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Haven Care - Hounslow Branch

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

The inspection was carried out on 8 and 9 May 2017. The service was given two working days' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. Telephone calls were carried out on 11 and 12 May 2017 to obtain feedback from people using the service. This was the first inspection of the service since it registered with the Care Quality Commission.

Haven Care – Hounslow Branch provides personal care to people in their own homes. They also offer a range of other services including cleaning, shopping, outreach services and companionship. At the time of inspection there were 120 people using the service, the majority of whom were funded by Hounslow local authority or CCG.

The service is required to have a registered manager. 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. The registered manager had been in post since the service registered with the Care Quality Commission.

People said their care workers made them feel safe. Staff understood what constituted abuse and were clear they would report any concerns. Procedures were in place to safeguard people against the risk of abuse.

Staff recruitment procedures were in place and were being followed. Staff were available to meet the needs of people using the service and systems were in place to ensure people received their care in a timely way.

Risks were identified and assessed and action plans put in place to minimise them.

Staff received training in medicines administration and procedures for safe medicine management were being followed.

Infection control was being safely managed by the service.

Staff received training and supervision to provide them with the knowledge and skills to care for and support people effectively.

Staff were aware to report any concerns regarding people's capacity to make decisions for themselves. They respected people's rights to make choices about the care and support they received.

Staff supported people with preparing simple meals if they required it.

Staff knew to observe for changes in people's health and systems were in place to alert healthcare

professionals if people required their input.

Staff treated people with dignity and respect and were professional, friendly and kind. Staff took the time that was needed to meet people's care and support needs.

The service respected people's rights to choose and matched people with care workers taking into consideration their gender and also any religious and cultural needs.

Care records had been formulated with input from people so their wishes for their care and support were identified and included. Staff read the care records so they could provide the care and support people wanted and needed.

Procedures for raising complaints were in place and people were able to raise any concerns so they could be addressed.

People and staff all said they would recommend the service to others. People were happy with the service they received, were being listened to and had their needs met. Care workers felt very well supported by the management team and office staff and said communication was good.

Systems for monitoring the service were in place and being followed effectively. The provider worked continually to improve the service provision for people and for staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People said their care workers made them feel safe. Staff understood what constituted abuse and were clear they would report any concerns. Procedures were in place to safeguard people against the risk of abuse.

Staff recruitment procedures were in place and were being followed. Staff were available to meet the needs of people using the service and systems were in place to ensure people received their care in a timely way.

Risks were identified and assessed and action plans put in place to minimise them.

Staff received training in medicines administration and procedures for safe medicine management were being followed.

Infection control was being safely managed by the service.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision to provide them with the knowledge and skills to care for and support people effectively.

Staff were aware to report any concerns regarding people's capacity to make decisions for themselves. They respected people's rights to make choices about the care and support they received.

Staff supported people with preparing simple meals if they required it.

Staff knew to observe for changes in people's health and systems were in place to alert healthcare professionals if people required their input.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and were professional, friendly and kind. Staff took the time that was needed to meet people's care and support needs.

The service respected people's rights to choose and matched people with care workers taking into consideration their gender and also any religious and cultural needs.

Is the service responsive?

Good ●

The service was responsive.

Care records had been formulated with input from people so their wishes for their care and support were identified and included. Staff read the care records so they could provide the care and support people wanted and needed.

Procedures for raising complaints were in place and people were able to raise any concerns so they could be addressed.

Is the service well-led?

Good ●

The service was well led.

People and staff all said they would recommend the service to others. People were happy with the service they received, were being listened to and had their needs met. Care workers felt very well supported by the management team and office staff and said communication was good.

Systems for monitoring the service were in place and being followed effectively. The provider worked continually to improve the service provision for people and for staff.

Haven Care - Hounslow Branch

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.

The inspection was carried out on 8 and 9 May 2017. The service was given two working days' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. The inspection visits were carried out by one inspector and an expert-by-experience carried out telephone calls on 11 and 12 May 2017 to obtain feedback from people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about it. The provider had completed a 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.

During the inspection we viewed a variety of records including recruitment and training details for four staff, care records for nine people using the service, some in detail and some to view specific areas of care and support, and medicine administration record charts for three people. We also viewed staff allocations, the electronic policies and procedures, the business continuity plan and other documentation relevant to the inspection.

We spoke with the provider, the managing director, the general manager, the registered manager and the deputy manager. They are sometimes referred to as the management team in this report. We also spoke with the monitoring officer, the recruitment officer, the care coordinator and seven care workers. We obtained feedback from 19 people using the service and a local authority commissioner.

Is the service safe?

