

HBS Care Ltd

# Home Instead Central Hemel Hempstead & Chilterns

## Inspection report

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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?	Good ●

# Summary of findings

## Overall summary

Home Instead Central Hemel Hempstead and Chilterns is a domiciliary care agency providing personal care and support to people living in their own homes. The service provides support with personal care, medication, meal preparation, domestic tasks and bespoke services agreed with individuals.

This comprehensive inspection took place on 24, 25 and 29 August 2017, and was announced.

At the last inspection in May 2015, the service was rated Good.

At this inspection we found the service remained Good.

The service has a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe and were supported by consistent, reliable staff. Staff understood their responsibilities with regards to safeguarding people and had received relevant training. There were systems in place to safeguard people from the risk of possible harm.

Risk assessments that gave staff guidance on how individual risks to people could be minimised were completed and updated regularly.

The service had robust recruitment procedures in place. There were sufficient staff to meet the care and support needs of people and an effective system to schedule people's care visits.

Staff were skilled and competent in their roles and were supported by way of spot checks and supervisions. These were consistently completed for all staff and used to improve and give feedback on performance.

People were supported, where required, with their meals and the preparation of food. People were supported to maintain their health and well-being and accessed the services of health professionals.

Staff were kind, compassionate and caring. They provided care in a respectful manner and maintained people's dignity. People were involved in making decisions about their care and their consent was sought. Positive relationships existed between people and staff.

People's needs had been assessed and they had been involved in planning their care and deciding in which way their care was provided. Staff were knowledgeable about the people they were supporting and provided personalised care.

People, their relatives and staff knew who to raise concerns to. The provider had a robust process for handling complaints and concerns.

There were effective quality assurance processes. Feedback on the service provided was encouraged through quality visits, spot checks and surveys.

There was an open culture. Staff told us there was positive leadership in place. Staff felt valued, motivated and were committed to providing quality care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Home Instead Central Hemel Hempstead & Chilterns

## **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 24, 25 and 29 August 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that staff would be available on the day of the inspection and that records would be accessible.

The inspection team was made up of 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. The expert by experience used for this inspection had experience of a family member using this type of service.

Before the inspection we reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with 11 people and two relatives of people who used the service. We also spoke with three care workers, one scheduler, two senior office staff and the registered manager.

We looked at four people's care records to see if they were reflective of their current needs. We also reviewed four staff recruitment files, the care call scheduling system and staff training records.

We also looked at further records relating to the management of the service, including complaints management and quality audits, in order to review how the quality of the service was monitored and managed to drive future improvement.

## Is the service safe?

### Our findings

People and their relatives told us that they felt safe receiving care and support from the service. They had no concerns about the conduct of staff or their ability to provide care safely. One person told us, "My carer is very good. I couldn't manage without knowing someone is there to keep me safe".

Staff we spoke with had a good understanding of safeguarding procedures and were able to confidently describe what they would do should they suspect abuse or if abuse had occurred. They told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. A current safeguarding policy and information about safeguarding people was displayed in the communal areas of the office. This included guidance for staff on how to report concerns and the contact details for local agencies.

Care and support was planned and delivered in a way that ensured people's safety and welfare. Risk assessments were in place for each person which identified the risks associated with individual care and support needs and gave guidance to staff on specific areas. These included risks in relation to health issues, medicines, nutrition support, mobility and where people were at risk of falls. We saw that risk assessments had been reviewed and updated regularly to reflect any changes in people's needs.

People told us that staff were reliable and that they had consistent members of staff. One person told us, "I have the same lady most days and when she is off I get someone else. They have generally been before so I know them. My carer will usually introduce anyone that is new to me." Another person told us, "(Name of member of staff) is always on time but if for any reason there was a delay someone would ring to tell me".

