Hallifax Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 19 and 20 April 2016 and was announced. The provider was given notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Hallifax Care Limited is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people and people living with dementia. At the time of our inspection just over a hundred people were receiving a care service.

The service had 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 experiences of people were positive. People and relatives told us they felt safe and staff were kind and the care they received was good. One person told us "Smashing lot of girls, they are just like a group of friends as they seem to care about me, which has not always been the case with other agencies." Another person said ""[My carer] is lovely, so very caring and they do the extra things as well. For example, my husband needed to change a light bulb so [my carer] got the ladders in and helped him, very thoughtful she was."

People were safe with the care staff who supported them. Staff were recruited following thorough recruitment procedures and received training to ensure they were aware of safeguarding issues and reported any concerns. Assessments were consistently completed and had enough detail recorded for care staff to follow safe practice. Staff could tell us the measures required to maintain safety for people in their homes. Where risks were identified plans were put in place to manage the risk with the aim of reducing or eliminating it. People were supported to receive their medicines safely. The records of medicines administered were consistent.

Staff had undertaken essential training as well as training that was specific to people's needs and conditions. People felt that the staff were well trained and felt confident that they had the right skills to meet their needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were offered the opportunity to undertake additional training and development courses to increase their skills in care.One member of staff told us, "The trainers gave me all the information I need to do my job well, for example in medicine, manual handling, diabetes and epilepsy. On top of that I did dementia, stoma and end of life care in a group with other care staff on a course run by Brighton [and Hove local authority]".

The service considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work

checking with people that they were happy for them to undertake care tasks before they proceeded.

People received the service they expected and had agreed to receive. They confirmed staff respected their privacy and dignity. One relative told us, "Staff are very good, let me give you an example, I was asked to leave the room while personal care was being delivered. Staff seem very caring and they have built up a relationship over time." Staff had understood the principles of respecting people within their own home and providing them with choice and control. The service had identified people's needs and preferences in order to plan and deliver their care.

There were clear lines of accountability. The family owned and run service had good leadership and direction from the provider and registered manager. Staff told us they were supported by their supervisors and managers to undertake their roles. Staff received supervision.

People and staff said the service was well-led. They were provided with opportunities to provide feedback and make suggestions and it was recognised that information received needed to be used to drive forward further change and improvement. Feedback was sought by the provider from surveys which were sent to people and their relatives and staff. Survey results were positive and where any issues were identified they were acted upon. People and relatives were aware of how to make a complaint and felt they would have no problem raising any issues. We noted the following comment, "It is an approachable service which tries to please people as much as they can so we don't have to worry."

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.

Assessments were completed to ensure people were cared for safely.

Staff were confident about what to do if someone was at risk of abuse and who to report it to.

Staff had been recruited following safe recruitment procedures.

People were supported to receive their medicines safely.

Is the service effective?

Good

The service was effective.

Staff supported people, listened to what they wanted and treated them as individuals.

People were supported at mealtimes to access food and drink of their choice.

Staff received regular training and supervision which ensured they had the skills and knowledge to meet people's needs.

Staff and the provider were knowledgeable about the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity was respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs. Staff were aware of people's preferences and how best to meet their needs.

People were encouraged to have a say about the service they received.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

There was positive feedback about the management team. People told us the team were approachable and helpful.

Staff were supported by the provider and registered manager and felt comfortable discussing any concerns with the management team.

There was open communication within the staff team.

The provider and registered manager carried out audits to monitor the quality of the service to make improvements.

Hallifax Care Limited

Detailed findings

Background to this inspection

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

The inspection was undertaken on 19 and 20 April 2016 and was announced. The provider was given notice of the inspection because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us.

The inspection team consisted of an inspector and an expert by experience with experience in adult social care. 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 the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also asked for feedback from professionals involved in delivering people's care.