Our findings

We asked people if their care workers made them feel safe when they helped them. Comments included, "Yes, they just basically get on with their job", "Yes, well I want someone to hold me from the back as I have a tendency to fall backwards and a carer stands behind my back", "Yes, they make sure I am alright. I like the fact that someone is checking up on me. I feel unsafe on my own, not with the carers being here", "Yes, they do. The girls are really good. They just make me feel looked after", "I have never really thought about, so I would say yes, I am safe here. No worries at all", "I need a little extra support to get around and they help me with that", "Yes, I am very well looked after", "I would say that I am. I don't really know I guess they just come here and do everything I need" and "Yes, I do. Just the little things they do to brighten up my day. They are always smiling and very helpful."

Policies and procedures for safeguarding and whistleblowing were in place and were being followed to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding and knew the different types of abuse that could take place. They understood whistleblowing procedures and said they would report any concerns and if these were not addressed, they would report their concerns to the local authority, Care Quality Commission and, if appropriate, the police. There had been one safeguarding case and the managing director explained the action they were taking to improve the on-call process as a result of this.

Recruitment procedures were in place and had been followed to ensure only suitable staff were employed by the service. Staff confirmed pre-employment checks had been carried out as part of the recruitment process. We saw completed application forms and curriculum vitae, which contained a work history. Two references had been taken up for each member of staff and these included their last employer. Disclosure and Barring Service (DBS) checks had been done, health questionnaires were completed and proof of identity documents including the person's right to work in the UK were available. Staff were issued with identity (ID) badges to wear when attending people's homes and people confirmed that staff always wore their identity badges so they knew they were from the agency.

People confirmed that they had regular care workers, that they arrived on time and they stayed as long as they were supposed to. Comments included, "Yes, generally the same ones. It depends on what they have to do but generally it is an hour and half to two hours", "Yes, the same carer has been coming to see me for six months. One stays the correct time and the other is always in rush to get on. It doesn't bother me", "Yes, I have had the same ones for a while now. Yes always [arrive on time]. Yes, only rarely do they go home early", "I think almost always it the same ones. Yes, at the latest I think it is 10 minutes which I am not too worried about" and "I have the same ones come around. She is always rushing around but usually stays the full length." People said they usually had their own care worker but were not informed if a different care worker was going to visit. We fed this back to the registered manager who said they would address this.

Care workers said they worked in geographical areas so the people they supported lived within easy traveling distance from each other, making it easier to attend promptly. Staff said if they were running late they would contact the office or person on call so they could inform the person using the service. The

electronic call monitoring system also tracked staff so if someone was going to be late for a call this was flagged up in 'live time' so the on call or office staff could take appropriate action to address this. For example, if they needed to divert another care worker to a visit to ensure someone received their medicines at a specific time. The monitoring system enabled care workers to log in and out from each visit they made and the office staff were able to track their progress, identify any issues so these could be addressed promptly and thus improve safety for both people using the service and the care workers. Staff were sent their work allocations securely each week. Any changes were also sent out promptly to keep the allocations accurate and up to date.

Risks had been assessed so that action could be taken to minimise them. Risk assessments had been carried out in people's homes and were in the care records. Staff confirmed these were also in the records in people's homes. Some people recalled these taking place and their comments included, "Yes someone did come around it was a lady but I can't remember her name" and "Yes, someone did come around that checked up on the building and they recommended some things for me, like a hand rail." The risk assessment covered all areas relating to the person such as slips, trips and falls, pets, food preparation, use of chemicals, administration of medicines, cross infection, first aid, fire, smoking, gas and electrical safety, equipment and moving and handling. If a risk was identified then a separate risk assessment was carried out for each one. We saw these in place for the use of a hoist and for a person who was at risk of choking and they contained instructions for staff to minimise the risks. For people that required moving and handling involving a hoist, those we spoke with confirmed that there were always two care workers in attendance and that they knew how to use the hoist.

Medicines were being safely managed for people using the service. The majority of people we spoke with did not need any assistance with their medicines. One person said the care workers reminded them to take their tablets. Staff confirmed they received medicines training and knew the different types of support people required, either prompting or administration. We saw medicine administration record charts (MARs) in three people's records and these were complete. Any issues were recorded, for example, when one person only wanted one tablet for pain rather than two. If a dose was omitted for any reason then the correct coding had been used. The monitoring officer was responsible for ensuring the MARs were completed and available in people's homes. They also checked the completed MARs so that they were being monitored. We viewed the MARs audit file. This contained a list of all staff that administered medicines and evidenced how they signed the MARs, so this was identified. The process for producing the MARs had recently been reviewed. The dispensing chemists printed them and the monitoring officer collected them from the chemists and delivered them to people's homes.

