

Calderdale Home Care Limited

Calderdale Homecare - Rochdale

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

Calderdale Home Care Limited is a Domiciliary Care Agency based in Middleton which provides care and support to people living in their own homes in the Greater Manchester area. The service provided support for 175 people. Not everyone who used the service received personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Safeguarding policies, procedures and staff training helped protect people from harm. Risk assessments helped protect the health and welfare of people who used the service. The administration of medicines was safe.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and supported to take a nutritious diet. The service worked with other organisations to provide effective and consistent care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

People were treated as individuals which helped protect their dignity. People's equality and diversity was respected by a caring staff team. People told us they felt well treated and supported.

People told us they felt able to raise any concerns. Activities were provided as part of people's care package and the service arranged free activities in the community for people to meet and socialise. Plans of care provided staff with necessary information to meet people's needs.

The registered manager and key staff knew people well. People who used the service, family members and staff said managers were available and approachable. People and staff were able to air their views about how the service was run. Regular audits of service provision helped maintain and improve standards.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Calderdale Homecare - Rochdale

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission (CQC). A person was employed who had applied to become registered and was awaiting the return of some paperwork prior to an interview with the CQC. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 03 December 2019 and ended on 05 December 2019. We visited the office location on 03 December 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We asked the local authority and Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Neither organisations had any concerns. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and a family member in their own homes. We spoke with six people and two family members over the telephone. We spoke with them about the experience of care provided. We spoke with the registered manager, a care coordinator and three care staff. We reviewed a range of records including quality assurance questionnaires, three people's care records and associated documents. We also looked at two staff files in relation to recruitment, training and supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The systems and processes for protecting people from abuse remained safe. The registered manager reported any suspected abuse to the local authority.
- All the people we spoke with told us staff were trustworthy and they felt comfortable with being supported in their own homes.
- Staff were trained in safeguarding people. Staff we spoke with were aware of the types of abuse and who to report it to.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and managed effectively.
- Staff assessed the safety of each person's home and any risks to visits such as lone working.
- Staff also assessed any personal risks people may have, for example, moving and handling and fire safety.

Staffing and recruitment

- The recruitment of staff was safe. This was because all the required checks were undertaken prior to a person commencing employment.
- People told us staff were reliable, turned up on time and stayed the allocated time. Comments included, "I get the same staff team who I know. They are reliable and turn up on time" and "I am happy with my staff team. They are like family."

Using medicines safely

- The systems for assisting people to take their medicines remained safe. We saw any specific needs for the administration of medicines were recorded in the plans of care.
- Staff were trained to administer medicines and had their competencies checked.
- Where possible people were supported to self-medicate. Where people received support to take their medicines they said they received them at the prescribed times.

Preventing and controlling infection

- There were systems in place for the prevention and control of infection. Staff had policies and procedures for the control of infection they could refer to for good practice. This enabled staff to offer advice to people about infection control.
- Where required staff had protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.
- The manager said they had learned from past problems. Communication was better because staff had been issued with mobile phones and people received the same staff team for continuity of care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were delivered in line with standards, guidance and the law.
- There was an assessment of need for each person prior to receiving a service to ensure people were suitably placed. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.
- People told us staff treated them according to their needs and staff were matched with them to enable them to follow their interests.

Staff support: induction, training, skills and experience

- People received support from a well-trained and skilled staff team.
- Staff received an induction and were well trained to ensure they had the skills to meet the needs of the people they looked after. Staff we spoke with confirmed they had undertaken an induction and were supported by an experienced member of staff until they were competent.
- People who used the service said they thought staff were well trained. People made comments such as, "The staff are well trained. They know what I need and how to help me."
- We looked at the training matrix and saw the provider ensured staff received all necessary training and were encouraged to undertake further training in health and social care such as a diploma.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in line with their care plan.
- People living in their own homes are usually responsible for their own diet. People's dietary needs were assessed and if any needs arose this was incorporated into the plans of care. Staff supported some people by making meals, drinks and snacks. People told us staff gave them choices and knew their likes and dislikes, which were also recorded in the plans of care.
- Staff were trained in the safe handling of food and nutrition so were able to offer advice on a good diet. Staff reported any dietary issues to the registered manager or other professional to get the required advice and treatment.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked well with other agencies, including the local authority to provide effective care in a timely manner.

Adapting service, design, decoration to meet people's needs (E6 this KLOE is for providers of the regulated activity 'Accommodation for the persons who require nursing or personal care.'

- The office contained sufficient equipment to provide people with an accessible service and there was a system for contacting staff out of office hours.
- All necessary checks such as fire prevention and maintenance of equipment had been completed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare service to ensure they lived healthier lives. All healthcare needs were recorded in the plans of care.
- People were supported if it was a part of their care package to attend appointments with specialists or professionals such as opticians.

Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider worked within the principles of the MCA.
- Staff were trained in the MCA and deprivation of liberty safeguards (DoLS). They said they would report any possible DoLS to a manager to raise a safeguarding. One staff member told us they had reported an issue to the local authority
- We saw people signed their consent to their care and treatment in the plans of care. People told us, "The care is what I need. Whatever I ask they do" and "Staff give me the care I need, and it is what I have agreed to."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. All comments about the service were positive and included, "I had another agency but this one is better. The staff are very nice" and "I am very happy using this service."
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person. A relative said, "The care agency is brilliant and can do things at short notice. They are a very flexible service to meet our needs."
- Each person had a section of their care plan which highlighted their equality and diversity characteristics, such as gender, ethnicity, religion, sexuality or physical disability. We saw that where a person wished they were supported to follow their religion of choice; cultural needs were met by staff with specific knowledge and staff were trained in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions and were able to express their views. People said staff talked to them about their care and support and looked after them in the way they wanted.
- People were asked for their views in satisfaction surveys. We saw the provider responded to people's views and improved the service. Improvements made had been the consistency of the staff team, matching the interests of people with staff and better organisation of the staff team.
- People told us the manager and care co-ordinators visited regularly and discussed their views of the service, including their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and independence to ensure they were treated in a dignified manner. People said they were encouraged to do what they could for themselves and there were no concerns over privacy. A person told us, "I make my own meals and take my own medicines. Staff encourage me and support me in other ways." A relative said, "They encourage [my relative] to cook and they are a good cook, but staff do help support with medicines."
- Staff received training about confidentiality topics and we saw all records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Plans of care were personalised and ensured people had choices to meet their needs.
- Plans of care were developed with people and if appropriate a family member. People told us, "I had an assessment. We were involved in the care planning and continue to be" and "The care plan is accurate and is what I need." People also told us they felt they did not need to look at the plans of care because their care was what they needed and expected. A family member said, "I have looked at their care plan. It is accurate. They contact me if they need to pass on information."
- The plans of care contained enough information for staff to deliver effective care and were reviewed regularly to keep care up to date. There was a system to record and pass on any changes to a person's care needs.
- Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and we saw that support was provided to ensure people understood any communication. This included paperwork that was easy to read, which included easy read care plans.
- One person had been supported to use a communication aid and information was translated into a different language if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where it was a part of their care package or arranged with Calderdale Homecare people were able to attend activities such as shopping, going out for lunch or attending church.
- The provider arranged a free Christmas lunch with entertainment for as many people who wanted to attend. Staff volunteered to help people attend and helped with transport. The provider had also arranged a tea party for some people. These events helped people meet socially and through this some people had decided to attend a day centre together. People told us how much they enjoyed them.

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people to raise any concerns. People told us, "They [the staff] would listen to me but I do not have any complaints", "We could talk to any of the staff and they respond to any concerns" and "They would respond to any concerns. They talk to me and listen."
- We saw the manager responded to any complaints to reach a satisfactory conclusion and looked at ways to minimise them happening again.

End of life care and support

- The service did not specialise in palliative care but were able, if required, to provide end of life care. There is a service in this area specifically for a person needing end of life care in their own home.
- Staff had been trained in end of life care with some completing the training at the local hospice so would be able to support people who use the agency and their families should their condition deteriorate. Some staff had also completed person centred care training with the local authority, which also gave staff the skills to deliver effective care at the end of people's lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive culture to achieve good outcomes for people. Although relatively new to the post most people know and had met the manager. People who used the service told us, "You can get hold of the office and I know who the manager is. Very good, the best we have had" and "I know the manager who is all right and has called here. I get on well with them". Staff we spoke with were also positive about the leadership culture the manager had created.
- All the people we spoke with and family members said they had the numbers to contact out of office hours and said if they did have to contact office base staff they responded appropriately. People said someone from the agency contacted them if staff were running late for any reason.
- People told us care coordinators called regularly to discuss their support which helped create person centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner. A policy had been developed for duty of candour staff could refer to for guidance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and other key staff conducted spot checks and worked with care staff to check their competencies. The manager and care coordinators audited plans of care when visiting people to ensure staff were completing them correctly and were up to date.
- There was a system for checking staff arrived on time and stayed the allotted time to ensure the service remained reliable. People confirmed staff stayed the allotted time and provided the care they had agreed to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received training around equality, diversity and dignity. This helped staff support people around their diverse needs.
- The provider was committed to involving people who used the service by asking for their views in quality assurance surveys and key staff visits.

- Staff attended quarterly staff meetings to discuss topics related to the running of a care agency. Staff told us they were able to contribute to the meetings which enabled them to have a say in how the service was run.

Continuous learning and improving care

- The manager and provider were committed to learning and improving care.
- Staff were offered a wide variety of training to improve their skills.
- The manager attended meetings with other organisations to discuss best practice topics and local issues.

Working in partnership with others

- The manager liaised with other organisations, such as a local rehabilitation scheme, to ensure people received the care and support they needed and where possible prevent hospital admissions.