

House of Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

House of Care Services Ltd is a domiciliary care provider supporting people in their own homes. Not everyone using House of Care Services Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service supporting 23 people, 22 of whom were supported with personal care

People's experience of using this service:

People had signed consent forms to indicate they were happy for care to be provided and delivered. They had also signed copies of care plans and other documents. In some instances, whilst people had capacity to agree to care, relatives had signed consent forms and other documents without the legal authority to do so, meaning appropriate consent had not been obtained. Where people did not have capacity to agree and consent to care then the service had undertaken reviews of their capacity and best interest decisions made. Whilst these were documented they were not always specific and fully in line with the requirements of the Mental Capacity Act 2005 (MCA).

Prior to the delivery of care people's needs had been assessed and care plans reflected these assessed needs. Risk assessments had been undertaken with regard to the environment and also care, such as risks associated with moving and handling and supporting people with medication. Risk assessments were not always regularly reviewed and updated or did not always reflect current care practice.

People told us they received good care and felt safe when being supported by care workers. Care was usually provided by a small, familiar group of care staff. People said care staff arrived on time and stayed and supported them for the full allocated period. If staff were delayed the service advised people of the delay. People told us no appointments had been missed.

People's preferences, wishes and choices were recorded and respected. They said staff supported them in a way that maintained their dignity. People were also encouraged to maintain their independence and to carry out as many tasks for themselves as they could.

People considered staff to have the correct skills to support them. Staff had received a range of training and had access to regular supervisions and appraisals.

The registered manager undertook a range of checks and audits on care documents and spot checks were undertaken to ensure staff continued to deliver appropriate and good quality care.

Rating at last inspection: At the last inspection the service was rated as good.

Why we inspected: This was a planned inspection based on previous rating. The service was rated good at

the last inspection but is now rated as requires improvement.

Improvement action we have told the provider to take: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will request an action plan from the provider detailing how they will address the breaches. Going forward we will continue to monitor this service and plan to inspect in line with schedule for those services rated as Requires Improvement.

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 was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

House of Care Services Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a planned inspection in line with the scheduled re-inspection dates for services rated as good.

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. It provides a service to older adults and younger disabled adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure there would be someone at the office when we called.

Inspection site visit activity started on 13 February 2019 and ended the same day. We visited the office location on 13 February 2019 to see the manager and office staff; and to review care records and policies and procedures. We also visited people's homes on this day. We further spoke with people who used the service and staff during the week commencing 18 February 2019

What we did:

Prior to the inspection the provider completed a PIR (provider Information return). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We spoke with the registered manager/ owner of the service, the care coordinator and two care staff. We visited

two people in their own homes and spoke to them and their relatives. We spoke with two people and one relative on the telephone. We examined three care records of people who used the service, medicine records, staff recruitment and training records and a range of other policies and quality monitoring documents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Assessing risk, safety monitoring and management.

- Risks associated with the delivery of care were assessed. These included risks associated with medicines, moving and handling, falls and the use of bedrails. Actions for staff to follow that mitigated risk had been detailed within care plans. Whilst moving and handling risk assessments were more frequently revised we found not all other risk assessments had been reviewed or updated in a timely manner and so did not reflect current risks.
- We could not determine anyone using the service had been harmed by these omissions
- Risk assessments regarding the home environment had been undertaken as part of the initial assessment process.
- Plans were in place to deal with unforeseen circumstances, such as poor weather conditions, and ensure people continued to receive care and support.
- There had been no recorded accidents and incidents in the service since 2016. The registered manager told us this was because the service was small and care delivered was generally low risk.

Systems and processes to safeguard people from the risk of abuse.

- Policies and procedures regarding safeguarding were in place and staff had received training in this area.
- The registered manager told us there had been no recent safeguarding incidents.
- Staff demonstrated a good awareness of safeguarding issues and had a clear understanding of action they should take if they had any concerns.
- People we spoke with told us they felt safe when being cared for by staff. One person told us, "I feel safe. I'm not used to care but find it is all fine." A relative told us, "I feel that they are safe in their hands."

Staffing and recruitment.

- People and relatives said there were enough staff to support them. They told us they received care from a consistent group of care staff. One relative told us, "We get the same group of carers - usually a pair. It's a regular team."
- People told us staff were rarely late, unless held up by traffic, and they were always made aware if there was a delay. They told us there had been no recent missed calls.
- Staff we spoke with told us there were enough staff to deliver care and they did not feel rushed. Travelling time between appointments could be an issue at busy times.
- The provider had in place detailed and appropriate recruitment practices including the checking of references and carrying out Disclosure and Barring Service checks (DBS).

Using medicines safely.

- People told us they were well supported with their medicines and always received them appropriately and

on time.

- Medicine administration record charts (MARs) we looked at were well maintained and contained no gaps.
- We found one person where staff were not supporting the person with medicines but were applying creams. Whilst this was regularly recorded in the daily records there was no associated MAR for this. The registered manager told us this would be rectified as soon as possible.
- The registered manager subsequently sent us copies of completed MARs for this item to demonstrate that records had been kept prior to the inspection taking place.
- Staff had received training in the safe handling of medicines and had their competency assessed and checked.

