

Health Care Support Services Limited

Health Care Support Services Ltd

Inspection report

1 Drayton Road
Shawbury
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26 September 2019

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Website: www.healthcaresupportservices.co.uk

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

About the service

Healthcare Support Services Limited is a domiciliary care service providing care and support to people in their own homes. They were providing a service to 26 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care was safe because systems and processes in place ensured any risks were safely managed by staff. Staff understood how to support people to remain safe from avoidable harm and abuse.

People and their relatives told us they were satisfied with the service provided. Staff understood the importance of providing person-centred care and had developed good relationships with people.

Medicines were managed safely. People received the right medicine at the right time.

People were involved in their care planning. Records were reported to be undergoing changes, with their format being reevaluated as part of the provider's quality monitoring process.

People were confident if they had any complaints the registered manager would address them appropriately.

Staff received appropriate induction, training, and support and applied learning effectively in line with best practice.

Staff were friendly and polite and took time to get to know people. They had a clear understanding of, and how to support, people's individual and diverse needs.

The provider completed records to ensure quality assurance remained a priority and was effective in driving improvement.

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

Rating at last inspection

The last rating for this service was good (published 14 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Health Care Support Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by one inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

We gave the service 48 hours notice of the inspection. This was because we needed to be sure that the provider, registered manager or their representative would be in the office to support the inspection. The registered manager was unavailable. The quality manager supported this inspection.

Inspection activity started with a visit to the office location on 26 September 2019 followed by the expert by experience making telephone calls to people who used the service on the 3 October 2019.

Before the inspection

We reviewed information we had received about the service since registration. This included details about

incidents the provider must notify us about, such as abuse. We checked for feedback from local authorities and commissioning bodies.

During the inspection

We spoke with three people who used the service and four relatives. We spoke with two members of staff and the quality manager. We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had a good understanding of what may constitute abuse and what to be aware of. They were clear about what they would do and who they would speak to about concerns.
- A safeguarding procedure was available for staff to follow should they need to both report and escalate concerns.
- Where any concerns had been identified, the registered manager had reported these to the local safeguarding team and had worked with them to address them.
- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

Staffing and recruitment:

- The care co-ordinator told us they ensured people received support from a consistent group of staff. People told us that the same staff cared for them.
- People had access to staff support 24 hours a day via an on-call system.
- Staff had been through a recruitment process prior to starting work at the service. We found all necessary checks had been completed prior to staff starting to work with people who used the service.

Assessing risk, safety monitoring and management

- The provider completed assessments of people's needs. Any identified risks were recorded. A relative told us, "The staff are very safe when dealing with (person). (Person) has an electric hoist and needs to have that used to get them lifted from bed. They safely ensure (person) is strapped in and very carefully move them so there is no chance of having an accident."
- People received care and support safely without unnecessary restrictions in place. One person said, "I have a mobility issue and require staff to come and help me in the morning to get washed and dressed with a shower on alternate days. They safely support me manually ensuring I don't fall over."
- Staff ensured they supported people who had diabetes in line with the recommendations made by the health professionals involved in their care. For example, one person was at risk of their blood sugar levels becoming unstable. Their risk assessment clearly detailed instructions for staff to follow to support the person when needed.

Using medicines safely

- People were supported to take their medicine safely as prescribed.
- Staff followed best practice guidance to help people to manage and administer their medicines and provided prompts where people were independent.

- The people and relatives we spoke with confirmed they received appropriate support from staff with their medicines and they received their medicines as prescribed. One relative said, "They do all the medicines. (Person) can't pick things up so they get the tablets and give them to (person) to take and swallow. They do this on all the four calls they have, always wearing gloves and aprons when doing so."

