

Eva M Porter Services Limited

Hartley House

Inspection report

Hartley House
Hartley Gardens
Southam
Warwickshire
CV47 0HY

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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

Hartley House is a domiciliary care agency that provides personal care and support to people living in their own homes. Hartley House trades as Hartley Locums. 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 six 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.

This was the first inspection of the service following its registration with CQC in May 2017. The manager, who was also the provider, was building their business slowly with only a few clients. When we visited the manager was developing systems and processes to ensure people received a quality service.

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 Hartley Locums 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 manager/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?

Good ●

The service was safe.

People felt safe with care staff. The registered manager had procedures in place to report and investigate accidents, incidents and safeguarding issues when these arose. People had risk assessments and risk management plans in place, which provided staff with the information they needed to minimise risks. There were enough staff employed to ensure safe care for people. Medicines were administered to people safely.

Is the service effective?

Good ●

The service was effective.

Staff completed an induction and training so they had the skills they needed to effectively meet people's needs. People made choices about their care. The manager and care staff had a good understanding of the Mental Capacity Act 2005 and supported them in line with the Act. People were supported with their nutritional needs and to see healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who understood their individual needs. People said care staff were caring, kind and respectful and always ensured their privacy, dignity and independence was maintained.

Is the service responsive?

Good ●

The service was responsive.

People had personalised records of their care needs and how these should be met. People were able to raise complaints and provide feedback about the service. Where people wished, there was end of life care planning in place, which took into account any special requirements or wishes people had.

Is the service well-led?

Good 

The service was well led.

Quality assurance systems were in place, and were being developed to check the care people received. People were happy with the support they received and were invited to comment on the quality of the service. The registered manager had an open door policy and staff felt supported in their roles.

Hartley House

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 9 March 2018 and was announced. The provider was given 24 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 one person who used the service and three people's relatives.

We received feedback from two members of care staff, the registered manager, the deputy manager and a quality assurance manager.

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

We found people and their relatives felt safe with staff from Hartley Locums, and that people were supported by enough staff who usually arrived on time. One relative said, "As a family we feel more than satisfied that [Name] is extremely safe in the care of the staff."

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. We found there had been no reportable safeguarding concerns at the service.

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. One staff member told us, "All equipment is provided, for example, uniforms, PPE and hand cleansers."

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. The registered manager told us there had been no accidents or incidents at the service.

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. One staff member told us, "We have our care plans which inform us of a service users risk assessment for example if they are at risk of falls."

All care staff had been provided with a staff handbook containing the policies of Hartley Locums to support them to provide safe and effective care to people.

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 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 or travel conditions were poor. 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 person told us, "The staff

from Hartley's are very punctual and arrive more often than not, 'on the dot', at worst within 5 minutes of the set time." One staff member said, "I feel like we have enough time to meet our scheduled call times, we are given time to travel between service users and it is a very organised rota."

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 told us there had been one missed call recently, which had been due to a member of staff who no longer worked at the service. Apart from this one error, calls were usually on time.

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.

Some people required medicines to be administered on an "as required" basis. There were procedures in place for the administration of these medicines to make sure safe dosages were not exceeded and people received their medicine consistently. There were checking procedures in place to ensure people received their daily medicine as prescribed.

Is the service effective?

Our findings

New staff members were provided with effective support when they first started work at Hartley Locums. 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. One person's relative told us, "The staff clearly have the all the skills required to deliver the service that we expect."

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 said, "The manager expects us to shadow other experienced carers and demonstrate how to use manual handling skills with service users."

The registered manager told us they intended to continue to support staff through a system of regular meetings with their manager, and yearly appraisals. Regular meetings with staff would provide an opportunity to discuss personal development and training requirements. One staff member told us, "We hold regular meetings with the manager and with other colleagues. Regular meetings have a positive impact on the running of the service. We are always updated with any information we need."

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. A member of staff commented, "People are assessed by our manager which helps give them the right care for their needs and wants, people get to choose what care they want and we encourage them to stay as independent as possible."

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.

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 relative commented, "I often hear the care staff talking to [Name] to ask for their personal choice, for example, which clothes to wear."

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. A member of staff explained to us what they would do if a person's health changed, "Everyone's health and mood is documented in the care records. If a client has mentioned they feel unwell we report back to our manager so they can arrange with the client if they need medical assistance with a doctor's appointment or to inform a family member."

