Home Service Complete Care (Herne Bay)

Home Service Complete Care LLP

Inspection report

102 Canterbury Road
Herne Bay
Kent
CT6 5SE

Tel: 01227362312

Date of inspection visit:
18 October 2016

Date of publication:
16 November 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

This inspection visit took place on 18 October 2016 and was announced. The provider was given four days' notice of our inspection visit to ensure the manager and care staff were available when we visited the agency's office.

The service was last inspected in January 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Home Service Complete Care provides domiciliary care for people of all ages and abilities who live in their own home. Most people received personal care and support through several visits each day. On the day of our inspection visit the service was providing personal care and support to 115 people. Other people the service supported only received domestic support.

The service had a registered manager, who was also part owner of the service. 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 2008 and associated Regulations about how the service is run. We refer to the registered manager as the manager in the body of this report.

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Staff understood how to protect people from abuse and keep people safe. The character and suitability of staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

There were enough staff to deliver the care and support people required. People told us staff were kind and knew how people liked to receive their care. Staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us staff had the right skills to provide the care and support they required.

The manager understood the principles of the Mental Capacity Act (MCA), and staff respected people's decisions and gained people's consent before they provided personal care.

Care records were up to date and provided staff with accurate information on how they should support people, according to their preferences. Care reviews were undertaken every three months, or when people's needs changed, so that staff could continue to meet people's care and support requirements.

Staff felt supported to do their work effectively by the management team. Staff had regular meetings with their manager and there was an out of hours' on call system in operation, which ensured management support and advice was always available for staff.

People told us the manager and office staff were approachable. Communication was encouraged and identified concerns were acted upon by the manager and provider. People knew how to complain and information about making a complaint was readily available for people. Staff said they could raise any concerns or issues with the manager, knowing they would be listened to and acted on. The provider monitored feedback to identify any trends and patterns, and made changes to the service in response.

Quality assurance systems were in place to assess and monitor the quality of the service. There was regular communication with people and staff whose views were gained on how the service was run. The provider and manager sought advice from experts in their field, people and staff on how to make continuous improvements.

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 felt safe with staff. Staff understood their responsibility to keep people safe and to report any suspected abuse. People received support from staff who understood the risks relating to people's care and supported people safely. The provider checked the suitability and character of staff before they were able to work in people's homes. There were enough staff to provide the support people required. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The manager and staff understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care. People who required support with their nutritional needs received assistance from staff to prepare food. People were supported to access healthcare services when required.

Is the service caring?

Good

The service was caring.

People were supported by a consistent team of staff who knew them well. People considered staff kind and caring. Staff respected people's privacy and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People and their relatives were fully involved in decisions about their care. People's care needs were assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to make

a complaint, the provider analysed feedback and complaints and acted to improve their services.

Is the service well-led?

Good

The service was well-led.

People were satisfied with the service and said the manager and staff were approachable. People, stakeholders and staff were encouraged to provide feedback to the management team, and raise any areas of concerns. The manager provided good leadership and regularly reviewed the quality of service provided. Improvements were made to the service following feedback.

Home Service Complete Care LLP

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 18 October 2016 and was announced. This service was inspected by one inspector. The provider was given four days' notice of our inspection visit because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with them and staff who worked for the service.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the office visit we contacted people via questionnaire to obtain their views of the quality of care. We wrote to 24 people who used the service. We received responses from 10 people. We also wrote to 4 family members or friends of people and received 3 responses. We used this information to help us make a judgement about the service.

During our inspection visit we spoke with the registered manager, the provider, the designated trainer, two care coordinators and two members of care staff. After our inspection visit we spoke by telephone to five people who used the service and two people's relatives.

We reviewed four people's care plans to see how their care and support was planned and delivered. We

checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of feedback.

Good

Is the service safe?

Our findings

All of the people we received questionnaires from told us they felt safe with staff, as did all the people we spoke with. One relative said, "We trust the quality of staff they send. I know [Name] is safe."