Preventing and controlling infection.

- People told us staff always wore gloves when delivering personal care and regularly washed their hands.
- Checking staff used appropriate protective equipment was included in the spot checks carried out by senior staff.
- Staff had received health and safety training that included elements of infection control.

Learning lessons when things go wrong.

- The registered manager spoke about the introduction of a new electronic management system. The system assisted with scheduling appointments, monitoring attendance at visits and managing staff training. He told us the system would save time and make the service more efficient. He felt had he realised how the system could improve the service he would have introduced it earlier.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

- Care files contained copies of consent forms and other care documents. Some had been signed by people receiving care, whilst others had been signed by relatives. These relatives did not hold Lasting Power of Attorney (LPA). LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. This meant they did not have legal authority to consent on people's behalf.
- We visited one of the people whose care plan we had reviewed. We found they were able to give their views and consent using simple questions and non-verbal responses. The care plan and assessment did not indicate that alternative communication methods had been used to communicate with the person concerned.
- Where people did not have capacity to consent the service had undertaken best interests reviews. We found these best interest reviews were not always specific. For example, one best interests decision covered personal care, food and hydration and emotional wellbeing. It was not clear that least restricted options and alternative methods had been considered as part of the decision process. Where a person had fluctuating capacity only one capacity assessment had taken place. We found one person was documented as having variable capacity and a general mental capacity assessment had been undertaken in 2015. There was no indication that the best interests decision had been reviewed or the person's capacity reassessed. This meant they had potentially been denied the opportunity to be fully involved in planning and reviewing their care.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

- We spoke with the registered manager about the need for valid consent and ensuring best interests decisions complied with MCA guidance. He told us he would review this documentation immediately.
- People were encouraged to make day-to-day decisions and told us staff always sought permission before delivering care. One person told us, "They ask me if everything is okay."

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

- Assessments of people's needs were detailed and covered a range of areas. Outcomes were identified and care delivered in line with these. People's personal preferences and choices were incorporated into care plans. One person told us, "I have a mixture of male and female carers. They asked, but I don't mind."
- The registered manager and care co-ordinator demonstrated how the electronic care system helped manage the delivery of care and assisted where changes needed to be made.

Staff support: induction, training, skills and experience.

- Staff told us they had access to a range of training and updating, involving a mixture of online training and face to face events. Staff told us, "We have training all the time, if I'm honest" and "We have plenty of training. You just have to ask."
- The service maintained an overview of staff training and could identify when mandatory training was due for renewal and arrange for staff to receive additional training. Staff had received more specialist training, such as in the care of diabetes or swallowing difficulties.
- Staff told us they had an induction and records showed they shadowed more experienced workers prior to working individually. One staff member told us they had completed the care certificate as part of their induction.
- People told us they felt staff had the correct skills to support them. People told us, "I feel they know how to look after me" and "They all pretty well know what to do."
- Records showed, and staff told us they received regular supervision and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care.

- People told us staff supported them to maintain a healthy diet and instructions on meals and diet were contained within care plans, as necessary.
- Staff told us they worked alongside community health professionals and liaised with district nurses and others to ensure the was continuity of care and people health needs were met.

Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support.

- People told us care visits could be rearranged or adapted to meet their needs, such as for hospital or other appointments. They told us the service was flexible. One relative told us, "I have had to arrange for earlier appointments as these suit my (relative) better. They were fine about it and now it has settled things are better."
- Staff told us that if they had any concerns about people's health and well-being they would contact the service office. They said they were extremely confident the office staff would take the appropriate action and had never had any concerns.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People and relatives told us the care they received was of a good quality and was consistently caring and kind. One person told us, "I am happy with the care, I have no concerns. They are quite good and have been coming about seven years now." Other comments included, "They are good; I get on with the girls. I feel that one or two would make good nurses"; "I feel well looked after. They have become friends and I know them all" and "I am very happy with the care. I like this girl (care staff), she makes me laugh."
- Relatives we spoke with were equally happy with the standard of care and the approach of the care staff. On relative commented, "They (care workers) are all very pleasant. They are nice and make (relative) feel relaxed, which helps a lot."
- People told us they would recommend the service to others.
- Staff we spoke with said they wanted to deliver high quality care. One care worker told us, "I like looking after people. I like going to work knowing that you are going to make a difference for people in their day."
- Staff were aware of issues related to equality and diversity and how this may affect their work, although had not received formal training in this area.