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

People told us they enjoyed the company of care staff, and that they got along with them well. Comments from people included, "We feel staff did everything they could to help and support [Name]", and "The staff from Hartley's are extremely caring and have quickly bonded with [Name] and clearly understand her needs."

One relative told us how the manager at Hartley Locums had assisted their relative and showed they cared, even though the person no longer used their service, saying, "We were particularly impressed that during the recent snow the manager contacted us to see if our mother was all right."

People told us that by having staff from Hartley Locums come into their home, this supported them to remain independent and stay living in their own home. One relative said, "The carers always encourage [Name] to exercise her independence where possible." Another relative told us, "[Name] is fiercely independent and has always been very resistant to care in her home. Hartley Locums tried to send carers with whom she felt most at ease."

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

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.

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 notes which are kept out of the view from visitors but in a place people can access if they would like to see what has been written."

Is the service responsive?

Our findings

People told us staff responded to their requests for assistance in a timely way, and met their personal needs and wishes. Comments from people included, "The carers are very willing and always complete any tasks requested of them" and, "The manager and staff are extremely approachable and happily do whatever is required to complete the call."

One comment from a relative indicated how the manager had allowed extra time for care staff to spend with their relation, saying; "They [staff] were extremely flexible and sensitive in their approach to [Name]. This included changing arrival and departure times and staying longer than scheduled."

Care records we reviewed contained sufficient detail to support staff to deliver person centred care in accordance with people's preferences and wishes. 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. One member of staff said, "Each of our clients have individual care plans to follow which includes their care needs and their wishes therefore our clients get person centred care."

People told us communication between them and the care staff was good. Where it was included in people's care packages, staff assisted people to access interests and hobbies, or go out in their local community.

We found some people had end of life care arrangements in place if they chose to involve Hartley Locums in their plans. The registered manager respected people's decisions to discuss these arrangements with their family, and only involve the service if the person was not supported by family members. The arrangements people had in place included decisions that had been made regarding resuscitation following a cardiac arrest. The registered manager told us, "People are asked during our initial assessment of their care needs about any such arrangements."

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. One relative said, "The manager, kept in good communication with us whenever there were any difficulties (with the actions of their relation). The manager was quick to inform us of the problem and flexible in offerings solutions."

There had only been one complaint received at the service, which had been responded to in a timely way.

Is the service well-led?

Our findings

This was the first time the service had been inspected following Hartley House's registration (trading as Hartley Locums) with us in May 2017. The registered manager was also the provider of the service.

People and their relatives told us the service was well led. One relative commented, "We have no reservations about giving Hartley Locums a 100% positive recommendation to anyone that may ask us for our opinion on the service they provide." Another relative said, "The manager of Hartley's is a 'breath of fresh air'."

There was a clear management structure in place at the service to support staff. The registered manager was supported by a deputy manager and a quality assurance manager. Staff told us managers were approachable and supportive. One member of staff said, "My manager is very approachable and a good team leader, and I have found her to go above expectation to show me how to do my job role as a home carer."

The registered manager and other managers worked alongside care staff to regularly observe their practice, and to develop and maintain their own skills. One relative told us how they found this practice to be reassuring saying, "The manager clearly operates with a 'hands on', 'one of the workers' type approach whilst also clearly being the 'manager' of the company. The manager is very involved in the 'first hand' delivery of the best care possible and 'leads by example',"

The registered manager operated an 'open door' policy, where staff could call into the office if they needed to. An 'on-call' telephone number was also available for staff to call if they needed support outside of office hours. Staff described how they supported each other, with one member of staff saying, "We can contact each other easily or ring a senior member of staff 'on call' whenever we need to do so."

Staff told us about the meetings they had at the office saying, "We have staff meetings to discuss client's needs and how we can improve the quality of care. Any concerns we have about anything can be discussed, meetings take place every 2 weeks."

The registered manager understood they needed to develop their own systems of record keeping and quality assurance procedures in their business as it was growing. They had made plans to do this by reviewing their existing care records, trialling different formats of records, and developing medicines records following staff advice and feedback.

Monthly, weekly and daily checks were undertaken to check a range of information, which included staff were on time, staff timesheets, arrival times, daily records of people's care, and medicines records.

The registered manager asked for people's feedback about the care they received in quality assurance questionnaires, and in frequent contact with them and their relatives.

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. The provider's website was under development at the time of our inspection visit.

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.