

House of Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

House of Care Services is a domiciliary care agency that provides personal care and support to people living in their own homes. Care staff call at people's homes to provide personal care and support at set times agreed with them. At the time of our inspection there were 17 people who received personal care from the service.

There was a registered manager in post when we inspected the service. A requirement of the service's registration is that they 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.

We last inspected this service in June 2015 when all five key areas were rated as 'Good'. At this inspection we found the quality of care had been maintained and people continued to receive a service that was responsive to their needs. We continue to rate the service as 'Good' in all areas, giving the service an overall rating of 'Good'.

People were positive about the care they received and were complimentary of the care staff that supported them. People said they felt safe when supported by care staff. Care staff understood how to protect people from the risk of abuse and there were processes in place to minimise risks to people's safety, which included information about people's individual risks in their care plans.

Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service. New care staff completed induction training and shadowed more experienced care staff to help develop their skills and knowledge before supporting people independently. This ensured they were able to meet people's needs effectively.

All care staff had been provided with the policies and procedures of House of Care to support them to provide safe and effective care to people. Care staff received specialist training on how to manage medicines so they could safely support people to take them.

People received a service based on their personal needs and care staff usually arrived to carry out their care and support within the timeframes agreed.

People told us care staff maintained their privacy and dignity. People's nutritional needs were met by the service where appropriate.

The registered manager and care staff understood the principles of the Mental Capacity Act (MCA) and how to put these into practice. Care staff told us they gained people's consent before providing people with care and support.

The provider had processes to monitor the quality of the service and to understand the experiences of people who used the service. This included regular communication with people, staff, and record checks. People knew how to raise concerns if needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Safe.	Good ●
Is the service effective? The service remained Effective.	Good ●
Is the service caring? The service remained Caring.	Good ●
Is the service responsive? The service remained Responsive.	Good ●
Is the service well-led? The service remained Well-led.	Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The office visit took place on 16 July 2018 and was announced. The provider was given 48 hours' notice that we would be coming. This was so we could be sure the registered manager was available to speak with us. The inspection was a comprehensive inspection and was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from the statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Following our inspection visit we received feedback from two people who used the service and two people's relatives.

We received feedback from six members of care staff, the registered manager, and a care co-ordinator.

We looked at a range of records about people's care including three care files. We also looked at other records relating to people's care such as medicine records and daily logs. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the registered manager/ provider made to assure themselves people received a quality service. We also looked at staff records to check that safe recruitment procedures were in

operation, and staff received appropriate supervision and support to continue their professional development.

Is the service safe?

Our findings

At our previous inspection we rated the service as 'Good' in Safe. At this inspection, we found people continued to receive safe care and receive their medicines as they should. There continued to be enough staff to meet people's needs. We continue to rate Safe as 'Good'.

We found people and their relatives felt safe with staff from House of Care, and that people were supported by enough staff who usually arrived on time. One person said, "Yes, I feel very safe, the staff are first class."

People were protected against the risk of abuse. Care staff told us they completed regular training in safeguarding people. Staff told us they were comfortable raising any concerns they had with the registered manager, and were confident any concerns would be investigated and responded to. Staff also understood they could report safeguarding concerns to other authorities if they had concerns. The registered manager had procedures in place to report safeguarding concerns to local authorities for investigation, and to CQC.

Care staff attended regular infection control training and were provided with the correct personal protective equipment (PPE) such as gloves and aprons. People confirmed staff protected them from the risks of infection, by using gloves and sanitizers in their home when necessary.

Procedures were in place to record any accidents and incidents that occurred to show when and where accidents happened, and whether risks could be mitigated to reduce them happening in the future.

Risks to people's health and wellbeing were identified in the care records we reviewed. For example, where people needed assistance with their mobility, information was contained in the records about how many staff were needed to assist the person, and the equipment that was used. Records explained what the risks were and what actions staff should take to minimise any identified risks.

Staff told us and records confirmed, people were protected from the risk of abuse because the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There were sufficient staff employed by the service to ensure people received their agreed calls at the time they should. In addition, the registered manager and office staff kept their own training and skills up to date, so they could assist care staff and complete calls when needed. For example, when staff were unexpectedly absent due to illness. The registered manager told us they employed sufficient staff to cover all their existing calls to ensure no temporary or agency staff were needed. One staff member commented, "We have plenty of staff to ensure individuals feel safe, secure and happy."