People confirmed their care workers practiced good infection control. Comments included, "Yes, they wear gloves and wash their hands", "Yes, they do wear gloves and aprons", "Always she is very hygienic" and "Yes, I have seen them wash their hands and tie back her hair things like that." The risk assessment document included cross infection so any issues could be identified and action taken to minimise them. Staff said the service provided personal protection equipment including disposable gloves, aprons, sleeves and overshoes, so they had the equipment they needed when providing care to people.

Is the service effective?

Our findings

Care workers had received training to provide them with the skills and knowledge to care for people effectively. People felt their care workers had been trained properly to give them the care and support they needed. Their comments included, "I have never had any problems", "Yes, I think they are", "I think so, they always know how best to help me and go to great length to do it", "I don't know what training they have. Yes, they are good at their jobs" and "I have nothing to complain about, they all seem to know what they are doing." Training certificates were seen in staff records including fire safety, food hygiene, hand hygiene and infection control, health and safety, moving and handling, dementia care, equality, diversity and inclusion, effective communication and First Aid. A training matrix was maintained and evidenced the training each care worker had undertaken.

Care workers completed induction training and shadowed experienced staff for shifts before working alone. Induction and shadowing checklists were completed to evidence staff had completed the training and were competent. The office staff said they also completed all the training as they had worked as care workers and gained experience of the role. Inexperienced care workers completed the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. The monitoring officer carried out unannounced spot checks to monitor the care and support care workers provided and one to one supervisions took place every six months. If any concerns arose then more frequent monitoring was carried out to ensure staff were competent and confident to provide the care and support people needed. The managing director said annual appraisals would be carried out for all staff as their anniversaries of working for the service were reached.

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. We checked whether the service was working within the principles of the MCA.

Policies and procedures for MCA and DoLS were in place, covering capacity issues for people in their own homes and information regarding making referrals to social services. Care workers were clear that people had the right to make choices for themselves. Staff said if they were concerned that someone did not have capacity to make a decision or if their mental health deteriorated they would inform the office so that action could be taken to address this. Mental capacity assessments had been carried out and where necessary a family member had been identified to act in the person's best interest. The registered manager knew to report concerns to social services so that a multidisciplinary best interest meeting could be arranged if it was identified someone could no longer make decisions for themselves.

We asked people if, with their consent, the agency involved people they chose in making important decisions about their care. People confirmed they did and comments included, "Yes, they do contact my

daughter", "They will contact me first but if for any reason, they can't get hold of me they will phone my husband", "Yes, my son has a lot of contact with them" and "I do want them to contact my daughter if I forget something."

Where necessary staff were happy to assist people with heating simple meals or making snacks. People confirmed where they needed help their care workers provided this. People said, "I just get help heating up my lunch", "Everything is ready cooked and they just get it for me", "I will usually get help in making a sandwich or something like that for lunch. They let me pick what I want" and "[They] just heat up the food for me."

Care workers said if someone needed help with arranging a healthcare appointment they would inform the office staff so this could be provided. Details of people's GPs were held in the office and they also had contact with district nurses where needed. The service could put monitoring charts in place if it was identified that a person's condition warranted this, for example fluid charts and turning charts. People we spoke with were able to arrange their own appointments or had family members to do this for them. People who had been unwell confirmed their care workers had responded. One person said, "Yes, once I fell over and they called an ambulance for me." Another said, "Yes once I was a little unwell. She phoned my daughter who came to check in on me." Staff knew to observe for any changes in a person's health and to inform the office if someone was unwell. We gave care workers emergency scenarios and they knew to call the emergency services if the situation required it.

Is the service caring?

Our findings

We asked people how they felt about the care and support they received from their care workers. Comments included, "Good kind and supportive of anything I need", "I feel lucky to have good carers that help me", "You hear about all the bad places in the news and I am fortunate to have found a place that is nothing like that", "I think they are doing a good job. They are always very caring and come with a smile on their face", "I have wonderful carers they will go out of their way to help look after me. I couldn't ask for better", "I have really no complaints about this place. The carers are doing a wonderful job to help me", "Very caring and very supportive", "It is ok. I like the girls come around with a smile. They help to cheer me up" and "Very good."

We asked people how their care workers spoke with them and treated them. People confirmed staff treated them with respect and maintained their privacy and dignity. Comments included, "Both professional and friendly", "They treat me really well. They talk to me in a kind respectful way. Yes, they are caring", "They speak to me with respect and treat me like family. They are always trying to help me with anything they can", "We get on; they are really friendly and have a great time. I have no complaints. Yes, they do treat me with respect; it is just the way they do things and what they say to you", "They speak to me very professionally and they know what they are doing", "They are very kind and caring people. They really want to do their jobs" and "Very respectful, they will use my last name and treat me like an elder. They are very good."

