

Home Straight Partnership Ltd

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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

This announced inspection took place on the 15 and 16 May 2018. This was our first inspection of this service since it registered on 11 May 2017.

Home Straight Partnership Limited is a domiciliary care agency which provides personal care to older people who live in their own homes in Oakham area of Rutland. At the time of our inspection there were 17 people using the service.

Home Straight Partnership Limited had two registered managers 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 2008 and associated Regulations about how the service is run.

People told us they felt safe when they were supported by staff and trusted them. All staff had undertaken training in safeguarding to enable them to recognise signs and symptoms of abuse and knew how to report concerns. Arrangements were in place at the service to make sure that action was taken and lessons learnt when things went wrong to improve safety across the service. Potential risks to people were assessed and information was available to staff on how to minimise risk.

The provider's recruitment procedures ensured pre-employment checks were carried out on people to ascertain their suitability to work with people. We found there were sufficient staff employed to meet people's needs. People received the support they required, which included having their medicines. Staff followed safe practices to protect people from the risk of infection.

Staff promoted people's choice and control of their lives were supported in the least restrictive way possible. People's rights were upheld and decisions about their care were sought as part of the assessment process to identify their needs. People's assessed needs were then used to develop their care.

People received care from staff that knew them well; positive relationships were developed. Staff received training and had been introduced to people before they started to provide their care. Staff were supervised by the registered manager, staff told us they felt supported by the registered managers.

People received their care at the planned times and staff were able to adapt to people's changing needs. The registered managers liaised with health care professionals when required to promote people's health and well-being. People received support with their meals and drinks as planned.

People and family members spoke positively about the staff and the care they received. People developed positive relationships with staff, who were kind and caring and treated people, their homes and their family members with respect. People were provided with information as to how information held about them was stored and how confidentiality was maintained.

People and their family members were involved in planning all aspects of their care and support and were able to make changes to how their care was provided. Records were regularly reviewed to ensure the care provided met people's current needs. Staff understood people's individual needs and preferences.

Staff understood people's preferred means of communicating and this supported people to receive and share information about their care.

People told us they had no complaints about the service and that they were very happy. People said they knew how to raise concerns and make a complaint and were confident to do.

The registered managers and the staff were knowledgeable about people's needs. The registered managers monitored the quality of care people received through regular visits and spot checks as well as auditing of care records.

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

Systems were in place to protect people from the risk of abuse. Staff were knowledgeable about their responsibilities. Risks were assessed to keep people safe from harm or injury. Staff provided care and support in a way which protected people's human rights. People were supported to take their medicines safely. The registered manager learnt from accidents and incidents and implemented systems and processes to reduce the risk of them re-occurring.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed. People's needs were met by staff that were skilled and had completed the training they needed to provide effective care.

Staff received regular supervision when providing care and support to people. People were supported to maintain, their health and well-being.

The registered manager understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good ●

The service was caring.

People consistently told us that staff were kind and caring. Staff understood people's needs and worked with them to involve them in decisions about their care and support. Care was provided in a way which respected people's privacy and upheld their dignity. People were provided with information as to how records were stored and measures to ensure confidentiality.

Is the service responsive?

Good ●

The service was responsive.

People were supported to be involved in the planning of their care and regular reviews were held. A complaints policy was in place and people knew how to raise concerns.

Is the service well-led?

The service was well-led.

People and staff expressed confidence in the management of the service. The registered managers were accessible to staff, relatives and people using the service.

Staff had a clear understanding of the standards expected of them. They were supported by the registered managers to meet those standards. They had a shared commitment to provide a good standard of care to people.

There were audit systems in place to ensure people received a good quality service.

Good ●

Home Straight Partnership Ltd

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

The inspection took place over two days, starting on the 15 May 2018 and was carried out by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We contacted the local authority safeguarding team and Healthwatch, the local consumer champion for health and social care services. We used their comments to support the planning of the inspection.

We sought people's experiences and views by telephone on 16 May 2018. We spoke with six people who used the service, and the family members of three people.

We spoke with the registered managers in the office and spoke with three members of staff by telephone as part of the inspection process.

