

Hartley Home Care

Hartley Home Care

Inspection report

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Date of inspection visit:
26 November 2015
27 November 2015

Date of publication:
20 January 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Hartley Home Care is a domiciliary care service that provides care and support to people in their own homes. The service provides support and care to mainly older people who require assistance with personal care, dressing, meal preparation and the prompting of medicines. This includes people with physical disabilities and dementia care needs. The service mostly provides care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of the inspection the service provided support for 89 people in Camelford, Padstow, Bude, Launceston, Wadebridge and surrounding areas of Cornwall. There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

We carried out this unannounced inspection on 26 and 27 November 2015. At this focused inspection we checked to see if the service had made the required improvements identified at the inspection on 17 June 2015. We also checked if the overall improvements we found in June 2015, to the quality and reliability of the service people received, had been sustained. At the comprehensive inspection on 17 June 2015 we found the effectiveness of the service people received had improved from previous inspections. However, there were inconsistencies in the way systems to monitor the quality of the service were implemented and recorded. Although we did not find any breaches of regulations at the June inspection the service had a history of non-compliance with the regulations under the Health and Social Care Act 2008 since March 2010. This report only covers our findings in relation to the questions: is the service safe and is the service well led. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hartley Home Care on our website at www.cqc.org.uk.

At this inspection we found the registered manager had further improved the systems for monitoring the quality of the service provided. They kept an overview of any changes to people's visits and any concerns raised about the service provided by working closely with the care co-ordinators on a daily basis. Appropriate action was then taken to rectify issues raised and make any system changes to prevent a re-occurrence of specific incidents.

We also found the efficiency of the service people received had been sustained. We received positive feedback from people and their relatives about the quality and reliability of the service provided. Comments included, "The carers are marvellous, I've got no worries about them", "The people who come to my home are very good, they are always courteous to me, they're lovely" and "I like the girls I have, they're excellent."

People told us they had regular staff, received visits at the time of their choosing and staff stayed for the allocated time. People's comments included, "I have regular carers so I always know who's coming and I prefer that, it makes me feel safer", "We get the full time my husband has been allocated", "They certainly do

their job and stay the time" and "I agreed a time that I would like to get up in the morning and they visit within 30 minutes of that time."

The service gave people details of the times of their planned visits and kept them informed of any changes to the visit times. People told us, "I am sent an email rota for the week telling me who is coming and at what time", "The carers tell me day by day who will be coming" and "If they are going to be late, they will phone me."

Staff in the office had worked together to improve the staff rosters and reduce the number of changes made after staff had received their list of work. One care co-ordinator said, "It has made a difference to the rotas that the care co-ordinators work together. If we get the rotas right then there is less chance of change and if there are fewer changes then this reduces the risk of mistakes being made and visits being missed."

No one told us they had experienced missed visits. However, the registered manager advised us there had been two missed visits during the weekend before our inspection. The registered manager had investigated these incidents and taken appropriate action to minimise the risk of any further re-occurrences.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were adequate numbers of suitably qualified staff available to keep people safe.

Staff told us they felt supported by management and were committed to providing a good service for people. Comments from staff included, "The running of the service is a lot better than it was", "I enjoy what I do" and "We have staff meetings and get regular letters giving us updates on any changes."

Before people started using the service a manager visited them to carry out an assessment of their needs and discuss how the service could meet their wishes and expectations. A relative of one person, whose care package had started two days before our inspection, told us a manager visited them before the service started. They told us the manager explained about the service and wrote a care plan for the person receiving the service.

People were asked for their views of the service they received and they were confident that their views were listened to and acted upon. People and their relatives told us, "Yes they have occasionally asked for feedback", "Yes they did act on it", "I have had the occasional complaint but it has mostly been about their rota times. It has been dealt with immediately", "I was asked my opinion about the care plan which I was happy with" and "I have received questionnaires from the office asking about my care."

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 told us they felt safe using the service.

There were adequate numbers of suitably qualified staff available to keep people safe. People told us they had regular staff, received visits at the time of their choosing and staff stayed for the allocated time.

Care plans contained clear guidance for staff on how to minimise any identified risks for people.

Staff knew how to recognise and report the signs of abuse and were confident about reporting any concerns.

Is the service well-led?

Good 

The service was well-led. There were clear lines of accountability and responsibility within the management team. Staff told us they felt supported by management and were committed to providing a good service for people.

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

People and their families were asked for their views about their experiences of the service provided.

