

Home Support Services (Havering & Essex) Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 22 March 2016 and was announced. This was the first inspection since the service changed legal entity in 2014.

Home Support Services provides personal care to people in the London borough of Havering and in some parts of Essex. On the day of our visit, there were over 150 people using the service, 129 of whom were partly or wholly funded by the local authority and 38 people were contributing towards their care using direct payments or a personal budget. Another two people's care was funded by the NHS. They also provide an emergency weekend service for The London Borough of Havering, until the commissioning department finds a permanent provider to continue the care.

There were two registered managers in place. 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 that they felt safe and were happy with the staff that delivered their care. They told us that they were treated with dignity and respect. Care was assessed and planned with people and their families. Care plans were detailed and included people's wishes, hopes and aspirations.

There were procedures in place to keep people safe. Staff were aware of the different types of abuse and told us that they would report any allegations of abuse to the registered manager, who in turn reported it to the local safeguarding team. Staff were aware of the procedure to take if a person did not respond to a call and if they found a person unresponsive. They told us they would stay with the person until an ambulance came.

Medicines were managed safely by staff who had been trained and were aware of the necessary precautions to take to ensure medicines were administered safely.

Risks to the environment, such as trip hazards and gas safety were completed when required to ensure that the environment was safe for people. Regular checks on equipment were made to ensure that it was safe to use.

Recruitment checks were completed before staff started employment in order to ensure that staff were qualified and suitable to work in a health and social care environment. However, disclosure and barring checks were not always refreshed once people were employed which was not in line with the service's policy of refreshing them every three years.

Staff told us that they were satisfied with the training and support they received. This included a comprehensive induction when they first started and regular spot checks and supervisions to ensure any

areas for development were discussed and a development plan agreed.

People were supported to eat sufficient amounts that met their individual, religious and cultural preferences. Staff were aware of people's diverse needs and told us they always ensured people's wishes were respected.

We reviewed complaints made and found they were investigated and resolved to people's satisfaction where possible. People told us they were able to express their views without being victimised. People and staff were asked for their views regularly and any suggestions or comments made were taken into account where possible in order to improve people's experience.

Staff were aware of their roles and responsibilities and told us they were supported by the care coordinators and the registered manager. However, we had not received any notifications of incidents that affect the service as required by law. The management retrospectively notified us of safeguarding incidents which had already been dealt with by the local safeguarding team.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and another breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

that cared for them. Staff were aware of the procedures in place to safeguard people from harm and had attended training.

Medicines were handled and administered safely by trained staff who had been assessed as competent.

Risk assessments were completed to ensure that people and their environment and equipment used to deliver care was safe.

Staff were aware of the procedures to follow in an emergency as well as the incident and accident reporting procedures.

Appropriate recruitment checks were in place when staff started work. However, we found that disclosure and barring checks were not always refreshed in accordance with the service's policy.

Good ●

Is the service effective?

The service was effective. Staff told us that they were supported through regular supervisions and spot checks. However, we found that staff did not always receive annual appraisals.

People told us staff supported them to contact other healthcare professionals when needed. Where required, people were supported to eat a balanced diet.

Staff had attended training and were aware of how the Mental Capacity Act applied in practice. They told us that before care was delivered, they ensured that people consented to the care.

Good ●

Is the service caring?

People told us that staff were caring and treated them with dignity and respect.

People told us that they were kept informed of any changes to their visit time and they had the information including contact details of who to contact in and out of hours to ensure they could ask about any aspect of their care delivery when required.

Good ●

Is the service responsive?

The service was responsive. People told us their views were respected and included in their care needs assessment.

Before people started to use the service an assessment took place. Care needs were reassessed involving the person and their relatives. Care plans reflected people's individual tastes and preferences and agreed visit times.

We reviewed complaints and found that they were responded to and resolved in accordance to the service's policy.

Good 

Is the service well-led?

The service was not always well-led. We found shortfalls in the notifications process as we had not received some of the safeguarding notifications. However these were sent to us before we left the premises.

The current systems in place had failed to pick up the shortfalls in staff appraisals and disclosure and barring staff checks.

People confirmed that they were asked for their opinion about how the service was run and action was taken most times with the exception of people stating that staff did not always stay for the allocated period of time.

Requires Improvement 

Home Support Services (Havering & Essex) Limited

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 22 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in. The inspection was completed by an inspector.

Before the inspection we reviewed information we held about the service and the provider. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local commissioners and the local Healthwatch in order to get their perspective of the quality of care provided.

During the inspection we looked at ten people's care records, eight staff files and records relating to the management of the service. We spoke with the two registered managers, the responsible individual, four care staff and three office staff. We visited two people with their consent and observed interactions between them and staff and spoke with one relative.

