

Headstart Employment Limited

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Inspection report

1 High Street
Sutton
Surrey
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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

We undertook an announced inspection on 8 February 2018. At our previous inspection on 3 December 2015 we rated the service 'good' overall and in all five key questions. At this inspection we found the service continued to be 'good'.

Headstart is a service which is registered to provide personal care to adults in their own homes. At the time of our inspection there were five people using this service.

The registered manager remained in post. 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 service was safe. Risk assessments were completed to enable people to receive care with a minimum of risk to themselves or the staff. Robust recruitment procedures were followed to ensure as far as possible only suitable staff were employed. Staff were trained to safeguard and protect people. They were aware of their responsibility to report concerns.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

The service was caring. People were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. The registered manager responded to complaints received in a timely manner.

The service was well led. There was a positive culture within the staff team and staff spoke positively about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The director, registered manager and staff were committed to providing a good service for people. There were quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains rated as "good".	Good ●
Is the service effective? This service remains rated as "good".	Good ●
Is the service caring? This service remains rated as "good".	Good ●
Is the service responsive? This service remains rated as "good".	Good ●
Is the service well-led? This service remains rated as "good".	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 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 8 February 2018 and was announced. We told the provider one day before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. One inspector undertook the inspection.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. In addition 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 used this information to plan the inspection.

We gathered information by speaking on the telephone with three people who used the service, the director, the registered manager and two members of staff. We looked at the five people's care records and four staff records and we reviewed records related to the management of the service. After this inspection we spoke with a commissioner of this service.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

Everybody we spoke with said, they or their relatives felt safe with the care provided by staff who supported them. One person said, "I feel perfectly safe, I enjoy their visits." Another person said, "I am happy with the carers who visit me."

Risks of harm or abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the provider. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

People were protected from harm because staff received training in recognising and reporting abuse. Staff told us they attended training for safeguarding people. They confirmed they had access to the agency's policies on safeguarding people and whistle blowing. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details were clearly recorded in people's care plans. Staff were aware of what to do if they had whistle blowing concerns.

The provider's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care packages staff kept records and receipts for all the monies they handled. Records showed staff followed the procedures and obtained receipts and signatures from people to show their agreement.

People were supported by sufficient numbers of staff to meet their needs. Everybody said they received care and support within the time agreed. One person said, "Carers usually come on time, traffic allowing and they all stay the full length of time."

The registered manager confirmed they had sufficient staff to meet the needs of the people receiving personal care. They told us they would only take on new referrals if they were able to meet the care package with the staff they had. This meant people were reassured they would receive the care package agreed.

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Risk assessments were completed in relation to the assistance people required. The care plans we inspected contained information about how risks were minimised. There was clear information for staff to follow.

Staff informed the registered manager if people's abilities or needs changed so that risks could be

reassessed. We saw care plans were up-dated following changes in the risk assessments.

There was a system in place to record any accidents or incidents that occurred. These were reported directly to the registered manager so appropriate action could be taken.

Some people required assistance with their medicines. Clear risk assessments and agreements were in place and recorded to show how and when assistance was required. There were clear protocols to show at what level the assistance was required for example, just prompting or reminding a person to administer prescribed medicines from a blister pack.

All staff were trained in the safe administration of medicines. The registered manager assessed staff's competencies during spot checks, if they had any concerns the staff member would be referred for follow up training and supervision. This meant people could be reassured all staff remained competent in all areas of medicines administration.

People told us staff always wore their uniforms and they confirmed staff used personal protective clothing to ensure they were protected from infection. One person said, "They always arrive in their uniforms and with their identity badges." We observed staff wearing their uniforms in the office during the course of our inspection. People were protected from the risk and spread of infection. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. The care plans we inspected for people contained specific guidance for staff where there were infection control issues.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

People received effective care and support from well trained staff. People said they felt all the staff were well trained and knew their needs well. One person said, "The carers know their jobs well and they knew exactly what help and support I needed." Another person said, "They all knew what to do for me and the help I was given was what I needed."

A staff member said, "The training I have had has been really good. I have done so many different courses. They all help with the work we do." Another member of staff said, "It helps us do our jobs better. We can keep up to date with best practice and refresh our skills as well."

The registered manager confirmed all new staff completed an induction programme and he told us the agency was working to ensure all staff completed the Care Certificate. We saw certificated evidence of this. The Care Certificate is a nationally recognised training programme that covers all the necessary skills and knowledge new staff need to work in social care. We saw from our inspection of staff files that all staff received basic training in the key areas of work deemed by the provider as essential before working with people in their homes. We saw this included manual handling, dementia awareness, the safe administration of medicines, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. People were supported by staff who had the skills and knowledge to meet their needs.

People received their care from staff who were supported and supervised. Staff confirmed they received some formal supervision. However we noted these staff supervision and support meetings did not accord with the agency's policy of between four and six meetings annually. The director and the registered manager acknowledged the need to improve the frequency of staff supervision meetings to ensure staff received regular support with their work. They agreed to put in place a new supervision procedure whereby staff will receive formal supervision every two months.

Some people needed support to eat and drink as part of their care package; care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether food such as sandwiches and biscuits should be left for people to eat when staff were not there to support them. Care plans ensured staff were reminded to make sure adequate fluids were in reach when they completed their call.