People were supported by staff who understood their needs and knew how to protect people from the risk of abuse. Staff attended safeguarding training regularly. This training included information on how staff could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone's safety. The provider had a procedure in place to notify us when they made referrals to the local authority safeguarding team when an investigation was required.

The provider's recruitment process ensured risks to people's safety were minimised as the character and values of staff were checked, to ensure they were of a suitable character to work with people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist the person, and the equipment used in their home.

Risk assessments were in place to assist staff in recognising medical emergencies. For example, one person was at risk of high blood sugar. Risk assessments detailed how staff should monitor the person for signs of this, as well as instructing staff on how they should respond if the person displayed any symptoms. Emergency procedures were also in place if the person's blood sugar levels reached a dangerously high level. Staff told us they followed the information in risk assessments to ensure people were protected from harm, wherever possible.

The provider had contingency plans for managing unforeseen circumstances which might impact on the delivery of the service. For example, emergencies such as fire or flood were planned for; there was a daily procedure to backup records and files on the computer, so any disruption to people's care and support was minimised.

People gave us mixed feedback from our questionnaire about whether staff always arrived on time for their scheduled call. Twelve per cent of the people who responded to our questionnaire told us staff didn't always arrive on time. The manager explained in the summer of 2016 they had a higher than usual number of staff absences, which had impacted on their ability to maintain their usual level of timeliness. They explained

even in this difficult summer period, they had attended all scheduled calls within half an hour of the agreed time. They told us the office staff always informed people if care staff were running late. The manager and care coordinators confirmed they scheduled travelling time between calls to minimise the risk of staff arriving late, they also allocated calls to staff in a small geographical area to minimise the travelling time needed.

All the people we spoke with told us there were enough staff to meet their needs, and that staff always attended their scheduled calls. Some of the comments we received included; "They come on time and do everything they are supposed to do," and "They are very rarely late."

All of the staff we spoke with told us there were enough staff to meet people's needs, and attend all the scheduled calls on the rota. One staff member said, "Since June and July (when some staff were off sick) things have calmed down, in those months staff were working extra to make sure people kept to their regular routines." They added, "The only time we might be late for a call now is if there is an emergency, for example, you might need to stay with someone to wait for an ambulance if they are unwell. In these cases we would ring the office and another member of staff would be sent out. We definitely get to people, whatever happens, within half an hour of their usual time." One person said, "If they are going to be late they always call. They always stay for the right amount of time to complete all the tasks."

The care co-ordinators responsible for scheduling calls, confirmed there were enough staff to cover all the calls people required. No temporary staff were used at Home Service Complete Care to cover staff sickness or vacancies, as there were usually sufficient staff to cover extra calls in emergencies. The manager said, "We prefer to use our staff to ensure the consistency and quality of the care we provide." Other staff members such as the trainer or office staff could 'fill in' in emergencies as they kept their training and skills up to date. The manager stated, "Our focus is in providing quality care, we don't take on care packages unless we are confident we can fulfil the requirements."

Care coordinators confirmed they, and the manager, monitored the arrival of staff at calls to ensure people received a quality service. They did this each week by checking staff arrival and leaving times. People who received services were also asked to sign staff timesheets to confirm staff arrived at their scheduled time. These procedures ensured people received their scheduled calls when they should.

We looked at how medicines were managed. Some people we spoke with administered their own medicines or their relatives helped them with this. People who received support with medicines told us they received their prescribed medicines from care staff safely.

Staff told us they administered medicines to people as prescribed. They received training in the effective administration of medicines. This included regular checks by the trainer on staff's competency to give medicines safely. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by staff during visits and by senior staff during spot checks. Completed MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

Some people required medicines to be administered on an "as required" basis, for example, pain relief medicines. There were protocols in place for the administration of these types of medicines, to make sure they were given safely and consistently by staff. For example, information was provided to staff about each person's needs and how staff should assess people's pain levels, if they were unable to communicate verbally.