We looked at the care records of four people who used the service. These records included care plans, risk assessments and daily records. We also looked at recruitment and training records for three members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns and a range of policies and procedures.

Is the service safe?

Our findings

People who used the service and their relatives confirmed they felt safe in the presence of staff and trusted them. One person said, "I feel very comfortable, very safe. They are all very kind." Another person said, "No one is rude, they are all lovely." A relative told us, "I feel they keep [person] safe."

Safeguarding training was delivered as part of the provider's induction and staff told us they had received refresher training on this topic. When we spoke with staff they were clear about their safeguarding responsibilities and how they could raise concerns. One staff told us, "I would report any concern to [registered manager]. I am very confident it would be dealt with."

We saw risk assessments were completed during the initial visit by the registered manager, highlighting any obvious areas of risk, such as trip hazards and electrical risks. We also saw risk assessments specific to people's individual conditions and needs. These were reviewed regularly, or when a change occurred. Staff we spoke with demonstrated a good understanding of the risks people faced and how they helped people minimise these risks.

Staff we spoke with felt staffing levels were sufficient to keep people safe. Staff also told us they received support should they encounter any unexpected problem or delay. There was an out-of-ours on call system so that staff had access to a senior member of staff if needed.

People who used the service and their relatives agreed that they had not experienced missed calls and that, where there was a delay, they were informed. A relative told us, "I am not aware of any missed calls." Another relative said, "I have no concerns about missed calls. They are very reliable. The registered managers told us they operated an electronic system where staff had to scan a QR code (quick response). This meant they knew if staff had visited a person and for how long.

Accidents and incidents were recorded promptly and the registered managers had systems in place to ensure any emerging patterns were identified and acted upon.

People's medicines were managed safely. Medication administration records (MARs) were regularly audited and competence checks undertaken for all staff responsible for administering medicines. Staff told us they had undergone training and understood their responsibilities to support people to take their medicines safely.

People told us staff followed good infection control practices. One person said, "They wear an apron and gloves." We saw the provider delivered infection control training during the induction. Staff told us they had access to personal protective equipment.

People were safeguarded against the risk of being cared for by unsuitable staff through the recruitment procedures. Recruitment files showed the necessary employment checks had been completed before staff started to work at the service. These included application forms with a full history of employment,

identification documents and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record and barring checks on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions.

People were supported by staff that had the right skills and knowledge to meet their individual needs. Staff were committed to providing the best levels of care for people. People told us they were supported by a consistent team of staff.

Is the service effective?

Our findings

People and relatives told us they had confidence that staff would support them effectively. Comments included, "They appear to be motivated, they seem to enjoy their work." And, "They seem well trained." One person told us, "They always let me know who is coming. I am sent a copy of the rota. I also have photos of my carers so I know who is coming." Another person said, "They let me know who's coming but I tend to have the same girls." People we spoke with told us staff knew how to care for them, "They [staff] know what they're doing. They are always so happy."

People's health and well-being needs were regularly assessed and updated. Care records contained information about people's health needs and how to meet these. The registered manager told us if the care staff had concerns about a person they would contact the office and someone would speak with a family member or contact a GP. Care records confirmed that healthcare professionals were contacted where concerns were identified about people's healthcare.

The registered manager completed a comprehensive assessment before people received the service. Records of assessments completed showed these considered people's social and cultural needs, as well as care, nutrition, and cognitive support required. These assessments were used to create care plans which contained information staff would need to meet people's needs.

Staff told us they would know what to do if they thought a person they supported was unwell. They said they would inform the office straight away, or call an ambulance if it was urgent. Their comments included, "If I was unsure I would speak with [registered manager]. And "I would call the GP, relative or office it depends what was wrong."

There was an on going programme of training which included face to face and practical training. A staff member said, "Training is good we are encouraged to do lots." Another staff member said, "We do lots of training. We recently did refresher training in medicines. Things change so it's important to stay up to date."

Staff induction training included the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. This was followed by a training and development programme which included shadowing an experienced member of staff in order for the people who used the service to get used to them and for the new staff to learn the job thoroughly before attending to people's care needs.

