

Abbeyfield The Dales Limited

Halifax Care at Home Service

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 8 August 2017 and was announced. We gave the provider short notice of the inspection to ensure staff and people who used the service would be available to speak with us. This was the first inspection of the service since it was registered in September 2016.

Halifax Care at Home Service provides 24 hour personal care for adults in supported living accommodation. When we inspected there were 32 people using the service, however only 15 of these people were receiving personal care which is the part of the service the Care Quality Commission regulates.

The home had a registered manager who commenced in post in February 2017. 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.

People told us they felt safe and said staff provided them with the care and support they needed. There were sufficient staff to meet people's needs. Our discussions with staff showed they knew people well.

People praised the staff for their kind and caring manner. They said staff were patient and allowed people to do things at their own pace. People's privacy and dignity was respected. People's social care needs were met.

Recruitment processes were robust and staff told us the induction and shadowing they received was comprehensive and prepared them for their roles. We saw staff received the training and support they required to meet people's needs.

Staff had a good understanding of safeguarding and whistleblowing.

People told us they received their medicines when they needed them. However, we found the medicine recording systems needed to improve.

People's care records provided detailed information about their needs and focussed on what people could do for themselves as well as the support they required from staff. Risk assessments showed any identified risks had been assessed and mitigated. We saw people had been involved in the care planning process. There was full information about people's lives which included important relationships, life history and any interests, likes and dislikes. People's nutritional needs were met.

People were provided with the complaints procedure and knew how to raise concerns. We saw complaints received had been dealt with appropriately.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and the registered manager knew the procedures to follow.

People and staff spoke highly of the registered manager and the way the service was run. People were consulted and involved in decisions about the service. Quality assurance systems were in place. We have made a recommendation about broadening the scope of medicine audits. We identified one breach of regulation which related to good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Medicine recording systems were not always accurate which put people at risk of not receiving their medicines as prescribed.

There were enough staff to support people and keep them safe. Staff recruitment processes ensured staff were suitable to work in the care service.

Risks were well managed. Safeguarding incidents were recognised, reported and dealt with appropriately.

Is the service effective?

Good 

The service was effective.

Staff received the training and support they required to fulfil their roles and meet people's needs

The service was meeting the requirements of the Mental Capacity Act (MCA).

People's nutritional needs were met and they had access to a range of healthcare professionals.

Is the service caring?

Good 

The service was caring.

People praised the staff and the care they received

People's privacy and dignity was respected and maintained by staff.

Is the service responsive?

Good 

The service was responsive.

Care records were person centred and showed the support people needed.

People's social care needs were met.

A system was in place to record, investigate and respond to complaints.

Is the service well-led?

The service was not always well-led.

Systems were in place to assess, monitor and improve the quality of the service. However, these were not always effective as the medicine audits had not identified concerns we found.

People and staff provided positive feedback about the way the service was run and praised the leadership and management.

Requires Improvement 

Halifax Care at Home Service

Detailed findings

Background to this inspection

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

This inspection took place on 8 August 2017 and was announced. We gave the provider short notice of our inspection so we could be sure staff and people who used the service would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR) before the inspection. 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We spoke with four people who used the service, two care staff, the activity co-ordinator, the chef, the registered manager and the quality manager and the head of care services manager.

We looked at two people's care records, two staff files, medicine records and the training matrix as well as records relating to the management of the service.

Is the service safe?

Our findings

People told us they received their medicines when they needed them. The provider's medicine policy was up to date and gave care workers guidance on their roles and responsibilities in relation to the safe management of medicines. We saw people were encouraged to self-medicate and assessed to ensure they were safe to do so. Where people needed support from staff care plans clearly showed how this should be provided. Arrangements were in place for the safe storage and disposal of medicines.

Medicine administration records (MARs) we reviewed were generally well completed however we identified some areas where improvements were needed which related to record keeping. The registered manager told us they and a senior care staff member wrote the MARs on a monthly basis transcribing the instructions from those provided on the dosette box and we saw both staff members had signed the MAR. However, we found the MAR was not always accurate and did not fully reflect the information recorded about each medicine. For example, one person was prescribed a tablet to be administered every week on a Monday, yet the MAR stated the tablet was to be given on a Tuesday. The medicine had not been signed as given on the week of the inspection although all the other medicines on the MAR had been signed for correctly. We were not able to check if the medicine had been given as a new dosette box had been started. However, following the inspection the provider confirmed this medicine had been administered as prescribed.

We also saw where there were specific instructions about administration these had not been transcribed onto the MAR. For example, one medicine was not to be given at the same time as indigestion remedies yet this information was not on the MAR. Similarly, where people were prescribed 'as required' medicines there was no guidance on or with the MAR to guide staff, such as the circumstances in which these medicines were to be given, the minimum time between doses or the maximum number of doses to be given. For example, one person was prescribed a pain relieving medicine which required a four hour gap between doses yet this was not clear on the MAR and specific times of administration were not recorded, just 'morning', 'lunch', 'tea' and 'night'. We saw information in one person's care records which showed they were allergic to certain medicines yet this information was not included on the MAR. We concluded the provider did not have systems in place to assess, monitor and mitigate risks to people who received support to take their medicines. We discussed these shortfalls with the registered manager who told us they would take action to address these matters. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider informed us of the action they had taken to address these issues.