After the inspection we spoke with ten people who used the service over the telephone, four staff and three relatives.

Is the service safe?

Our findings

People told us they felt safe and that they had reliable staff. One person said, "The staff are quite good. I have no fears. They ensure the door is locked before they leave. I can tell them all my worries." Another person said, "Staff are easy going and help me remain independent. Relatives told us they had no concerns about the staff. One relative said, "They are very good and ensure mum has her alarm before they leave so she can call if she needs help."

Staff had attended safeguarding training and were able to tell us the different types of abuse and told us they would report it to the registered manager. The safeguarding policy was up to date and was in line with the Pan London guidance. We reviewed safeguarding allegations reported in the past year and noted that they had been investigated fully. Although the local safeguarding authority and the police where required were notified, the CQC had not been notified of some of the safeguarding concerns, as the service is required to do. We spoke with the registered manager about this and they sent us the notifications before the inspection ended.

Staff told us that they were aware of the whistleblowing policy and would not hesitate to express any concerns about the care delivered. We reviewed the service's whistleblowing policy and found it was comprehensive and also included in the staff handbook.

The service had a continuous recruitment programme using a range of forums to advertise for staff. Recruitment checks were completed before staff started to work at the service. These included two verifiable references, proof of identity and disclosure and barring checks. Staff told us they had completed an application form, completed a medical questionnaire and attended an interview before a job was offered, subject to satisfactory references and disclosure clearance. Although there was a programme in place to recheck each staff member's DBS every three years we noted that there were some DBS clearances over three years old. We found two staff with DBS clearances from 2011 and one staff with a DBS clearance from 2012. The managers told us they were now using an electronic system and would update these straight away.

There were procedures in place to ensure that there were enough staff to meet people's needs. We were told by staff and the registered manager that the service stopped taking new people if and when maximum capacity was reached. Office staff had a flexible, hands-on approach and provided cover for absent staff if required. The managers also provided a driving service for staff in emergencies. In addition, the service had a car pool and access to staff from a sister service which provides residential care.

People told us that medicines were managed safely. One person said, "They encourage me to take my pills and remind me why I need to take them." Another person said, "They help me pop the tablets out then I take them myself with a glass of water." Staff who assisted people with medicines were aware of the necessary checks to be completed including not signing medicine administration records until they had ensured people had taken their medicines. There were able to demonstrate the procedure they would take if they found any discrepancies, a person refused their medicine, or if the person's medicine had not been

delivered. In addition care plans included instructions on medicine administration and the medicine administration records we reviewed had no discrepancies. Medicines were stored, handled and administered safely by staff who had been assessed as competent.

Staff told us that they checked all equipment before use to ensure that it was clean and working properly. During one of our visits, staff showed us how they used and completed safety checks on several types of equipment such as slings, wheelchairs, electronic beds and specialist exercise aids, to ensure they were safe for care delivery. They told us they had received training and we also saw pictorial aids in the care plans and risk assessments to ensure staff understood how to use the equipment properly. Staff told us that if they had any problems with equipment, they would contact the coordinator, who would in turn contact the company or the professional who supplied the equipment.

There were procedures to follow in an emergency. Staff were able to tell us what they would do if they had "no reply" after calling to support people. They had attended and were aware that they should wait with a person and call for help, in the event they found a person unresponsive or hurt. We saw incidents and accident forms were completed when accidents occurred and learning from incidents was shared with staff to ensure they would know how to respond appropriately should the event reoccur in future.

We saw completed risk assessments related to people's support needs and their environment. These were reviewed regularly and included mobility, nutrition, skin, and risks within and outside of the home. Staff were aware of these risks and gave us examples of how they managed specific risks such as falls by ensuring the environment was clutter free and leaving all essentials within peoples reach. There were procedures in place to monitor, and mitigate and risk to people's health and safety. Where risks were identified appropriate action had been taken.

Is the service effective?

Our findings

People and their relatives told us that they were supported by staff who understood their needs. One person said, "They are very good. In my opinion they know what there are doing." Another person said, "They know my routine. If someone is new they ask or read my file. No concerns about their capabilities." A relative said, "Staff are on the whole good. We get a few new ones sometimes, but they are always with one of the regular staff."

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. Staff understood what the Mental Capacity Act meant as they had attended training and understood how this affected the people they supported. They told us that people could have variable capacity and if they noticed any concerns about people's ability to make decisions they would contact the office who would in turn contact the local authority to come and do the necessary assessments.

Staff told us before they delivered care they asked people for their consent. They also told us how they got non-verbal consent from people before assisting with personal care. Staff had attended training on how to communicate with people with different types of communication difficulties. They were able to tell us the different techniques they used to effectively communicate with people.

