

## Smallwood Consultancy Limited

# Home Support Services

### Inspection report

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07 November 2019

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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

### About the service

Home Support Services is a domiciliary care agency providing personal care to older people and younger adults in their own homes across Derby and surrounding areas. This included people with physical disabilities and mental health. 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. At the time of this inspection 89 people using the service received personal care.

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

Care records were not always clear regarding how people were being supported. Systems were in place to manage risk. However, where risks were identified individual risk assessments were not always in place. There were processes in place for people to raise complaints and express their views and opinions about the service provided. However, the complaints records did not show if these had been resolved to the person's satisfaction.

People told us they felt safe with the care and support they received from staff. Staffing levels were determined by people's needs. However, two staff members felt at the weekend staffing levels were stretched as staff worked alternate weekends.

People were happy with the staff who supported them and felt safe when staff visited. Staff understood their responsibility in protecting people from the risk of harm. Safeguarding referrals were made appropriately.

Recruitment practices ensured relevant checks had been completed before staff commenced employment at the service. Staff told us they had received training and an induction that had helped them to understand and support people.

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

People and relatives felt staff were respectful and caring. Relatives stated staff communicated well with their family members, which helped develop positive relationships.

The provider had systems to monitor the quality of the service provided to drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 11 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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 remained safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service remained caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service remained responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service remained well-led.

Details are in our well-led findings below.

Good ●

# Home Support Services

## **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

The inspection was carried out by one inspector.

#### Service and service type

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We reviewed a range of records, which included the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files. We also looked at two staff recruitment files.

We spoke with the nominated individual, training officer, senior care worker and a care worker when we visited the office on 24 October 2019. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager was not at work at the time of the inspection site visit. We sought the views of four care workers by telephone on 23 October 2019. We spoke with two people who used the service and two relatives about their experience of the care provided, by telephone on 7 November 2019. We emailed one relative for their views.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medicine's management and training.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the support they received. Relatives also confirmed their family members were safe. Comments included, "Yes, [Name] is very safe as they are supported by a main carer" and "[Name] is safe because the carers are so loving and wouldn't do anything to put them in any danger."
- People were supported by staff who understood how to keep them safe from harm or abuse. Staff had received training in safeguarding to support them in recognising signs that a person maybe at risk of harm or abuse.
- The management team understood their safeguarding responsibilities and reported concerns to the local authority, police and CQC as required. Records showed referrals had been made by the registered manager to the local authority safeguarding team where they had concerns about people's safety or well-being.

Assessing risk, safety monitoring and management

- Systems were in place to assess, monitor and help minimise identifiable risks to people. However, we found one person who had epilepsy, had no risk assessment if the person experienced a seizure. We discussed this with the nominated individual following the inspection visit they submitted an updated risk assessment. This had been updated to provided staff with information on the signs to monitor and action to take if the person experienced a seizure.
- Staff understood their responsibility to report any changes to people's needs.
- Environmental risk assessments were completed of people's homes before care was provided to help keep people and staff safe.

Staffing and recruitment

- People told us they received care in a timely way and were supported by regular care staff.
- Most staff told us staffing levels were sufficient. However, two staff members felt staffing levels at the weekend were tight, which they put down to staff working alternate weekends. A staff member stated, "Generally there are enough staff, but weekends can be difficult as we work every other weekend." We discussed this with the nominated individual who explained staffing levels were constantly monitored with sufficient staff being on shift to cover calls at the weekend. Where staff had unplanned time off work, the nominated individual stated calls were picked up by the existing staff team.
- The provider had safe recruitment practices. Pre-employment checks were undertaken before staff supported people in the community to determine their suitability for employment. This included references and Disclosure and Barring Service check (DBS) check.

Using medicines safely

- People we spoke with were happy with the support they received with their medicines. A relative said, "[Name] administers their own medicines. Staff do check to see [name] has taken their medicines and then record this on the medication record."
- Care plans we looked at did not describe the level of support people required with their medicines. This did not provide assurance people would receive their medicines consistently. Following the inspection visit the nominated individual submitted updated care plans detailing the support people received with their medicines.
- Staff who administered medication had received training and their competency checked. Staff knew what action to take if they made an error.

#### Preventing and controlling infection

- Staff confirmed they had completed infection control training. They used protective equipment such as disposable gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures, such as washing their hands and wearing disposable gloves.

#### Learning lessons when things go wrong

- During discussions the nominated individual demonstrated they understood their responsibilities to ensure accidents or incidents were reviewed and appropriate action taken as needed.
- We saw documentation was in place to review incidents and accidents. Staff we spoke with were aware of their responsibility to report any incidents or accident to management or office. This ensured any patterns and themes were identified, to reduce the risk of reoccurrence.

# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. This ensured the service could meet people's needs and staff had enough information to meet people's needs and wishes.
- People and/or their relatives were involved in the assessment and planning of their care
- Staff we spoke with were knowledgeable about people's individual needs and preferences.

Staff support: induction, training, skills and experience

- Staff had received training to carry out their role to support people with their care and support needs.
- People and relatives felt staff had the skills to support people effectively. A relative said, "I feel the carers have the skills and knowledge to support [Name]."
- Staff told us they received training and induction to support people and felt supported by management. However, two staff members told us they had not received practical moving and handling training. But had gained the skills whilst being paired up with experienced staff and felt confident in supporting people in this area. We discussed this with the nominated individual who confirmed all staff employed by Home Support Services undertook practical moving and handling training prior to going out into the community and then worked alongside senior staff members as part of the induction period.