Hartley Home Care

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 unannounced inspection of Hartley Home Care took place on 26 and 27 November 2015. The inspection was carried out by two inspectors and two experts by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

Before the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the provider, the registered manager, two care co-ordinators and the training co-ordinator. We spoke with five care staff over the telephone. We visited two people in their own homes and had telephone conversations with a further 33 people.

We looked at records relating to the service provided to people, four staff recruitment files, staff duty rosters and records relating to the running of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service and said they trusted the staff who supported them. People commented, "The carers are marvellous, I've got no worries about them", "The people who come to my home are very good, they are always courteous to me, they're lovely", "I feel that the care is personalised, there has never been any nastiness", "They speak to me respectfully, and they have a laugh and a joke with me. They are always cheerful when they arrive" and "I can assure you that we are quite happy with the care we are getting, there is nothing else I can say and we are absolutely delighted".

The times of people's visits were agreed with them and they had regular staff who understood their needs. Staff stayed for the allocated time of the visit. Comments from people and their relatives included, "I have regular carers so I always know who's coming and I prefer that, it makes me feel safer", "I always have regular carers who come five times a week, Monday to Friday", "We get the full time my husband has been allocated", "They certainly do their job and stay the time" and "I agreed a time that I would like to get up in the morning and they visit within 30 minutes of that time."

The service gave people details of the times of their planned visits and kept them informed of any changes to the visit times. People told us, "I am sent an email rota for the week telling me who is coming and at what time", "The carers tell me day by day who will be coming" and "If they are going to be late, they will phone me."

There were adequate numbers of suitably qualified staff available to keep people safe. The numbers of staff had remained constant from our last inspection. New staff had been recruited to replace staff as they left and some staff who had previously left the service had returned. Staff had completed a thorough recruitment process to ensure they had appropriate skills and the knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

At previous inspections one person had been responsible for the completion of the weekly rosters. At this inspection we found rosters were completed with input from all the care co-ordinators, using each individual's knowledge of particular people and geographical areas. One care co-ordinator said, "It has made a difference to the rotas that the care co-ordinators work together. If we get the rotas right then there is less chance of change and if there are fewer changes then this reduces the risk of mistakes being made and visits being missed."

No one told us they had experienced missed visits. However, the registered manager advised us there had been two missed visits during the weekend before our inspection. This had been due to a care worker misreading their rota and omitting to visit two people. The people concerned were able to make alternative arrangements with their family and therefore they were not put at any risk by this omission. The registered manager had investigated the incident and taken appropriate action to minimise the risk of a re-occurrence. The worker had been supported to manage their work more effectively and changes had been made to the way in which the 'out of hours' service was staffed.

The provider advised us that they had made the decision not to accept any new care packages unless a manager was able to visit the person prior to the service starting. This meant the service was able to carry out an assessment of people's needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. This included completing assessments of any environmental risks in people's homes and any risks in relation to the health and support needs of the person.

A relative of one person, whose care package had started two days before our inspection, told us a manager visited them before the service started. They told us the manager explained about the service and wrote a care plan for the person receiving the service. We found a care plan and information pack had been left in their home. The person's relative told us they had agreed the care plan and were happy that it reflected the person's needs.

Staff told us there were always care plans and risk assessments available in people's homes for them to refer to. Staff also said they were informed of any potential risks prior to going to someone's home for the first time. One person commented, "I do have a care plan and if someone new arrives they always look at the care plan, I don't have many new carers" and "We have a care plan and the carers always read it."

The service had also been pro-active in helping people to receive a safe service by supporting them to accept and use new equipment. Staff told us about two people, with complex physical needs, who had been worried about accepting equipment into their home and losing their independence. The new assistant manager, who was also a manual handling trainer, had worked with these two people to explain the benefits of the equipment and give them the confidence to accept it. This meant the risks to people and staff had been reduced as a result of the appropriate equipment being used. This had been achieved in a sensitive and respectful way and the person had been in control of any decisions.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Staff received safeguarding training as part of their initial induction and this was regularly updated. We looked at a recent incident where a member of staff had witnessed an allegedly abusive situation. We found the provider had reported these concerns appropriately and had provided information for the investigation to the local authority.

Is the service well-led?

Our findings

At the inspection on 17 June 2015 we found the efficiency of the service people received had improved from previous inspections. However, there were inconsistencies in the way systems to monitor the quality of the service were implemented and recorded. At this inspection we checked to see if the service had made the required changes and if the overall improvement to the quality and reliability of the service people received had been sustained.

At this inspection we found the service had continued to improve and develop new ideas. This included updating monitoring systems, recruiting an assistant manager, improving the robustness of staff rosters, re-designing the 'out of hours' service and managing the level of new work taken on.