The office staff had built a working relationship with other professionals including district nurses, occupational therapists and the local hospice. Staff told us they reported all concerns to the office staff who then liaised with other professionals to achieve best practice. We saw examples of people getting equipment, such as profile beds and hoists after referral. Office staff arranged training for specific needs such as helping someone put on a back brace, stoma care and catheter care. People told us that staff were helpful and supported them well. One person described staff as their "lifeline." Another person said staff were their "window to the outside world."

Staff told us they were satisfied with the training they received. When staff started they completed a comprehensive induction program which included shadowing, classroom based, practical and DVD training. Staff completed training in manual handling safeguarding and medicine every year in order to refresh their minds and keep up to date. New staff and existing staff were required to complete Care Certificate modules. We reviewed the training plan for 2016, in which a number of core training requirements including first aid, food hygiene, medication administration, safeguarding, and manual handling were planned, in order to ensure staff were up to date with practice and delivered care effectively.

Staff were supported by means of regular supervision and spot checks. In addition, annual appraisals were supposed to be completed. However, we noted that in 2015 some appraisals had been missed. We spoke to the provider about this and they said they would rectify this as soon as possible in order to ensure that all staff had a formal development plan that enabled them to deliver effective, evidence-based care.

People told us they were supported to maintain a healthy lifestyle. One person said, "They help me with all my meals and hot drinks." Another said "They know I am fussy about my tea and they make it the way I like it." Staff told us how they offered choice and recorded whether people were eating their meals. Where staff noticed weight loss or excessive weight gain, they reported to the office so appropriate assessments and referrals to other health care professionals were completed. This ensured that people received the appropriate care to meet their needs.

Is the service caring?

Our findings

People told us staff were kind and compassionate. One person said, "Staff are always polite and helpful." Another person said, "They are kind and gentle." A third person said, "I don't feel rushed because they let me to go at my own pace." Relatives told us that staff were supportive and kept them informed of any changes to the condition. One relative said, "Staff are very helpful and listen to what we want."

Staff told us that they were aware of how to respect people's wishes and allow them to die in their own homes when it was their desire to do so. They told us and we saw examples of how they worked closely with district nurses and Macmillan nurses to enable people to pass away in their home if it was their wish to do so. Staff had received training on end of life care by two senior staff who had completed the Gold Standard Framework train the trainer course delivered by the local hospice. Staff recognised that support could also impact upon the family and friends of people who used the service. They gave us examples of how they had worked and supported relatives by listening to their concerns especially during the last few weeks of people's life.

People told us staff treated them with respect and understanding, and always behaved in a caring, appropriate manner. One person told us "They're respectful, kind and very friendly always." A second person said, "They're all very good from the manager down to my regulars. I've got no complaints as they treat me like I am part of their family." Another person said, "They are always gentle, polite and kind. I don't feel rushed at all." Relatives also told us that they were satisfied with staff approach and attitude. Staff also confirmed that they had attended training sessions on treating people with dignity and respect and gave examples of how they called people by their preferred names and gave people their personal space during personal care.

People were treated with dignity and their privacy was maintained. One person said, "They always ask if I want to wash myself. They put me at ease. Another person said, "Staff respect my privacy and wishes and know I prefer to get to the toilet rather than the commode." Staff were mindful of the use and storage of documentation to ensure people's records were kept safely and their confidentiality maintained within their home. Staff were aware of the need to keep people's care confidential and told us they did not discuss it outside the work environment.

Staff were able to tell us how they supported people living with dementia, people who may be confused and people who spoke other languages. They gave examples of how they reassured people who at times experienced hallucinations. Staff spoke about the people they supported with fondness and focused on their strengths. Staff also spoke about the importance of letting people stay in their own home, for as long as it was their wish and it was safe to do so. We also read a care plan that showed how a person had eventually allowed staff to help them with personal care after a few weeks of reluctance. Staff had built a rapport with people as they were consistently allocated to the same people in order to promote continuity of care.

People who used the service were provided with a copy of the service user guide which held detailed

information about the services offered. This meant that people who used the service, and where appropriate, their relatives, knew what to expect from the service and who to contact for further information.

Is the service responsive?

Our findings

People told us that their care was delivered according to their individual needs and preferences. Eight out of ten people told us they received a reliable service from staff who knew and understood their needs. The remaining two said they sometimes received different staff especially if their regular staff went on holiday. One person said "They are very good and involve me every step of the way." Another person told us, "I know all the girls. We work well together and I can change my call time to suite me when the need arises." A relative told us that all they had to do was call the office if they were worried about anything and they would get a response.