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 our inspection we spoke with ten people and the relative of a person, four care staff, care supervisor, care scheduler, training supervisor, registered manager and the provider. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone. We also visited two people's homes, with their knowledge and agreement, to observe a 'spot check' visit.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they received a safe service and felt safe while they were being supported by staff. One person told us, "I always feel safe when they hoist me to the bath, they are very gentle with me." Another said, "I now feel very safe that I have the same carer all the time. This has made a huge difference knowing that the same person will help me each morning."

There were policies to ensure staff had guidance on how to respect people's rights and keep them safe from harm and abuse. Records confirmed staff received safeguarding training on an annual basis. All care staff were able to describe different types of abuse. Staff were able to describe how they would report suspected abuse. They were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with. Staff were able to protect people as they had the knowledge they needed to identify and act on safeguarding concerns quickly.

When people began using the service they underwent an assessment by a senior member of care staff. The information collected included risk assessments for areas such as continence, skin condition and mobility. They were consistently maintained so that people at risk received safe care. For example, assessments included people's current skin condition and risks of skin breakdown. Where it was appropriate, people had their use of specialist skin pressure relieving equipment assessed. People's risk assessments were reviewed and people, their relatives or care staff could raise issues or concerns that triggered a reassessment within the review period.

People told us they were happy with staffing levels. Staffing levels for individual care calls were determined during a person's initial assessment of needs. For example, some people with care needs associated with mobility or personal care needed two care staff to safely support them. People told us they felt staffing levels were correct for their calls. One person told us, "Two carers are always sent who know how to use the hoist. I can't recall the last time they were late and if they are they will explain why and if it's because of another person needing more help I understand."

Records demonstrated staff were recruited in line with safe practice. For example, employment histories were checked, suitable references obtained and staff were subject to Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff told us about recruitment process they had gone through, including application and interview which further evidenced the procedures followed by the provider.

The provider made provision to ensure peoples care was safely managed 'out of hours'. A group of senior staff were on a rota to be on call. The on call member of staff was responsible for responding to queries raised by care staff and calls from people. A relative said, "Mum and dad are safe as they had a call bell around their necks which contacts care link. They then will contact Hallifax. When the agency have been called their response has been very good, they have either popped around or called me."

People and their relatives told us that they were satisfied with the support they received with regard to their medicines. People stated they received their medicines correctly and on time. Medicine administration records (MAR) were correctly completed. For example, MAR were signed to indicate people had received their medicines correctly on the dates and times prescribed.

The provider had policies in place for medicines and guidance for the administration of medicines and these were consistently followed. Some people were prescribed 'as required' medicines, known as PRN. People had a PRN protocol in place to provide guidance for staff. For example, some PRN was prescribed for pain relief. Guidance provided consistent advice to the use of the PRN medicine, when and why it should be offered.

Good

Is the service effective?

Our findings

People and relatives felt that staff were sufficiently skilled to meet the needs of people and spoke positively about the care and support they received. Comments included "All the staff seem to know mum and dad's needs, [my relative] is a diabetic, staff have guidance on how to support this need." A healthcare professional told us "From my experience Hallifax are very good at letting us know if there are any issues or concerns around the clients, seeking advice and requesting a review. They are very good at speaking to the family or health professionals. They are also very good at resolving day to day issues and go out of their way to support clients to remain at home."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had knowledge and understanding of the MCA because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and that they always asked permission before starting a task. One person told us, "[Staff] always ask me if they can use the hoist or give me a wash. It wasn't until I had the hoist that I could have a bath, so it has been a blessing."

Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide effective care. Training schedules confirmed staff received training in various areas including moving and handling, first aid and infection control. New staff also worked with experienced care staff and supervisors on care calls. Staff were supported to undertake qualifications such as a diploma in health and social care. Staff told us, "I do a lot of training. I attended a medicine refresher course recently where we were shown a new type of catheter bag. Its keeps my knowledge up to date." Another member staff said, "The trainers gave me all the information I need to do my job well, for example in medicine, manual handling, diabetes and epilepsy. On top of that I did dementia, stoma and end of life care in a group with other care staff on a course run by Brighton [and Hove local authority]."