There was a system in place to record the arrival and leaving time of staff on the paper records everyone had in their home. The registered manager used the information generated to highlight where staff may arrive

late and the reasons why this occurred. The information reassured the registered manager that staff arrived on time, and no calls were missed. The registered manager intended to introduce an electronic system over the next few months, so that staff could notify the office in 'real time' when they arrived in someone's home. This would mean office staff would always know whether staff were running late, and could mitigate the risks of people receiving late calls.

Staff who administered medicines received specialised training in how to administer medicines safely. They completed this training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. Each person who was supported to take their medicines had a medication administration record (MAR) that documented the medicines they were prescribed. MARs were kept in the person's home so they could be completed each time a medicine was given. There were checks and audit systems in place to ensure people received their medicines when they should.

Is the service effective?

Our findings

At our previous inspection we rated the service as 'Good' in Effective. At this inspection we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. The rating continues to be 'Good'.

New staff members were provided with effective support when they first started work at House of Care. They completed an induction to the service and started working towards the Care Certificate unless they were qualified to a higher level. The Care Certificate is an identified set of standards for health and social care staff. It sets the standard for the skills, knowledge, values and behaviours expected. During the induction period staff spent time shadowing experienced colleagues to gain an understanding of how people liked their care to be provided. Staff also worked through a probationary period to ensure they had the skills needed.

Records showed a programme of regular training updates supported staff to keep their skills and knowledge up to date. A staff member told us training was delivered according to the needs of the people they supported, for example, in how equipment should be used in the person's home. One staff member commented, "I was booked to do mandatory training before going to provide care to people. I feel I am well skilled as I do refresher courses every year."

The registered manager told us they continued to support staff through a system of regular meetings with their manager, and yearly appraisals. Regular meetings with staff provided an opportunity to discuss personal development and training requirements. One staff member said, "We have regular meetings with the manager every month and other meetings with colleagues every now and then or when necessary."

Prior to using the service, people were assessed to ensure the service could meet their needs. We saw assessments involved people and their relatives, and included discussions on each person's individual needs such as their mobility, likes and dislikes.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way 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.

People signed their own care records where they could, to consent to their care. Staff understood the principles of the MCA and knew they could only provide care and support to people with their consent, unless they lacked the capacity to do so. The registered manager understood their responsibilities under the MCA. They knew if people lacked the capacity to make all of their own decisions, records were required to show how decisions were reached in their best interests following mental capacity assessments. One member of staff told us, "People are actively involved in making decisions about their care; we always ask

what they wish."

People we spoke with managed their own healthcare appointments or relatives supported them with this. The registered manager told us the service was flexible and could support people to attend appointments if required. Care records instructed staff to seek advice from health professionals when people's health changed.

People and their relatives told us staff assisted with the preparation of meals, and supported people with their nutrition if this was agreed in their care package. Staff were aware of people's dietary needs, and if there were any special arrangements regarding their nutrition. For example, staff were informed in the care records whether people were on a restricted diet, had allergies to any foods, and if they were living with a health condition such as diabetes.

Is the service caring?

Our findings

At our previous inspection we rated the service as 'Good' in Caring. At this inspection we continued to find people were cared for by staff that respected them and offered them support in a kind and caring way. We continue to rate Caring as 'Good'.

People told us they enjoyed the company of care staff, and that they got along with them well. Comments from people included, "[Name] likes the staff, they are all very nice to her."

People told us that by having staff from House of Care come into their home, this supported them to remain independent and stay living in their own home. People were cared for by a consistent staff team that visited them regularly, which helped people feel secure with staff. Staff told us they felt supported in their work by the manager and other colleagues, and supported each other as a team.

Staff and the registered manager understood the importance of promoting equality and human rights as part of a caring approach. The registered manager told us, and records confirmed, staff training included 'equality and diversity.' Staff told us they were supported by the provider to work in a caring way, which focussed on treating people equally and in ways they would want themselves or their families to be treated.

Care records detailed what support people needed to help them communicate. For example, whether they had good eyesight, or whether they needed glasses and when these should be worn. Also, information was included on people's hearing and whether they had the cognitive skills to understand questions and respond. This provided guidance to staff about how they should approach people so they understood what was happening and could engage in conversation.

Staff described how they respected people's privacy and dignity. For example, closing curtains and doors during personal care and asking family or visitors to leave the room during care. One staff member said, "Everyone's privacy is respected including their care records. These are kept in locked cabinets in our office. We all follow policies with regard to client confidentiality." They added, "When we complete a care call, we ensure curtains are closed, people are not exposed during person care."