Some people required topical cream to be applied to their skin as part of their regularly prescribed medicine. This was for a range of medical conditions including dry skin and to prevent skin damage. Where creams were administered to people these were not always recorded on the MAR. We asked a member of staff about the administration of cream, they said, "If these are not listed on the MAR, we record the application of creams in the person's daily notes." Records confirmed staff were recording the application of creams in the daily notes. Following our inspection visit the manager confirmed MARs had been updated to show all prescribed creams. Staff were also briefed on how to record creams on the MAR in the future.

Good

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. Comments from people included; "They (staff) are excellent", "They do everything to a high standard," and "The staff are all brilliant, there's nothing they don't know how to do."

Staff told us they completed an induction programme and training to ensure they had the skills they needed to support people. Staff told us their induction included working alongside an experienced member of staff, and training courses tailored to meet the needs of people they supported. The induction training was based on the 'Skills for Care' standards. Skills for Care are an organisation that sets standards for the training of care staff in the UK. The 'Care Certificate' offers staff a recognised qualification at the end of their induction programme. One member of staff said, "My induction gave me the confidence and skills I needed, I met people I would be supporting and worked alongside experience staff to get to know my role, before working on my own."

We spoke with the trainer during our inspection visit, who confirmed they worked alongside staff to keep their skills up to date and to perform observations on staff practice. Onsite training facilities were available for staff to use including equipment for practical demonstrations such as hoisting equipment. The trainer explained staff were not only given classroom training, but were offered training to use specialist equipment for each person they supported in their homes. This included hoists and mobility equipment. Staff also told us they were encouraged to complete a nationally recognised qualification in care to increase their personal development, which was supported by the trainer as a mentor and assessor. The manager said, "We encourage staff to take nationally recognised qualifications such as diplomas in social care, when they reach a certain level of qualification we recognise their achievements financially in their pay."

Staff received management support to make sure they carried out their role competently and effectively. Staff told us in addition to completing the induction programme; they had a probationary period and were regularly assessed to check they had the right skills and attitudes required to support people. Probationary periods were usually for six months and continued until staff were competent in their role. Checks on staff's competency were completed every three months to ensure they continued to have the right skills and attitudes. Staff told us they had regular meetings with their manager to make sure they understood their role. Regular checks on staff competency were discussed at these meetings, and staff had an opportunity to raise any issues of concern. Staff had an annual appraisal to review their performance, discuss their objectives and plan any personal development requirements.

The manager kept a database of staff training, which alerted them when refresher training was due to be renewed. Records confirmed staff received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. Staff also received training in specific conditions such as catheter care and dementia. This was to ensure people received care from staff that understood their medical conditions.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

All staff had completed training in the MCA and knew they should assume people had the capacity to make their own decisions, unless it was established they could not. One staff member said, "I have reported to the manager when people might need support with their decisions." Staff knew they should seek people's consent before providing care and support. Staff said the people they supported could generally make everyday decisions for themselves. We asked people if staff asked for their consent before they provided care, they said they did.

The manager understood their responsibilities under the MCA. They told us there was no one using the service at the time of our inspection visit that lacked the capacity to make all of their own decisions. Some people lacked capacity to make certain complex decisions, for example how they managed their finances. Those people had somebody who could support them to make decisions in their best interest, for example a relative or advocate. Some people had set up a power of attorney authorisation for their relatives to make certain decisions on their behalf. The manager worked with health professionals and people's representatives to make decisions in their 'best interests'.

No one had a DoLS in place at the time of our inspection visit. The manager understood their responsibility to ensure anyone being deprived of their liberty should be referred to the local authority to ensure their rights were protected.

Most people were able to cook and prepared their own food, however some people required staff to assist them with this. People we spoke with who had assistance from staff to prepare their meals, were satisfied with the service they received. One person said, "They do my food for me, I'm very happy with this." One member of staff told us, "I prepare someone's food for them twice a day, we always ask what they would like, it's their choice and we always make what they want."

Staff and people told us Home Service Complete Care worked well with other health and social care professionals to support people. Referrals were made to health professionals such as doctors, speech and language therapists, and the district nursing team where a need was identified. Care records showed where people had received advice from medical professionals, their records and care plans had been updated to reflect the advice. For example, where people were referred to the district nursing team to treat their skin, information was contained in the care records about how staff should monitor the person's skin.