The registered manager had further improved the systems for monitoring the quality of the service provided. Previously there had been some inconsistencies in how staff and managers recorded explanations of changes to people's visit schedules and how incidents were documented and investigated. At this inspection we found the incident log, designed to record details of all significant events reported to the registered manager, was the only system being used. While we found some events had not been recorded in line with this system, staff were able to explain what action had been taken when changes were made to planned visit times.

The registered manager kept an overview of any changes to people's visits and any concerns raised about the service provided by working closely with the care co-ordinators. Appropriate action was then taken to rectify issues raised and make any system changes to prevent a re-occurrence of specific incidents. For example staff reported that the new moving and handling equipment for one person was not suitable for their needs. The assistant manager, who was also a qualified manual handling assessor, spoke with the appropriate healthcare professional and arranged for the equipment to be replaced.

We found staff in the office monitored the computer system and rang people if they were concerned that the care worker may not have arrived. On the day of the inspection staff rang one person to ask if we could visit them. When they didn't answer, as they would normally do, two staff from the office went out immediately to their home to check if they were alright.

When the service identified areas of improvement they took appropriate action to learn from these situations and make the necessary changes. For example as a result of the missed calls a few days before our inspection the registered manager had re-designed the way the 'out of hours' service operated. Previously on call staff, were expected to answer phones out of hours, monitor alerts to ensure all visits were provided and provide care visits where staff were unavailable at short notice. This meant that when on call staff were providing care no one was available to monitor alerts generated from the computerised rostering system. While people could ring, as one person did about this incident, and calls would be answered the alert the computer generated could not be monitored. We were advised that with effect from 1 December 2015 staff operating the 'out of hours' service would solely answer the phone and monitor the computer system and not cover care work.

With the exception of the two recently missed visits we found the service had consistently provided planned care visits. In an emergency the times of visits might sometimes be altered, for example if staff were running late. People were able to decline a visit if the change of time was not convenient. The service had recognised that some of the reason for past mistakes in the rosters was because changes were made by staff when they received their list of work. This was often because the rosters had not been planned in the most effective way. Utilising the skills and knowledge of all the care co-ordinators had meant the rosters were more robust and fewer changes were made.

The provider told us they had decided to limit the amount of new work taken on in order to help ensure the quality of the service could be sustained. We found that while new care packages had been taken on since our last inspection, to replace packages that had finished, the level of hours delivered each week remained the same. The provider had also decided not to accept any new care packages unless a manager was able to visit the person to carry out the necessary assessment of their needs. They advised us this was the only way of ensuring that they understood how to meet people's needs and this was part of how they could monitor the quality of the service provided.

The management structure of the service provided clear lines of responsibility and accountability. The provider was involved in the day-to-day running of the service and worked closely with the registered manager. The provider employed two consultants who worked part-time to advise the service on human resources, training and service improvement. Operational staff included; the assistant manager, two field based area managers, four office and field based care co-ordinators, two office based administrators and a quality assurance manager. The provider had recently recruited an assistant manager, who was currently working to develop the training and vocational qualification programme. Over time they would work alongside the registered manager to reduce their workload and provide consistent cover when the registered manager was not available.

People told us they had confidence in the way the service operated. Comments included, "I've been with them two years and I've had nothing to complain about in that time", "It was my choice to go with Hartley" and "I've only had the service three weeks and I've got nothing bad to say or any concerns about them at all."

Regular reviews of people's care plans took place and people were involved in those reviews. People commented, "I was asked my opinion about the care plan which I was happy with", "A lady came to the house and asked me a few questions on my care" and "No changes so far but I would speak to the office if that happened. I have a care plan which is up to date, I do not feel there should be any changes."

People were asked for their views of the service they received and they were confident that their views were listened to and acted upon. People and their relatives told us, "Yes they have occasionally asked for feedback", "Yes they did act on it", and "I have received questionnaires from the office asking about my care."

Information about how people could complain was in the information packs given to them when the service started. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person told us, "I have had the occasional complaint but it has mostly been about their rota times. It has been dealt with immediately."

People told us they were able to tell the service if they did not want a particular care worker. The service respected these requests and arranged permanent replacements without the person feeling uncomfortable about asking for the change. A relative said, "My husband was not very happy with one of the carers so I

mentioned it to the office and they have not sent them since."

Staff told us they felt supported by management and were committed to providing a good service for people. Comments from staff included, "The running of the service is a lot better than it was", "I enjoy what I do", "I can talk to them [management] and they listen" and "We have staff meetings and get regular letters giving us updates on any changes."