Is the service responsive?

Our findings

At our previous inspection we rated Responsive as 'Good'. At this inspection we found people received person centred care that met their needs and preferences, and we continued to rate Responsive as 'Good'.

People told us staff responded to their requests for assistance in a timely way, and met their personal needs and wishes. One relative said, "The staff do everything we wish, they are very helpful."

One member of staff said, "Person centred care is at the centre of our approach. People's needs are the utmost of our considerations." Another member of staff told us, "We offer support to people based on their welfare needs. The minimum call we make to people is 30 minutes, as any shorter calls don't provide time for us to check on people's wellbeing."

Care records we reviewed contained sufficient detail to support staff to deliver person centred care in accordance with people's preferences and wishes. For example, information was contained in care records about whether people preferred female or male care workers, what food people enjoyed, and what interests and hobbies people enjoyed. People were involved alongside family members in care planning and regular reviews of their care.

People told us staff wrote information about all the care they had provided in the daily records that were kept in their home. This information acted as a handover of information, so other care staff always knew what care people had received. Staff told us, "All the records are kept up to date in order for us to give effective care and support" and "Each time we go into the care setting we have to write down everything we do."

Where it was included in people's care packages, staff assisted people to access interests and hobbies, or go out in their local community. For example, we saw one person really enjoyed being outside and in their garden, and staff supported them to be outside whenever the weather permitted.

People confirmed they had been given the complaints policy which was included within the information guide which was available within their homes. There were systems in place to manage complaints about the service. No one we spoke with had any complaints. A typical response was that people had no need to complain. We saw one person had provided feedback that a recent call, staff had been late in arriving. The person had been contacted, and it was explained the member of care staff was delayed at the previous call because of an emergency. The matter was resolved to the person's satisfaction, and the member of staff was reminded to always call into the office if they were running late.

For those people who wished to engage with staff regarding end of life care planning, this facility was offered to people who used the service and their relatives. This process included an assessment of whether people wanted any medical interventions at certain points in their care, and whether they had any cultural or spiritual wishes.

Is the service well-led?

Our findings

At our previous inspection we rated the service 'Good' in well led. At this inspection we continued to find the provider maintained quality assurance procedures that checked on the quality of service they provided. People told us the service was well-led. We continue to rate Well-led as 'Good'.

People and their relatives told us the service was well led. One person commented, "They are brilliant. I rely on them totally."

There was a clear management structure in place at the service to support staff. The registered manager was supported by two care co-ordinators who oversaw the allocation of staff and people's care packages. Staff told us managers were approachable and supportive. One member of staff said, "At House of Care there is effective communication amongst the carers and the manager and the staff in the office. If there is a problem, it is reported to the office where it will be documented, and necessary measures are taken to resolve the issue." Another member of staff commented, "The manager is very approachable because we usually work with him to do personal care if need be. I feel the service is well led because there is quality of personal care for service users and the staff can communicate effectively and staff are well supervised."

The registered manager and other senior staff worked alongside care staff to regularly observe their practice, and to develop and maintain their own skills. In addition, spot checks and recorded observations of how staff were performing care tasks were made each month. The registered manager operated an 'open door' policy, where staff could call into the office if they needed to meet as a group, or with their manager. An 'on-call' telephone number was also available for staff to call if they needed support outside of office hours.

The registered manager told us how they worked in partnership with other agencies such as commissioners of services and health care organisations to support people, making sure their needs were fully assessed to get the right care in place.

Monthly staff meetings were held to discuss any changes in policy, training updates, changes to people's care, and to ask staff for their feedback. A care co-ordinator confirmed, "Staff are informed at least a week in advance of any planned meetings. This gives them an opportunity to add anything to the meeting agenda."

Monthly, weekly and daily checks were undertaken to check a range of information, which included checks to ensure staff were on time, the records of people's care and medicines records to ensure people received a quality service.

The registered manager asked for people's feedback about the care they received in quality assurance questionnaires, and when each person was contacted by office staff about their care and welfare. Office staff routinely called ten people per month to ask them whether they were receiving a quality service. We looked at the comments on the most recent quality assurance questionnaires, which had been gathered in March 2018. People were satisfied with the care they received. Comments from people included; "I couldn't wish

for better care", and "It's a good standard of service."

The registered manager understood their legal requirements to notify us of any significant events that occurred at the service, and their legal responsibilities to display the rating on their website.