Good

Is the service caring?

Our findings

All the people who answered our questionnaire, and who we spoke with, strongly agreed staff had a kind and caring attitude. Comments from people included; "The care staff and administrative staff are helpful, caring and obliging", "Staff are first class," and "They are absolutely wonderful."

One hundred per cent of the people who answered our questionnaire told us they were cared for by a consistent team of care staff, which they preferred. One person said, "My girls (staff), I think they are the best in the country." One staff member said, "We have regular clients which gives continuity of care, they are local to each other, so travelling between calls is kept to a minimum." Another member of staff said, "I have regular people, which is nice. I have built up relationships with them and know them well."

The manager told us people were matched with care staff, according to people's preferences, personalities, life experiences and ages. The matching process meant each person was supported by a regular team of staff who had a good understanding of people's care and support needs. Where people had expressed their wishes about having a specific member of staff visit them or a specific gender of staff, these were recorded on the electronic system, which care coordinators used to schedule staff rotas. A care co-ordinator explained their electronic system searched for the best member of staff to support each person saying, "The system even identifies the best person to cover if staff are off sick or on holiday, this is based on our matching process but also whether the member of staff has met the person before, or has supported the person before."

Staff told us they enjoyed working at Home Service Complete Care. This was because they enjoyed caring for people, but also because the provider recognised their skills and supported them in their work. One member of staff said, "I love it, I like caring for people." Another member of staff said, It's the best place I've worked. The office staff and the manager are lovely."

All of the people we received responses from to our questionnaire said staff treated them with respect and dignity. Everyone we spoke with also said this. One person said, "They are very respectful of my wishes."

People told us Home Service Complete Care helped them to maintain independent living, rather than being in a residential care home. Staff were there to support them when they needed them, but allowed them to make choices about what they wanted to continue to do themselves. They explained this was important to them, as they wanted to live their own lives.

People told us staff maintained their privacy when supporting them with personal care. This included staff knocking on people's doors before entering. One staff member explained how they would respect people's privacy saying, "I would always make sure doors are shut, curtains are drawn and family members are not in the same room when I'm providing personal care to people."

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. People had a copy of

their care records in their home and could choose who had access to these.

Good

Is the service responsive?

Our findings

People told us staff were quick to respond to their requests, and often performed additional tasks for them when asked. One person said, "They will do anything and everything, they are wonderful."

People told us their support needs had been discussed and agreed with them and their representatives when they started using Home Service Complete Care. Care and support was planned for each person based on their individual needs. We saw care records were signed by the person, or their representative, where they were unable to sign records themselves. Information in care records was detailed and included how any medical equipment should be used, people's likes and dislikes, and information about the person's life history and health. We found the care people received differed from person to person, with each person having an opportunity to express their wishes over how their care was delivered.

Care records we reviewed were up to date, and were frequently reviewed. Reviews took place when people's needs changed, or on a three monthly basis, to ensure care and support continued to meet people's needs. One member of staff told us, "I am confident the care records are up to date. I will tell the manager or office staff if ay updates to records are needed, if people's needs change. This is then updated into the records. People would also have a review if there were any changes."

Staff told us they had an opportunity to read care records and daily records at the start of each visit to a person's home. The daily records gave them additional information about how the person was being supported. These daily records provided staff with 'handover' information from the previous member of staff. Staff explained the daily records supported them to provide responsive care for people because the information kept them up to date with any changes to people's health or care needs. One member of staff commented, "Daily records are our handover, they are a really good source of information."

People told us they knew who to talk with if they were unhappy or wanted to make a complaint. There was information about how to make a complaint in the guide each person had in their home. Most of the people we spoke with told us they never needed to make a complaint, with a typical comment being; "I have no complaints." One relative said, "I'd be the first to complain if I needed to, but we are very happy with the care."

There were procedures in place to log and analyse complaints and feedback, to see if there were any common trends or patterns, and to enable the provider to learn from the feedback they received. Complaints and concerns were fully investigated by the manager to establish whether improvements to their service needed to be made. Records showed people who raised concerns were contacted in a timely way by the manager and efforts were made to resolve things to their satisfaction.