Staff received regular supervision and an annual appraisal and the opportunity to feed back any training needs or concerns they may have. One staff member told us, "We have regular supervision. It is useful; we talk about anything we need to, whether it's more training or areas that concerns us."

There were regular team meetings for all staff. Staff told us that communication with the office was good and they received regular information via emails.

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. Where a person's next of kin was involved in decisions, the provider ensured they had the legal authority to do so. We saw evidence of this in the care records we looked at. This showed the service upheld the rights of people.

People's consent was verbally sought by staff when they provided support. Staff members we spoke with confirmed they always asked for permissions before undertaking any task.

People's care records included information about their dietary requirements. Some people told us that staff supported them by preparing meals, snacks for them or warming up already prepared meals. People told us, "I don't have a big appetite but they always make me something nice." People's nutritional needs including their likes and dislikes were recorded in their care plans.

Is the service caring?

Our findings

People spoke positively about the staff and the care they received. One person told us, "I look forward to them coming, they are all lovely." Another comment we received was, "They are all lovely, I like the girls who come." Relatives also felt the staff were caring. One relative commented, "They are always cheerful and they always try to lift [person] mood." Another relative commented, "I am impressed by Home Straight Partnership, they have been much better than the previous agency. People who come do care."

People were treated as individuals and supported to make decisions and choices about the way they wanted things to be done. For example, in what they wanted to wear. A care plan referred to the person wanting to wear jewellery, including their wedding ring. Plans included details that would make a difference to the person receiving care. For example, how to position the person in their chair to ensure they could eat their meals independently as well leaving the remote control in reach so they could change the television channel if they wanted to.

People using the service told us that carers always contacted them if they were running late. A person told us, "They are very reliable. They do let me know if they are going to be a bit late. It doesn't happen that often." This is important for people receiving the service so they know that someone will come.

Family members told us they were involved in the planning of care of their relative. One relative told us, "I was present when they did the assessment and we have had reviews which led to the care being increased. They are very good at recognising [person's] changing needs."

People told us that staff respected their privacy and dignity. Staff told us about how they supported people so that people were not uncomfortable or embarrassed, for example using towels to cover people when they were providing personal care. A person told us, "They (care staff) always maintain my dignity when they help me get dressed or have a wash. I don't feel embarrassed." Another person said, "They (care staff) help me with having a wash and getting dressed and they don't rush me. They make me feel as comfortable as possible."

People could be assured that information about them was treated confidentially and respected by staff. Information about people was only shared with other staff who needed to know and with the person's agreement. Records relating to people's care and support were stored securely in the office.

Is the service responsive?

Our findings

People, their families or representatives were involved in developing their support plans. People's needs were identified through an assessment carried out prior to the person receiving support. This ensured the person's preferences and choices were highlighted. One person told us, "Someone came from the office. I think (registered manager) and we talked about what help I needed." A relative told us, "They (registered manager) carried out an assessment and we have regular reviews."

Staff told us they were given information about people prior to visiting them for the first time, so they knew what support the person would need. A staff member told us, "Prior to visiting we are sent a list of needs and any emergency information we might need. It will include, if they are receiving support from elsewhere. Like another agency or a neighbour. I feel very confident I have the information I need before I visit someone."

Care plans identified things that were important to people and included details such as what type of soap to use when assisting with personal care. Care plans also provided staff with details to ensure they supported people with choice and their independence was maintained. A person told us, "They always help me choose what clothes to wear. They show me things from my wardrobe and I choose." Another person said, "The girls are very good. They don't just come and take over. They encourage me to do things for myself. Like when I have a wash. They're very good like that." Staff we spoke with demonstrated a good understanding of people's likes, dislikes and individualities, as well as their care needs.

There was a complaints policy in place, which was made available to people in their introductory pack. Everyone we spoke with was aware of how to make a complaint and confident they could do so if necessary. One person said, "I know how to complain but have never needed to." Another person told us, "If I had a problem I would speak to my daughter and she would talk to the office staff. I have no complaints; on the contrary they are all very kind." A relative said, "I know what's going on and I feel able to complain. I would feedback and I know it would be sorted quickly."