Staff we spoke with told us that they thought there were enough team members to provide the care required. One member of staff told us, "We have consistent calls to each person and I am matched up to four people." Another member of staff told us, "Each visit is an hour long and we always have enough time to spend quality time with people. Nothing is rushed and we are never overloaded with calls or under pressure." We saw that there was an effective system to manage rotas and schedule people's care visits. The registered manager confirmed that staffing levels were monitored and the numbers depended on the assessed needs of each person being supported and the demands of their service. They told us they had a flexible approach in their recruitment process to ensure that adequate members of staff were employed to meet the needs of the people who required support from the service.

There were safe recruitment procedures in place. We reviewed the recruitment files for four staff and found the provider had a robust procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. This procedure helped to ensure that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service.

There were effective systems in place to administer medicines to people safely. The service had a current

medicine policy and, when assessed as required, people received appropriate support to assist them to take their medicines safely.

## Is the service effective?

### Our findings

People and their relatives told us that staff received the correct level of training and support to carry out their duties effectively and had the necessary skills to provide their support. One person told us, "I know they have quite a lot of training as my carer tells me and sometimes she has to move a day around. I would say the ones that come to me know what they are doing". Another person told us, "I believe they are well trained. Sometimes if there is a new carer they will come and shadow the more experienced carers. They all know how to look after me".

Staff told us they were kept up to date with the skills relating to their roles and responsibilities and that a comprehensive induction was completed when they commenced employment. One member of staff told us, "I completed training before I started working with people and then shadowed a more experienced team member. I was introduced to everyone I support and was given the chance to read care plans and daily routines before working on my own." Another member of staff told us, "Our training is kept up to date. Courses are constantly available to us." Records showed that staff had completed the required training identified by the provider and further courses were available to develop staff skills and knowledge. A senior member of office staff monitored the training needs of the staff team and when refresher courses were required.

Staff received formal supervision at regular intervals and told us that they had regular contact with senior staff. One member of staff told us, "Our supervision is every six weeks and it's really good. All the senior staff are so supportive." Another member of staff said, "I wouldn't want to work anywhere else. The support we get is fabulous." All of the staff we spoke with expressed that they could speak to the managers or a senior member of staff if they needed support. We saw evidence of meetings in the records we looked at and saw that they were used as opportunities to discuss performance, training requirements, staff well-being and any other support measures that the member of staff may require. We also saw that senior staff undertook various spot checks to ensure that staff were competent in their roles and that they met the needs of people appropriately.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedure for this in domiciliary care is called Court of Protection. The registered manager told us that at the time of the inspection that there was no one being supported whose liberty was being deprived. People were encouraged to make decisions about their care and supported in meeting their day to day routines and preferences. Staff had a good understanding of peoples' rights regarding choice.

People's needs in relation to food and fluids were documented in their care plan and they told us they were supported with preparing meals, where they needed help. Staff told us that they were aware of the different support people required in relation to their food and drink.

People were supported to attend health appointments when required. Staff understood people's individual health care needs and were aware of any medical conditions that may impact on their wellbeing. Records

demonstrated that people had been supported to attend healthcare appointments as required.

## Is the service caring?

### Our findings

People spoke positively about the caring attitudes of staff. One person said, "(Name of member of staff) is a lovely person, she is chatty and makes me feel at ease. I think they are all very compassionate and caring. You have to be to do the job". Another person told us, "I cannot fault them. They are so kind and nice. All such nice people who come".

Staff were positive about working at the service and the relationships that they had developed with people. One member of staff told us, "I am matched with four people because of our shared interests. We become part of each other's lives". Another member of staff said, "We are matched with the people we visit so have common connections with people when we first meet. Relationships develop from there."

Staff knew the care preferences of people they supported. All the staff we spoke to were able to explain the care needs of the people they visited and how they preferred to be supported. Through the care plans, and visiting people frequently, staff were aware of people's life histories and backgrounds.

People confirmed that they had been involved in developing the care plans that they had and knew what they were for. One person told us, "It is all clearly written down. I was fully involved in it all". Records showed that people had been involved in the assessment of their care needs and deciding the care they wished to receive and had been provided with a range of information to enable them to decide if the service was right for them.