Good

Is the service well-led?

Our findings

People who responded to our questionnaire and the people we spoke with told us the service was well-led and the management team and staff were approachable. Typical words used to describe the service were 'professional' and 'helpful'. One person said, "They provide me with an excellent service, I have found them to be very helpful and professional." Other comments included; "The service they provide is very good", "I have recommended the service to a friend," and "I would not want to change from them, they fulfil my requirements."

The service had a registered manager at the time of our inspection visit. The manager was supported by a management team that consisted of the provider, a trainer, care coordinators and administrative support. Senior care staff also worked alongside staff in the field delivering support to people in their homes. This enabled them to check on staff performance, and keep up to date on people's care and support needs.

The service was part of a larger organisation and operated alongside other services owned by the provider. Through this arrangement Home Service Complete Care had access to policies, procedures and learning from the provider's other services to keep up to date with best practice.

The provider sought feedback from specialists in their field to develop their service further. This included subscribing to a number of member organisations and information sharing forums to keep up to date with developments in the home care sector. The provider was a member of the Kent Integrated Care Alliance (KICA). KICA is an independent body formed to support care providers in Kent. The manager and provider attended regular forum meetings and workshops to engage with other providers and managers, to share knowledge and best practice. In addition KICA members attended meetings with the local authority to discuss news, developments, and share ideas. The provider told us, "In our local area we have good relationships with other providers; this has enabled us to work together in some cases to solve problems and ensure our client's needs are met." The manager told us the information they learnt through these networks was cascaded to staff to share their learning.

Staff told us they received regular support and advice from managers via the telephone and face to face meetings. Staff were able to access support and information from managers at all times as the service operated an open door policy, and an out of office hours' advice and support telephone line. In addition senior staff worked alongside care staff. One member of staff said, "The staff that answer the out of hours' advice line live locally and can come out to support you in an emergency." These procedures supported staff in delivering consistent and safe care to people.

Staff were encouraged to provide feedback about how the service was run. Each Friday the manager held an 'open day' in the office, where staff were invited in to have coffee and meet each other and form supportive relationships. They could also see senior staff to discuss their role or any concerns they had. One member of staff said, "I can always come in and speak to them if I need support"

One member of staff spoke about when the manager had supported them through a time of sickness saying,

"When I was off through sickness for a while, the manager was brilliant, I got my regular people back when I returned to work too."

The provider recognised the valuable contribution staff made to their service. The provider said, "Our employees are our biggest and best asset." The manager told us about how they recognised staff's valuable contribution, by investing in their personal development. We saw the service had achieved a Bronze accreditation for the Investors in People Award. The manager confirmed the service had achieved this for the previous eleven years, showing a consistent level of achievement in supporting staff with their personal development.

The manager responded to feedback they received from people who used their service, staff and stakeholders. Feedback was gathered through a number of routes, which included a three yearly quality assurance survey, regular review meetings with people and their representatives and telephone calls. Where people had made suggestions, or raised issues, we saw the provider analysed people's feedback and acted to improve their service. For example, one person had asked to be provided with a rota of staff due to visit them. The manager had organised weekly rotas to be sent to the person. The manager said, "We try and speak with people whenever we have contact with them to gain their feedback. We are a small company and people know us by name. We encourage people to let us know if there are any problems."

A care coordinator told us how they responded to staff feedback saying, "If a staff member said they needed more travelling time to get to their calls, we would adjust the rota to provide them more time."

The manager's role included checking staff monitored and reported on people's care and any incidents that occurred, to make sure appropriate action was taken when necessary. Records showed, for example, accidents and incidents were recorded about the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring individuals to other health professionals where needed.

There was a system of internal audits and checks completed to ensure the safety and quality of service was maintained. The provider directed the manager to conduct regular checks on the quality of the service in a number of areas. For example, the manager conducted checks in staff timekeeping, medicines administration and care records. We reviewed a recent audit of medicines records which detailed areas for improvement which had been followed up with the staff concerned.