We asked staff what was important to them in their job and their comments included, "It's really important to talk to the client and find out what they want", "It is a rewarding job, helping vulnerable, elderly people", "I like to help and support people" and "It is most rewarding, a most amazing job." We saw a compliment form that had been completed by a relative and they had written about the way the care worker treated her family member, "She respects her illness and treats her accordingly."

We asked people if they had been asked if they wanted a male or female care worker. People said they had not but they also said they were happy with the care workers they had and this was not a problem, with comments including, "It is fine I am not worried", "I wasn't but I am happy with them" and "Not really worried about who I get." The care coordinator said they respected the rights of both the people using the service and of their staff when matching people and care workers. They were also sensitive to the fact some people may need to be encouraged to state a preference as they may be worried to say anything. The service aimed to always provide same gender care workers for people where possible, and always female care workers for female clients and either male or female care workers for male clients. We discussed identifying this as part of people's initial assessment and the registered manager said they would do so, so people were aware of the matching process. Staff said they were asked about their preferences also and this was respected.

We asked staff if they were happy to prepare meals that involved items they did not cook themselves and they all said they would be. For example, a Muslim care worker was happy to use gloves and handle ham in order to make someone the sandwich they chose. Staff said when they started working at the service they were asked if there was anything they did not feel comfortable doing and this was respected. The registered

manager said that they respected the rights of both people and staff to express their choices.

Is the service responsive?

Our findings

We asked people if they had a written support plan and if they were involved with this so the care workers knew the care and support they wanted. Comments included, "Yes, created with them and my social worker", "Yes, I do have one somewhere", "We have had a lot of chats about what I need and they have written it down", "Yes, I do have one, I was involved. We had a really long chat about it" and "Yes, I was, yes, I was really happy with it." People confirmed the care workers followed the plan, with comments including "They do everything I want/need" and "Yes, they do." One person told us, "We have a chat about it like every six months" and the registered manager said the support plans were reviewed every six months or more often if there was a change. The support plans we saw were comprehensive and provided a good picture of the person, their care and support needs and how these were to be met. There was an 'at a glance' plan that listed the number of visits a person had, the support they needed and the expected outcome. People had signed to agree to their support plans and it was clear from the feedback we received that they were happy with the involvement they had.

We asked people if the support and care they received helped them to be as independent as they could. Comments included, "Yes, if it wasn't for them I would not be able to get around", "I think so, they help me to get things done that I would not be able to do on my own", "As much as they can. It is very hard for me to be independent now as I can't do all the things I want to" and "I would say they try their best to help me anyway they can." People confirmed that their care workers completed all the tasks they were supposed to at each visit. Comments included, "Yes, they complete all the tasks", "Yes, always" and "Yes and sometimes they will help me do a few more things."

The assessments provided by the local authority identified if English was not a person's first language and they required someone to speak their language. People confirmed where this had been identified they had care workers who spoke the same language as them. The majority of people were happy to converse in English but appreciated when staff could speak to them in their first language. People were also matched where it was relevant to meet religious and cultural needs and one person said, "Yes, they do. One of them has the same religion as me." This meant the service was respecting people's communication, religious and cultural needs. The information had not been included in the support plans even though matching was being done and the registered manager said they would include this in future. Staff did not have a lot of involvement in people's social lives but there was some information in people's support plans to provide staff with topics of interest to discuss with people when caring for them.

There was a complaints procedure in place and this was given to people using the service. People said they would raise an issue if they had one with their care worker and one person said, "If I ask them to do something a little different they will do. They try and help me as best they can." We asked people if staff at the agency responded well to any concerns they raised and they told us, "So far everything has been good", "Yes, they are wonderful" and "If I phone them they have always been helpful and try and answer any of my queries." The majority of people had not had concerns and comments included, "I have never had to make a complaint", "I really don't know, I have a good service here nothing to complain about", "No complaints or concerns so far", "No problems from me I am happy with the service" and "I don't think I have had a problem

so far." Care workers said they would tell people to raise any concerns with the office and that the telephone numbers were in the information folder in each person's home. The service had received eleven complaints since it started providing a service and these had been investigated and responded to. They had also received eleven compliments and the registered manager said these were passed onto the care workers concerned.

Is the service well-led?