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

- Where required as part of their care package, some people received support they needed to maintain a healthy and balanced diet.
- Some people required assistance with meal preparation, which they felt they received effectively. A relative stated, "The carers make sure [Name] has eaten and has a hot drink. When [Name] has not been eating so well I am kept informed. The carers will leave notes if they require any food items for [Name]."
- Staff were knowledgeable about people's dietary needs and told us they offered assistance to people with eating if required.

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

- Management understood their responsibility to seek professional advice where they felt people's needs changed. Staff told us if they noticed a change in a person's health they reported this to the office.
- Information regarding people's health was recorded in their care records.
- Staff knew what action to take in an event of an incident or emergency. For example, they stated if urgent medical support was required they would contact the ambulance service, as well as informing the office.

## 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

- People confirmed staff asked for consent before delivering care and support. One person said, "The carers always ask for permission before doing anything."
- Staff understood the importance of seeking people's consent before providing them with personal care. Staff were able to describe how they gained people's consent for their support, this included explaining things clearly and encouraging people.

# 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 good. 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

- People felt staff who supported them were kind and caring. One person said, "The staff are very nice and caring." A relative stated, "The care provided to [name] is working really well, which I am grateful for. The carers have sensitivity around how [name] is feeling."
- Staff demonstrated they knew people they supported well and had established good relationships with them and their families where they were involved.
- Staff had good awareness of treating people equally and respecting people's diverse needs.
- The provider had a diverse staff team and some staff were bilingual. Staff understood the importance of respecting peoples religious and cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions about their care. Relatives confirmed staff involved them when people need help and support with decision making. A relative said, "[Name] is involved on decisions about their care, [Name] tells staff what needs doing."
- Staff supported and encouraged people to make decisions about their care and making day-to-day decisions such as what they wished to eat.
- People and relatives were involved in their care planning. People had signed their care records.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and supporting them to be an independent as possible. One person said, "I do as much as I can, the carers don't take over." A relative said, "Carers have helped [Name] build their confidence by encouraging and supporting them."
- Staff were able to describe how they maintained people's privacy and dignity. For example, when providing personal care covering the person and ensuring doors were closed.
- Staff talked about respecting people's choices, knowing people's routines and ensuring these were adhered. So that the person received the care in the way they wanted in a dignified manner.
- Staff were aware of the importance of confidentiality and knew they were responsible for not sharing confidential information with unauthorised people. Peoples personal information and staff records were stored securely in the office and accessible to authorised staff.

# 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 good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and people were provided with information on how to complain. People felt if they had concerns these would be addressed by management. A relative said, "I am confident things are dealt with, when raised with the office. There was an issue some time ago about the tasks to be completed, this was sorted out immediately."
- The providers systems for recording complaints was not detailed. Complaints were being recorded electronically, which did not show whether these had been resolved to the complainant's satisfaction. Following the inspection site visit the nominated individual confirmed they had reviewed the complaints system. A form had now been designed detailing the nature of the complaint, actions taken and the outcome including any lessons learnt to improve care quality.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care, which included their preferences and wishes. Discussions with staff demonstrated they were aware of people's differing needs and knew people well. Staff told us care plans and risk assessments were detailed informing them what support people required.
- People told us they received visits mostly by regular staff and felt their needs were being met.
- Care plans were regularly reviewed and updated following any changes in people's needs.

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.

- Care plans contained information about people's communication needs. Relatives confirmed staff knew about their family members communication needs. One relative stated, "[Name] isn't able to communicate easily but carers talk to [Name] and encourage them to answer simple questions." Another relative felt staff communicated well with their family member and they understood how to communicate with a person living with Alzheimer's.
- The service complied with the Accessible Information Standard. Information was available in an accessible format to support people's understanding; this included information in easy read format.

End of life care and support

- At the time of this inspection site visit, no people were being supported with end of life care. Staff had completed training on dying, death and bereavement.

- The nominated individual explained there were a number of care staff, who worked as part of the internal 'palliative care team' who supported people who received end of life care. These staff were due to undertake further training in end of life care.
- Care plans we looked at contained a section on end of life care, however for both people these were blank. Following the inspection visit the nominated individual confirmed people were given the opportunity to discuss their wishes towards the end of their life. However, where people did not feel comfortable in discussing end of life care this was respected.

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

- The registered manager was unavailable during the inspection site visit. The nominated individual was passionate about promoting a good quality service and meeting people's individual needs.
- Staff understood their roles and responsibilities and who to go to if they had any concerns relating to people's well-being.
- People were positive about the care they received and knew who the management team were. A relative said, "I would definitely recommend the service, the communication and care is good." The care is working really very well which I am grateful for."
- There were systems in place for checking and improving the quality of the service. Audits of medication administration records were completed to check people were receiving their medicines safely. Where medicine errors were identified these were investigated and action taken.
- The nominated individual told us care records were being reviewed following the issues identified at this inspection around records. This will ensure all records are accurate and up to date, enabling staff to provide care and support consistently.

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

- The registered manager ensured they notified the CQC of incidents they were required by law to tell us about, such as allegations of abuse. This is so we can check appropriate action had been taken.
- The CQC rating for this service was displayed on their web site and displayed at their office which was a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were provided with opportunities to provide feedback about the service received through surveys, review meetings, spot checks and telephone discussions.
- Staff told us meetings took place which gave them an opportunity to discuss any changes or issues relating to work practices. Staff felt supported by the management team.
- The nominated individual told us they had purchased an external auditing system to enhance their auditing processes. This would support the provider to continue to work towards achieving compliance with CQC inspections and meeting current legislations.

- The nominated individual was keen to develop staff further by providing additional training opportunities in areas that staff were interested in.

#### Working in partnership with others

- The provider had developed links with health and social care professionals whilst supporting people they cared for.
- The provider had developed links with voluntary sector services which they signposted people to as required.