Care plans were regularly reviewed and updated whenever there was an identified change. One person told us, "Someone comes every three months to see all is well. My care plan was recently updated." We looked at four care plans and saw they were individualised to meet people's specific needs. There was evidence of people's, and their relative, involvement in the assessment and planning of their care and signatures of people to confirm that they agreed with the content. Regular meetings were held with people and senior staff to monitor and evaluate the care being provided and to review the care package in place.

People told us that care workers were respectful and treated them with dignity and took care not to rush when helping them. One person said, "I have help with my shower and even though I am not overlooked the carer makes sure the curtains are closed. They definitely look after my dignity". Staff we spoke with gave examples of how they promoted privacy and dignity when supporting people.

## Is the service responsive?

### Our findings

People we spoke with confirmed that they or their relatives were involved in planning their care and felt they received a personalised service. People and their relatives told us how a member of staff from the service came to complete an assessment prior to them receiving a care package. Information from the assessments was used to ensure that the service could meet the needs of the person and, once a package was agreed, used to develop the care plan.

Staff were knowledgeable about people they supported. During our conversations it was evident that they were aware of people's hobbies and interests, backgrounds as well as their support needs. One member of staff told us, "By visiting people regularly we have the opportunity to get to know so much about them. The care plans will tell us what service we are providing and what their outcomes are but also all about them, the person, and the things that matter to them." Staff confirmed there was always a senior member of staff available to ask for clarification if they were unclear about any changes in people's needs or the information within people's records.

People using the service and their relatives were aware of the complaints procedure or who to contact in the service if they had concerns. One person told us, "I have never had to complain but I would ring the office if I wasn't happy about something". Another person told us, "I feel happy to ring with any concerns. I know they would listen". A copy of the complaints procedure was issued in the information pack when a person began using the service and displayed in the office.

There was an effective system for managing concerns and complaints with a robust procedure in place. No formal complaints had been received by the service in the past 12 months however, the registered manager was able to explain to us the action that would be taken should a complaint be made.

People were also asked about their views on the service through quality visits, care plan review meetings and via an annual survey. The registered manager explained how people, and their relatives, were offered at the time of a review the opportunity to give feedback specific to their care they received.

An annual quality survey was conducted by sending questionnaires to each person who used the service to determine how the service was performing. All of the responses seen were positive with many complimentary comments with regards to the staff and the quality of the service provided. The positive results did not result in a formal action plan being completed however we saw that a response had been compiled to be shared with people, relatives and staff.

## Is the service well-led?

### Our findings

The service was managed by a registered manager with the support of two senior office staff. Staff told us that all senior staff provided them with consistent support and guidance and were a positive influence in the running of the service.

People knew who the senior members of staff were and confirmed that they were approachable. One person told us, "Anyone senior in the company that I contact is always very polite and helpful." Another person told us, "They are all nice staff, very helpful. They want you to be happy and satisfied".

Staff told us there was positive leadership in place from the registered manager. One member of staff told us, "[Name of registered manager] is very easy to talk to and always available to us." Another member of staff told us, "[Name of registered manager] is very good and consistent. We really are part of a team." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued by the provider. We found staff to be motivated and committed to providing the best possible care.

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace and that regular staff meetings were held. They confirmed that they were given the opportunity to discuss any concerns at these meetings. Recent meeting minutes showed that topics discussed included training, recruitment, quality survey feedback and record keeping.

There were effective quality assurance processes in place. Senior staff undertook spot checks to review the quality of the service provided and these were consistently completed for all staff. Senior staff also carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This included the review of medicine administration records (MAR) and daily visit records.

During our inspection we saw that members of staff who visited the office were relaxed. We observed positive communication amongst the staff on duty and saw the senior members of staff working together to meet the needs of people. We saw frequent, positive conversations between members of staff and these opportunities were used to actively share information about people and their care.