Our findings

People said they would recommend the service to others. Comments from people included, "Yes definitely the girls are really good", "I have already recommended this to my friends", "Absolutely, I really like them" and "Yes, they just keep my flat in order." People expressed satisfaction with the care and support they received. One person said, "They are doing a wonderful job and I am glad to have them." All the people we spoke with appeared to have a positive view on the service and spoke very highly of their care workers.

Care workers were happy working for the service and said they would recommend it to others. Comments about the management and office staff included, "Everyone's very polite and friendly, you know exactly who to talk to – they all have their own departments", "The flexibility is very good and I can get time off when needed", "If anything is wrong they answer", "I find them very cooperative, very supportive. Any problems with clients they will follow it up. They give good feedback", "Employers are very good", "Very friendly and understanding", "I have stayed because of the company", "It is comfortable to speak", "It's easy to talk to them", "They solve the problem straight away – they listen" and "I love working with the agency, flexible." Staff confirmed they were not expected to deal with anything outside their work remit. For example, if someone needed medical input the care worker passed this onto the office and they dealt with it. This meant the care workers were able to get on with providing the care and support people were scheduled to receive.

People confirmed that the information they received from the service was clear and easy to understand. The majority of people knew they could contact the office if they had any matters to discuss. Comments included, "The manager or really anyone that was in the office", "I don't know of their name but there is a girl that works in the office she is always helpful" and "The few times I have spoken to them it was easy to get hold of them. Yes, they know what it is going on." The office staff had designated roles, however they said they would all take calls and ensure any issues were addressed promptly. The contact details for the office were contained in the information given to people when they started using the service.

We asked the management team and the office staff what they considered important qualities. Comments included, "Staff dignity and respect, their safety and enough training to improve their knowledge and experience. To support staff to achieve goals" and for staff and people using the service, "The life is once; we need to look after that life." The management and office staff worked together to provide continuity and had the training and experience to cover care worker visits if the need arose. Two of them told us, "It doesn't matter who we are, the service continues" and "We need to look after both of them, the client and the care worker." The management team recognised the importance of working together to continually review and improve the service provision. One of them said, "We sit down together and discuss." The local authority commissioners fed back that the management team responded well and took action to improve systems such as compliance with the electronic monitoring system. The managing director explained that all staff had been supplied with mobile phones and the system was simple and quick for staff to use, with a 'tap in, tap out' process, and staff confirmed this.

The service had a comprehensive monitoring schedule for people using the service covering initial

assessment, home file audits, telephone monitoring and visit monitoring and reviews. The monitoring officer carried out visits to people's homes to do spot checks for staff and also to give people the opportunity to provide feedback. We saw several satisfaction surveys that the monitoring officer had completed with people. When we asked people about surveys they did not know if they had completed these. The registered manager explained that the survey system had been reviewed so the surveys were now being sent out from head office and the results collated and an action plan drawn up. We saw the latest action plan and satisfaction rates of those surveyed were 90-95%. Actions had been put in place to address any areas identified for improvement and work on this was ongoing.

There were regular staff meetings and the care workers spoke positively about them, saying, "[Meetings] are a good thing, you get to know what is happening" and "If you have communication everything is done." Care workers confirmed the monitoring officer carried out spot checks to assess their work and they were happy for this to happen. The monitoring officer told us, "My work is important and what I am doing is good." The daily records and the MARs were brought to the office from people's homes each month and audited. Any issues were noted and discussed with the care worker involved. For example, a member of staff had ticked rather than signed for a medicine and this had been picked up and discussed with care worker involved. There was a monthly newsletter sent to the staff. We saw some examples and these covered work information and updates plus good practice articles and publications. This kept all staff up to date with what was going on with the service and also helped them keep their knowledge and skills up to date.

The provider had an auditing system in place and a quarterly audit covered each aspect of the service and provided overall percentage compliance. There had been a steady improvement over the year and the last audit in April 2017 identified 92% compliancy. The management team were clear that they wanted to provide people with the best service they could. The managing director explained they were expanding the business slowly, to ensure they had the staff resources in place to meet people's needs. We saw the business management presentation that had been devised in consultation with the local authority, so all were clear on the planned progress for the service. They had worked with the local authority emergency planning unit to create the business continuity plan to identify the action to be taken in event of emergency. The provider was working with Skills for Care to provide apprenticeships for care workers that would give them the training and skills to further their careers. They also attended the local authority Provider Forums for domiciliary care services to keep up to date with local matters.

Policies and procedures for health and safety were in place and together with the employee handbook these covered each aspect of the office, care workers and people using the service.

The management team were aware of any notifications that needed to be submitted to the Care Quality Commission. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. One notification was submitted during the inspection and the management team confirmed there had been no other notifiable events that had taken place.