Staff told us that they received supervision by their manager on a regular basis. During this they were able to talk about whether they were happy in their work, anything that could be improved for the workers or the people they cared for and any training that staff would like to do. Staff told us these were useful and a chance to talk through all aspects of their roles and their development needs. One member of staff told us "My supervisor is [named supervisor].We sit down every couple of months. I get a reminder of the need to attend the next one a little while before it's due." Staff told us they were also assessed on their performance by a system of spot checks. We accompanied two spot check calls of a senior member of staff. They arrived unannounced during a care call to a person. They reviewed staff practice in providing person care, communication and adherence to the individual plan of care. The information from spot checks formed part of staff supervision.

People and their relatives told us that most health care appointments were co-ordinated by themselves or their relatives. The relative of one person said, "Staff do get involved in health care issues if they can't get hold of me. I had a phone call late one day at the weekend that mum was sick. So we then called emergency care and it was sorted out. In the past the agency has also directly called the doctor if they were worried." Staff were available to support people to access healthcare appointments. If needed, they liaised with health and social care professionals involved in people's care if their health or support needs changed. One person told us "They will phone the doctor for you, for example I had a recent chest infection and they were just like nurses. They were very caring and went beyond what is expected of them."

People were supported at mealtimes to access food and drink of their choice. One person told us, "Part of the package of care is to help with preparing meals. My daughter does shopping along with staff. For any day to day items staff prepare it and I've always been happy with the quality they produce and they make sure that I eat it as well." People's care plans provided such details as what people preferred to eat according to the time of the call and the degree of support needed by the person. One person told us, "They are very good; they make my breakfast each morning and make sure that I have something to eat to help manage my diabetes." The provider told us that if they had concerns about a person's nutrition or weight they sought from health professionals.

Good

Is the service caring?

Our findings

People told us staff were caring and treated them with respect. Comments included, "Smashing lot of girls, they are just like a group of friends as they seem to care about me, which has not always been the case with other agencies" and "Very pleasant, caring and we have a laugh and joke which makes all the difference." One relative we spoke to told us, "Staff know them and are familiar to them so mum and dad are at ease with them all."

Interactions between staff and people were positive, caring and respectful. On the spot check we accompanied we heard laughter and chit-chat between people and their carer. Staff were knowledgeable about peoples individual care needs and dealt with these compassionately and with professionalism. Staff recognised the individual needs of people for who they provided care and support and listened to what they had to say. One staff member told us, "I love the people and we fit into their routine, which is important. I think we have built good relationships with them."

People appeared relaxed and happy in the company of care staff. All the people we spoke with recognised that due to the support and care provided by staff, they were able to enjoy living relatively independently in their own homes. One person told us, "[My carer] is lovely, so very caring and they do the extra things as well. For example, my husband needed to change a light bulb so [my carer] got the ladders in and helped him, very thoughtful she was." Another told us, "I like to try and get on with my own life. Sometimes I need help and then they will help me."

Staff we spoke with told us they enjoyed working for Hallifax Care and thought the service provided was caring and promoted people's independence. One staff member said, "I use the care plan notes as a starting point but always ask people what they can do for themselves and I encourage their independence." The registered manager told us, "We don't want to take over peoples' personal space, it's their home and we are only visitors. We actively encourage them to be as independent as they can."

People and their relatives were involved in care planning, and had choices regarding their care. They told us they felt able to speak to staff in the office at any time of the day. People who required personal care told us they were able to express their views and guide staff as to how they wanted their care to be carried out. For example, one person told us, "Staff will ask me if I want my shower and it's totally my choice. They ask me how I want my care and what I can do for myself." A relative told us, "We felt involved in the care planning process and indeed have a right to be involved. There are regular meetings at the house to review [my relatives] care and they discuss anything that needs to change. Dad used to give mum her meds but now he has dementia so staff are now taking this on and we have got a locked tin for the medicine."