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

- People told us they were involved in decision making and able to direct how their care was delivered. One person told, "Every so often they check if anything needs changing."
- People also told us staff asked them what support they required on a day to day basis and followed their instructions. One person told us, "They are as good as gold and work with me."
- The registered manager told us, and people confirmed an annual questionnaire was sent out. One person told us, "I'm currently filling in a questionnaire. I'm taking my time to do it right. Not that there is anything to complain about."
- For 2019 there had been six out of 22 responses currently returned, all of which were positive. For 2018 there had been eight returned questionnaires, again all broadly positive, with one anonymous return that raised some general issues.
- The registered manager produced a quality assurance report on the back of the responses received.
- Care records contained evidence care reviews took place, although it was sometimes not clear how actively involved people had been in the reviews.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us care staff respected their privacy and dignity through-out the delivery of personal care. Comments included, "The door is always shut when providing care. They always make sure she is dignified"; "They put towels over when they transport me, to protect dignity. They are pretty good" and "They always keep me covered with a dressing gown."

- People told us staff supported them to be as independent as possible. Staff told us ensuring people maintained their independence was important in their work. One care worker told us, "I'm assisting them to be as independent as they can be. That's the main part of my job."
- People's care records contained information about activities they could do, and should be supported with to maintain their independence as part of care delivery.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans contained good detail. Records showed evidence of an assessment prior to care commencing. People confirmed staff had visited them to assess their care requirements. One person told us, "Someone came and did an assessment - someone from the office."
- People's care plans were currently in paper form, but the registered manager told us the service was moving more to electronic records, which could be updated more easily.
- There was evidence in care plans that care had been reviewed and support plans updated to reflect people's changing needs, although we did note some reviews took place only two yearly.
- People told us their interests and social needs were supported. They told us the service supported them with day to day tasks and appointments.
- People confirmed staff supported their choices and preferences throughout the delivery of care.

Improving care quality in response to complaints or concerns; End of life care and support.

- The provider had in place a complaints policy and information on how to raise a concern was included in the care folder in people's homes.
- There had been three formal complaints within the last 12 months. There was evidence these had been investigated and a care review meeting carried out, often involving relatives. It was not always clear a formal response had been made. We spoke with the registered manager about ensuring these were documented in the future.
- People we spoke with all told us they had not made any recent formal complaints. They said that when they did have any concerns they would contact the office and were sure the issue would be dealt with. Comments from people include, "Any problems I would be on the phone straight away. I'm sure any problems would be sorted" and "I've never had to make a complaint."
- At the time of the inspection the service was not supporting anyone with end of life care needs.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Some areas of the service required attention to ensure information around risk was up to date and the service was complying with its legal responsibilities in relation to consent and the MCA.
- Reviews of risk were not consistently undertaken. One care plan indicated a person had started to use a new piece of equipment, but the associated risk assessment did not include this. Two people had risk assessments for the use of bedrails which had not been updated since 2014. A manual handling plan for one person had not been reviewed since 2015.

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

- The registered manager subsequently wrote to us and told us new processes had been put in place to ensure reviews of care and risk were undertaken and recorded every six months.
- The provider's philosophy was to provide individualised and person-centred care, through maintaining a small service. Care delivery was through small staff groups who knew the people they supported well. The registered manager told us, "We want the service to be small and manageable."
- The service ensured staff had access to support and training and regular supervision was provided.

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

- The electronic care system required staff to log in and out of calls. This allowed the monitoring of any potential late or missed calls and action to be taken.
- The registered manager demonstrated a range of systems for monitoring the effectiveness and the quality of the service, including checks on medicines administration and the quality of daily records.
- People we spoke with, and staff confirmed spot checks were also carried out to ensure staff were delivering good quality care. People also told us staff from the service office would regularly contact them to ensure they continued to be happy with the care and the staff. Comments from people included, "(Care coordinator) phones about every five or six weeks to see everything is alright"; "They 'phone up every month or so to check that everything is okay" and "Someone comes quite frequently to see if everything is okay."
- Staff we spoke with told us they felt well supported and were positive about the management of the service. Comments from staff included, "I love working for the company; they are a brilliant bunch of guys" and "I think the service is well run - it's really good."
- People and relatives said they were pleased with the quality of the service. One person told us, "You hear a lot of bad reports about care, but to be honest I have been lucky."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People we spoke with were positive about the management of the service and said they felt fully involved in their own care or that of their relatives.
- Staff we spoke with felt well supported. One member of care staff commented, "We are given enough time to do everything that needs to be done."
- Staff confirmed regular staff meetings took place and they could raise any issues or concerns. One care worker told us, "You can raise any issues that you need to. If want to raise an issue in private then you can do this."

Continuous learning and improving care; Working in partnership with others.

- There was evidence the registered manager took learning and improvement seriously. Care reviews were carried out in response to complaints and actions generated from questionnaire responses.
- The service worked in partnership with a range of other agencies and professionals. Care plans and care delivery were closely linked with to the advice of health professionals.
- People and care staff confirmed the service and outside agencies worked together to deliver care.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was not always provided with the consent of the relevant person. People without lawful authority had signed forms and documents. Regulation 11(1)(2)(3).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place to ensure the service operated in compliance of regulations. Systems to assess, monitor and mitigate risks were not always up to date or appropriate. Systems to monitor the quality and safety of the service were not sufficiently robust. Regulation 17(1)(2)(a)(b)(c).</p>