to help identify any patterns or trends.

People we spoke with told us that they were happy with the care they received. People told us that the office staff usually responded to their request. A person using the service told us, "The office is very helpful when you ring with a problem and they always try to accommodate any change." A relative told us, "We are extremely happy with the service we get and this is supported by the office who are very, very helpful when you ring them." One relative's view of the service received was not so positive. They told us, "The carers [staff] are good and our key carer does much to help get things sorted. The office is sympathetic, but there is no follow up to check the action has taken place."

The views of people who used the service were sought by the provider. The service had sent a customer survey to 50

people in March 2015. 24 surveys had been returned and these indicated people were happy with the support they received. As part of the survey one person had commented, "I can speak my mind, the service puts my mind at ease." Where two people had identified some improvement was needed these had been responded to and an individual letter had been sent to the person about the actions taken.

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. 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 day and night or they could call into the office if ever they needed to discuss any concerns. One member of staff told us, "Straight away my manager was there to support me when there was a problem." Another member of staff told us, "It's a brilliant agency to work for, it's the best agency I have worked for. There is always back up here."

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. The registered manager told us in the PIR about the development plans for the service. The provider was exploring how they could better monitor the 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.

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. One person told us, "They do ring and check and I had a supervisor visit to check if I was happy, if staff were looking after me."