Before people started to use the service, a comprehensive assessment was completed including a document entitled "Getting to Know You" from which a person's profile was developed. This was followed by a support plan that clearly outlined people's physical, social needs, hopes, aspirations and wishes. People's likes and dislikes, including the name they wished to be addressed by and if they preferred same gender staff for personal care, were documented and followed by staff. We found care plans were adjusted as people's needs changed, with the involvement of any relevant family and professionals.

People told us they could adjust their care and were aware of their visit time and the staff coming to support them a week in advance. One person said, "Staff are very flexible, when I need to go out or go for my regular check they come earlier than usual." Another person said, "Yes, I think they do a good job at listening and notice when I am unwell." Relatives confirmed that the service was proactive at rescheduling visits and at calling for medical assistance if they noticed any deterioration.

People told us that staff listened to them, and gave them time to express their views and preferences about the way care is delivered. One person said, "They have a chat and let me say what I want to eat or do." Another person said, "They are very good. They always ask even though I have a set routine. It's kind of them to ask." Relatives told us that they thought staff listened. Staff told us that they were able to let the office staff know and were sure they would respond quickly if they noticed people needed extra support. For example, staff spoke about times where they had asked the office to refer people to therapists because they had noticed that their mobility was getting limited.

People told us they were looked after by the same staff most of the time for continuity of care. One person said, "I have the same staff except weekends and holidays and am happy with that." Another person said, "It's good to see familiar faces everyday. Especially when I need intimate care." Staff and the rotas we reviewed confirmed that staff looked after the same people weekly and that any sickness was covered by the regular office staff or the registered manager in order to ensure that people received consistent care that met their needs.

People were aware of how to make a complaint. They told us they had the office number to hand and would call the manager. When asked if they had ever needed to make a complaint people replied, "Yes I can call the office at any time. Someone usually answers if am concerned about staff is being a bit late." We reviewed recent complaints and found they were acknowledged, investigated and responded to within timeframes

outlined in the company's policy. Once themes were identified, appropriate action was taken. People told us all the issues they had raised had been dealt with.

Is the service well-led?

Our findings

People told us that they were happy with the care delivered and told us that they knew the managers. The main unresolved issue that was mentioned by seven people and also confirmed by four staff we spoke with was that staff did not always stay for the full length of the allocated visit time. One person said, "I have a 45 minute call but usually if they finish after 30 minutes they tell me they have to go to the next visit." Another person said, "Staff are good. The only thing is they leave before time because they say they have to rush off to the next visit." A staff member told us, "We clock in but if we do not stay the full time we do not clock out." The above practices had not been picked up by the current quality assurance system in place. In addition, we identified shortfalls in the appraisal system and DBS checking system as the services policies were not always followed leaving people at risk as appropriate guidance was not always followed.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person must send notifications about incidents that affect people who use services to the Care Quality Commission (CQC) without delay. This includes safeguarding issues. We found that there had been safeguarding issues within the service in February 2016 and that the registered managers had not sent notifications of these incidents to CQC as required. We spoke to the registered managers about this and they sent the notifications before the inspection ended. Other authorities such as the local safeguarding team and the police where appropriate had been notified.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff were aware of their roles and responsibilities and told us that there was a strong emphasis on training and looking for ways to improve care delivery. They were aware of the arrangements in place out of hours which were also clearly written at the front of all the support plans we reviewed. They told us that the on call phone was always answered to ensure that staff were supported to maintain people's safety and well-being.

Staff told us they reported all concerns to the office and they always received feedback and a positive response. They told us there was an open and honest culture which enabled them to learn from mistakes without feeling blamed. A staff member told us, "The manager and office staff are very supportive. All you have to do is ask." Staff visited the office once every week on a Friday to collect their rotas and could seek and receive ad hoc supervision if needed on these visits. One staff said, "I can talk through incidents or issues that I find difficult and get the support I need. "

The quality of care given was monitored annually through satisfaction surveys that were sent to people and their relatives. Missed visits were logged and investigated to ensure that they did not reoccur. Care review meetings were also used as a platform to feedback on the care delivered and any improvements required. The service also operated a spot check observation of staff which was at least once a year. This gave senior staff the opportunity to observe staff in the person's home and to provide any feedback to staff. The management team also held a group meeting for staff. This was used to address any concerns about poor

practice, where improvement is needed and to clarify procedures.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had not notified the Care Quality Commission (CQC) of incidents which had occurred within the service as required by the CQC (Registration) Regulations 2009. Regulation 18 (2) (e).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes although established were not always operated effectively to ensure that appraisals and DBS rechecking were monitored and kept up to date. Feedback from relevant persons about staff not staying for the allocated length of time had not yet been addressed.</p> <p>Regulation 17 (1) (2) d(ii) (f)</p>