People confirmed staff respected their privacy and knocked on the door of their home and waited for a response before entering. Care plans provided people's preferred choice of how they wished staff to enter their flat. For example, options included ringing the bell or knocking first before requesting permission to enter. Some people living with a sensory disability had a light fitted in their living room to tell them that the carer was at the door. We saw staff respected peoples wishes and gained consent before going into people's flats. We heard about one example of a person where it was disputed that permission had been given to install a key safe for staff to access a very private person's home. We saw that they met the request to remove the key safe after it was reported the person did not remember giving permission.

Staff observed people's privacy and dignity while they provided personal care, they told us, "I always explain what I am going to do first and it's all about communication. I always make sure I have everything in place

before giving care. It's all about protecting people's privacy." Another told us, "I cover someone with a towel when I am washing them. I have to preserve their dignity and privacy." One person we spoke with told us as their health had deteriorated they required assistance with very personal issues, they said, "I am incontinent so wear protection and they are very sensitive and take me to the bathroom to change." A relative said, "Staff are very good, let me give you an example, I was asked to leave the room while personal care was being delivered. Staff seem very caring and they have built up a relationship over time."

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People said, "I was involved and had a say about the service I wanted", "I get all the help I need and was agreed upon", and "I have never been let down. I used to have another care agency. Thank goodness for Hallifax Care." People said they were involved in decision making about their care and support needs and relatives and friends said that the agency had responded well to any comments or complaints.

Copies of people's care records were kept in both the office and in the person's home. The care plans clearly set out the care to be completed and how the planned care was to be provided. A record of support showed when visits from care staff were scheduled to take place. The care plans reflected people's care needs and provided a pen picture of the person and what support was to be provided. For those people with additional mobility needs, who required support with moving and transferring from one place using equipment, the plans set out what equipment was to be used and how many care staff were needed. One member of staff told us, "Care plans are thorough without being burdensome. I see my input in them." Where people funded their own care they had signed an individual service contract.

After a new care package was started the senior care staff reviewed the progress of it within six weeks and then again on a three monthly basis. This ensured the service being provided remained appropriate and met the person's needs. Where it was required, the care package was changed to reflect the person's changing care and support needs. Staff were expected to report any changes in people's care, support and health needs to the office so that reviews could be brought forward. For example, we saw that one person's difficulty using a mobility aid led staff to contact the office with their concerns. A meeting was arranged with the persons agreement at their home so that a health care professional could discuss with care staff the difficulties they met during the care call and a solution was reached that met the persons additional need for support.

Staff told us that they had enough time to support people and didn't feel rushed when providing care and support. Staff told us they had enough time to spend with people though staff told us that they would like to have more time to read care plans when they visited a new person to the service. One person said, "It can be tricky to read care plans on new visits but we don't leave a call until we're done." Staff were committed to arriving on time and told us that they notified people or the office if they were going to be late. Senior staff also provided care and support as part of their role, for example, if called out to cover a call because of staff sickness and we found that staff knew people the agency provided care and support to.

People were provided with a copy of the Hallifax Care handbook and these were present in the care files of the people we visited. It provided key information about the service, contact telephone numbers and out of office hours arrangements. It also contained information about the complaints procedure. People and their relatives knew how to raise any concerns or complaints they may have. People told us that senior staff were accessible and dealt with any concerns they had. People said, "I was given information about how to raise a complaint but never had to. I have only ever raised niggles which have been addressed as soon as they were

raised, for instance, about the way staff were recording medication." Another person said, "Not had cause to complain but felt that if I needed to there are details in a book I could follow but I would just phone the office."