People only received care with their consent. Care plans contained copies of up to date consent which had been signed by the person receiving care or a relative if they had the relevant authority. Everybody spoken with confirmed staff always asked them first before the carried out any care.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. The registered manager had a clear knowledge of the people they could contact to ensure best interest decisions were discussed for people.

People were supported to see health care professionals according to their individual needs when they informed staff they required assistance. Some people did not have families living close enough to provide this support. We noted staff helped people attend doctors' appointments and hospital outpatient follow-ups if needed. Some people said they received support from their relatives to attend appointments.

Is the service caring?

Our findings

At this inspection people told us, as they had during our previous inspection, they were well cared for by staff. The rating continues to be good.

People and social care professionals were positive about the support they received from staff and how caring the staff were. One person told us, "Staff who visit me are clean, smart and respectful." Another person said, "Staff have shown me a kind and caring level of support that I have really appreciated."

Staff knew people well and their preferences for care. People told us that they had regular staff support and this was confirmed by staff. This indicated people were cared for consistently. One person told us, "Having the same staff to provide me with care is a great comfort." The registered manager told us, "Continuity and the building of relationships is very important. We always try to support people with regular and familiar staff."

People's privacy was respected and their dignity maintained. Staff informed us how they sought consent from people before they commenced any care tasks and, explained to us how they ensured people's privacy was maintained at all times when supporting them with personal care. Staff received training on maintaining confidentiality.

People we spoke with told us staff helped them do things for themselves whenever possible and encouraged people to be as independent as possible. One person told us, "Sometimes I am more able to do things than at other times. Staff always ask me what I can do." Care plans contained information about what tasks people were able to complete without support, with minimal support and what they needed more help with. There was a good level of detail about exactly what help people needed. This was designed to ensure staff did not do things for people that they were able to do for themselves, thus promoting and maintaining their independence and quality of life.

Some people who used the service also received care from relatives. We found staff were respectful of the relatives' care role. Relatives told us that staff asked about people's welfare. The service recognised supporting the family carer was important in helping people to continue to be cared for in their own home.

People were involved in planning their care and support. The provider took account of the support the person required, the preferred time for calls and where possible the staff they liked to be supported by.

The service provided to people was based on their individual needs and staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be good.

People continued to receive care that was individual and personalised to their needs. The registered manager ensured people's needs were assessed before the provider agreed to deliver their care. The registered manager reviewed all referrals and met with people to check what their support needs were and to assess their environment to ensure they had all the equipment they needed. The registered manager told us they always requested comprehensive information about a person when they were referred by another agency. We saw evidence of this on the care files we inspected.

The registered manager told us care was reviewed after one week and then regularly with people, their families and referring agencies to ensure the care provided was appropriate or if any changes were needed. A full review was then completed annually unless it was indicated that the support needs changed before this. Before people began receiving care from staff they were introduced to them and people were informed which staff they should expect.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. In addition the service had formulated a profile of the person situated in the front of their folder which gave staff information in how the person wished to be supported, their preferred method of communication and some background information including the person's hobbies, preferences and interests. This helped staff to get to know the person as well as understanding how the person wished to receive support and assistance from them.

Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were completing. People's care plans were regularly reviewed and any changes in people's needs were communicated to staff. Staff told us care plans contained the information they needed to provide care and support for people and they were kept informed of any changes to people's needs as these occurred. People told us they were aware of their care plans and staff reviewed their care plan with them to ensure it was up to date.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs.

The provider had a complaints process in place which people were provided information about. People told us they had not needed to complain and had confidence that the registered manager would listen to their concerns and respond appropriately if they did. One person told us, "I've never had to complain". The

registered manager informed us they had not received any complaints in the past year. We found the complaints process remained 'fit for purpose'. As part of this inspection we also saw the provider received several compliments since our last inspection which set out people's satisfaction with their care.

Is the service well-led?

Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The rating continued to be good.

Throughout our inspection we found the provider, registered manager and staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided and staff were well supported and managed.

We saw there was a commitment by the director, the registered manager and staff to provide high quality care tailored to meet people's individual needs and preferences. For example one person required regular support to engage their interests, exercises and other activities in their local community. We saw their care and support package provided this for the person very effectively. The person's relative said it was good as they were able to maintain their interests as well as their mobility and some independence.

We noted the positive vision and values from senior management were communicated to staff through staff meetings, supervisions and a regular newsletter. People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys. Staff said they felt the emphasis on listening to the wishes of people was important to them and the registered manager.

People received a service from staff who were happy in their work and said they worked in an open and friendly culture. One staff member told us, "I like working with Headstart. It's a supportive team to be in." Staff told us the registered manager was approachable and dealt effectively with any concerns, if they were raised. They felt supported in their role.

Staff meetings provided opportunities for staff to gather as a team and discuss their work. We saw from the minutes that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss their work at these meetings, share any worries they had about individuals and seek advice. They told us they could bring their views to the meetings and they were listened to.

There were other quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. The registered manager monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The registered manager worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way. Copies of the most recent report from CQC was on display at provider's office and accessible through the provider's website. This meant any

current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the provider's performance.

The provider worked in partnership with key organisations such as the local authority and multidisciplinary teams (MDT). For example we saw that some people were referred to Headstart by the local authority MDT. In these instances the provider worked closely with the clinical team to monitor the person's needs and behaviours. We noted they liaised closely with the MDT. The registered manager attended forums run by the local authority to keep abreast of developments in care and the local authority's expectations of them.