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify, record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. We found information had been made available to people using the service to meet their communication needs. This included some key documents, including care plans being produced in large print.

At the time of the inspection the service was not providing support to people who were at the end of their lives. However the registered managers were aware of the importance of providing care in a comfortable, dignified and pain free manner. They knew they needed to support people to make decisions about their preferences, involving families and professionals. They knew the importance of ensuring staff had the training and support to provide the care to people at this stage of their lives.

Is the service well-led?

Our findings

People and family members were all positive about the management and leadership of the service. One person told us, "I have known (registered manager) for some years and they helped my [person] when they were alive. They now help me. I am very satisfied. They have become good friends." Another person said, I would give the office staff a gold star, they are great." People also told us that one of the registered managers visited them regularly. We observed this when we visited the office. During the day the registered manager telephoned people to follow up to ensure they were happy with their care. Where people identified any changes or issues the registered manager arranged to go out and visit people.

The service had two registered managers, each having different areas of responsibility for the monitoring the quality of the service. The registered managers assured themselves of the quality of the service by working alongside staff in the delivery of personal care as well as more formal audits. For example, they undertook audits of records, which recorded the support and care provided by staff, these included daily notes and medicine records. They used an electronic care system. This system monitored the timing of calls, to ensure people had no missed calls and staff stayed the appropriate amount of time. Staff told us the registered manager contacted them regularly to update them on any changes to people's care. They also told us that the registered managers would carry out 'spot checks' to ensure they were following the person's care plan and following safe practices. Records showed when these checks were carried out and if staff needed any support or advice to improve practice.

There were processes in place for people and relatives to feedback their views of the service. These included service review visits and questionnaires which were regularly sent to people and their relatives. These included questions relating to how people were being cared for, if their care needs were being met and if the staff were compatible, reliable and punctual. Surveys we viewed indicated that people were very happy with the service. However, one person we spoke with did comment that they had completed a survey and said they were less than happy with one member of staff and then following the survey the member of staff actually increased the level of support. We discussed this with one of the registered managers who told us following our inspection they had arranged to meet with the person and had made changes to the care plan and the rota to reflect the needs and preferences of the person.

Staff spoke positively of the registered managers. They told us both were approachable and that they had regular contact with them. Staff's comments included, "I know I can contact them if I need to." And "If they weren't doing it right I wouldn't be working for them." Staff also told us they felt it was a good service to work for and they would recommend it to people if they needed an agency. The service had received many testimonials in the last few months. Comments included, "I felt [person] was well looked after with kindness and thoughtfulness. I wouldn't have been able to cope without them." And, "Your team are a credit to you, we are grateful for all the help."

People told us that staff appeared motivated and positive about their job. One person said, "Staff are motivated and caring. They know what they are doing and are very professional."

There were regular meetings organised at the service including staff meetings. The registered managers had varied meeting times to try to maximise attendance. Items discussed included safeguarding, daily records, training, attendance and any concerns relating to people who used the service.

The registered managers also produced an annual newsletter to keep people informed of changes and things they may find interesting or important. For example, when new staff had started. The registered managers also promoted excellence amongst staff by having a GEM award (going the extra mile). This award recognised a staff member each month who had done something that was felt to deserve recognition by going above and beyond their job role. Nominations for this award could come from people who used the service, colleagues or the office staff.

Care staff told us that the management team also communicated with them by telephone and emails. These were to inform them about anything relevant to their job and the people they provided care for.

The registered manager where appropriate, had worked with partnership agencies, which had included commissioners of social care and health care professionals, to make sure people's needs were met and any changes shared to ensure people's support was accurately assessed and planned for.

The provider had a business contingency plan in place, which identified how the service would continue to operate. For example, during this winter's adverse weather conditions the plan was put into action. The registered managers had implemented the plan when heavy snow had impacted on staff's ability to travel to people's homes to provide their care and support. People's support had been prioritised, by visiting people who lived by themselves and who did not have relatives living close by.

The registered manager had notified the Care Quality Commission of important events as required. The office was well organised. The electronic and paper records and plans were up to date, readily available and were stored securely.