We reviewed the formal complaints the service had received in the last 12 months. For each of the complaints the appropriate action had been taken. The provider reviewed each complaint for themes to ensure quality of the service and care. In the same time period the service had received a number of compliments including cards, letters and emails. The following comments were made about the service, 'You are always kind and understanding and look after us extremely well', and the following from the ambulance service, '[Named member of staff] is doing an incredible job and has wonderful rapport with [named person].'

Good

Is the service well-led?

Our findings

Everyone at our visit spoke positively of the provider and key senior staff. Staff told us they felt well supported and could approach them to discuss any concerns they may have. A staff member told us the provider and registered manager worked hard and commented, "[Manager] is the best manager I have ever had." People's comments included, "There is always someone in the office to ring, even out of hours and at the weekend. I have all the numbers here to contact and I've never had a problem day or night contacting anyone."

Staff said they had a good understanding of their role and responsibilities. They told us, and we observed that they enjoyed their work and appreciated the value of the service they provided. They told us they were happy and motivated to provide quality care. Staff explained they had opportunities to put forward their suggestions and be involved in the running of the service. Staff supervision had become a regular occurrence and staff told us they appreciated the opportunities they offered. They commented, "I get together about once a month with [named supervisor] but I know that I can ring them at any time." We noted that the March 2016 edition of the Hallifax Care newsletter, distributed to staff, advised of the new supervision schedule and urged staff to check when their meeting was arranged. Staff meetings were held regularly. Staff were required to attend a minimum of two a year and were paid for the attendance. Staff told us these were useful, one staff member commented, "The minutes from the last meeting and date for the next are on the wall and we get a note in our folder to remind us. They provide us with a reminder of changes, for example, to care plans and also a chance to talk about any other changes happening, there has been a lot about the Mental Capacity Act and what that has meant for us." There was a 24 hour on call rota for staff to speak with a senior member of staff outside office hours.

In order to ensure a good quality service the provider and registered manager organised and ensured effective communication between the staff team, people and relatives. Satisfaction questionnaires were distributed to people in order to obtain their feedback of the quality of service they received. The results of the 2015 survey showed that there were ninety responses received. We saw that 97%of responses recorded that they were always or usually happy with the care received. Similar level of positive comments were recorded to questions such as, 'Do you know which carer is normally visiting you?', 'How satisfied are you that your carers do what you need them to do?' and 'Are you helped to make choices about your care?' The provider noted that the questionnaire had raised issues with communication and had reviewed and addressed these issues. The service was also subject to a survey of council contracted providers in 2015. The feedback from that indicated that Hallifax Care had, 'always emerged as an unusually effective agency in comparison to many others…this makes the Hallifax achievement all the more impressive.'

The provider had developed and shared links with two other services that helped coordinate the transfer of care to people in their home following their discharge from hospital. They used the opportunity to gain and share views about the care and support they provided and share best practice. For example, the learning had enabled staff to work directly with the social care team at the hospital and share knowledge about people to support their timely discharge.

The provider and registered manager demonstrated real commitment to the family owned service and talked about ways of improving still further. For example, a range of audits had been developed and undertaken to check the quality and safety of the service people received. They included checks on the management of care records, personal care delivery including late and rescheduled calls and staff training. They told us of how they had recently looked at improving practical training for staff. For example, they had recruited another training supervisor to meet the needs identified from quality monitoring. They demonstrated how they accessed and learned from working with a local hospice on meeting end of life care. We also saw how staff worked closely with other health care professionals. A health care professional said this about the service, "They are caring and responsive to clients' needs. They communicate well with us when they have concerns and are always able to find a staff member who knows the client to liaise with us and the carer who has visited. They are always happy to help manage acute situations, such as administering short term acute prescriptions without fuss, which is definitely in the best interests of the client."

The provider was aware when notifications had to be sent in to the Commission. Notifications tell us about events that had happened in the service. We use this information to monitor the service and to check how events had been handled. They told us, "Hand on heart, the submission of notifications and reporting have been part of the culture of change."