Preventing and controlling infection:

- People told us that staff wore aprons and gloves when assisting them with personal care.
- Care workers received regular training in infection prevention and control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care and support from skilled and knowledgeable staff. One person said, "They are all very well trained and skilled I would say. They all know what they are doing."
- Staff received an induction to their role and regular ongoing training and supervision to keep their knowledge up-to-date and remain competent. One staff member said, "I enjoy my job and I have the right training and updates to carry out my role."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received effective care. An assessment of their needs was carried out prior to people receiving support from the service.
- People and their families told us they were involved in developing their care plans and these detailed how people wished to be cared for.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the support they received with meals. One person said, "Staff are all supportive of what I want to eat. They help me to prepare a meal I enjoy."
- Care plans contained people's food preferences and specific instructions around their diets and culture.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People confirmed they were supported, where needed, to access and receive healthcare services to maintain their well-being.
- Records included medical information to inform other health services and professionals of people's health needs.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff had a working knowledge of the MCA and understood the importance of supporting people to make day to day decisions and choices.
- People's information in their care plans was regularly reviewed which ensured it remained up-to-date.
- The staff team were committed to ensuring people's diverse needs were met.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity. Supporting people to express their views and be involved in making decisions about their care.

- People received a service from staff who were friendly. People told us that good relationships had been developed with the staff that visited them.
- People and their relatives told us staff were caring. A person said, "All the carers are lovely and so kind and nice to me." A relative told us, " They all care and are very kind and considerate to (person). They never rush (person) with anything and when sitting with them will chat and play music."
- Staff were respectful of people's diverse needs. People told us that they were treated with a non-judgmental approach and staff respected their wishes, views and choices.
- People and their relatives confirmed they were fully involved in decisions about their care and daily support.

Respecting and promoting people's privacy, dignity and independence

- People had been consulted about their wishes and preferences and we saw these had been recorded.
- Staff understood the importance of treating people with dignity and maintained their privacy when providing personal care. One person said, "They draw the blinds and close the door behind them and always keep me covered with a towel, so I'm never left with nothing on when having a wash with staff present."
- People were encouraged to retain their independence and staff confirmed they only assisted people where this was required. One staff member said, "We always try to ensure people keep their independence as much as possible. We encourage people to do what they can for themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that their care and support was provided in line with people's care preferences. One person said, "My care plan is all up to date and I have it here with me."
- Some people had a service to enable them to engage socially. For example, walking the dog or sitting talking.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood the requirement to provide people with information in different formats to help aid people's understanding.
- Care plans included clear guidance for staff to follow to ensure people's needs were met and understood.

Improving care quality in response to complaints or concerns

- Nobody we spoke with had ever made any formal complaint but stated they would speak to their carer or call the office if any concern arose. Everyone had the relevant information as to how to voice a complaint.
- Where past complaints had been made, they were recorded, investigated and responded to in line with provider's policy. It was clear the provider was responsive to people's concerns and acted on these.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. The quality manager told us if people required end of life care, they would review each person individually and assess if they had the staff and skills to support people to manage their end of life care needs.
- The quality manager told us they would seek advice and support from the person's GP and palliative care specialists to ensure people's wishes were fulfilled and they remained living comfortably in their own home.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the management of the service and how the registered manager promoted person centred care and people's independence. One person said, "They keep me in touch with what is going on by email which is good, so I would say the service is well run and managed." Another person said, "They do come out to check things are being done correctly."
- The staff we spoke with felt supported by the registered manager and felt able to raise issues.
- The management team and staff worked well together to ensure people receive personalised care which met their needs and took in to consideration their preferences.

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

- The management was open and transparent in dealing with issues and concerns. They understood their responsibility to apologise when mistakes were made and give feedback to people if needed.
- There was a well organised management structure and organisational oversight of the service. The management team met regularly to discuss the running of the service.
- Management carried out audits to monitor the quality of the service provided.
- The provider had an action and continual improvement plan which included any known concerns, suggestions and a summary of actions and outcomes.

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

- Effective systems were in place to manage risks to care quality, which staff understood and used.
- There was a clear staffing structure in place and staff understood their roles and responsibilities and when to escalate any concerns.
- Policies and procedures were available for staff to reference. This ensured care and support was provided in line with national guidance and regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Links with outside services and key organisations in the local community were well maintained to promote people's independence and wellbeing.

- Staff worked with health and social care professionals such as the district nursing team, GPs and social workers to improve the service and outcomes for people.