We found risks to people were well managed. We saw detailed risk assessments showed how risks were mitigated to ensure the safety of the individual and staff. These included areas such as moving and handling, physical safety, falls and nutrition/hydration. We saw personal emergency evacuation plans (PEEPs) were in place for each person which detailed the support they required from staff in the event of an emergency such as a fire.

We asked people if they felt safe and they told us they did. One person said, "Yes I feel very safe here. I've got my pendant here to press (to alert staff) and if I need anything staff come." People told us there were enough

staff to provide them with the care and support they required. The registered manager told us the service was staffed over 24 hours with two care staff on duty between 7am and 7pm and one staff member who was awake and working between 7pm and 10pm and slept on the premises between 10pm and 7am responding to any calls for assistance overnight. The registered manager told us people were provided with pendants which they could use to alert staff. They said if the staff failed to respond an alert was sent to Careline who ensured help was provided. People we spoke with told us they always wore the pendants and said staff responded if they needed help. Some people had arrangements in place whereby they received support during the night from care staff from another agency. Staff we spoke with said they felt there were enough staff to meet people's needs. In addition to the care staff, the service employed a full-time chef, an activities co-ordinator/administrator, cleaning staff and a maintenance person.

Safe recruitment procedures were in place. Staff records we reviewed included an application form, interview notes, identity checks, criminal record checks through the disclosure and barring service (DBS) and two references including one from the last employer.

The service had safeguarding and whistleblowing procedures in place. Our discussions with the registered manager and staff showed they had a good understanding of these procedures and knew how to identify and act on any concerns. Staff had received safeguarding training and there were systems in place to ensure this was regularly updated. We found safeguarding incidents had been referred to the local safeguarding team and notified to us as required. Information about abuse and how to contact the local authority safeguarding team was displayed in the service so people could easily access the information themselves.

We saw clear procedures were in place for the reporting of accidents and incidents and records we reviewed showed these were being followed. Accident and incident reports were well completed and showed appropriate action had been taken by staff to keep people safe.

Is the service effective?

Our findings

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. In the case of Domiciliary Care applications must be made to the Court of Protection.

People's care records showed if friends or relatives had lasting power of attorney however it was not clear if this was for financial or health and care decisions. The registered manager told us they were in the process of gathering this information from relatives and friends. A lasting power of attorney (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. The registered manager told us no applications had been made to the Court of Protection. They had a good understanding of the MCA and were aware of their responsibilities under the Act.

People we spoke with said they were involved in decisions about their care. They said staff always explained what they were proposing to do and asked for their permission before proceeding. This was reflected in the care records we reviewed where we saw people had signed to give their consent to the care and support planned.

The registered manager told us all new staff completed the provider's induction programme, which included a period of shadowing a senior staff member. This was evidenced in the staff files we reviewed and confirmed in discussions we had with staff. One staff member said, "I had four days shadowing and that, plus the induction, really helped me get to know people and how they liked things done." The quality manager told us they were in the process of mapping the induction programme to the Care Certificate and that this was near completion. The Care Certificate provides care workers with standardised training which meets national standards.

People told us staff had the skills and knowledge to meet their needs. One person said, "They know what they're doing and how I like things."

Staff we spoke with said the training they received was good and kept up to date. The quality manager told us the majority of training was now provided in-house by the registered manager and one of the senior care staff who had completed 'Train the Trainer' courses. Although some courses such as first aid, fire safety and control of substances hazardous to health (COSHH) were provided by external training providers. We looked at the training matrix which showed staff were mostly up to date and refresher sessions had been arranged where updates were due.

Staff told us they received regular supervision from the registered manager and we saw evidence of this in

the staff files we looked at. We saw detailed personal development plans which the registered manager told us were reviewed every quarter with staff to support and encourage performance.

A catering service was provided within the supported housing accommodation and people told us how much they enjoyed this facility. One person said, "The best thing for me is I don't have to cook. The food here is wonderful." Another person said, "The food is very good, I enjoy it anyway." We spoke with the chef who told us how they designed the menus in consultation with people through meetings and individual feedback. The chef met with people every day to ask what they wanted for their meals the following day. We saw menus were displayed in the service and offered a choice of meals. People told us they could have their meals in the dining room or in their own apartments. One person said they liked to have their lunch in the dining room with other people but preferred to have their breakfast and tea in their apartment and staff supported them to do this. We saw people's nutritional needs and preferences were reflected in their care records.

Care records showed staff supported people to access healthcare professionals as and when required.

Is the service caring?

Our findings

People we spoke with praised the staff and said they were happy with the care and support they received from them. One person told us, "I'm very happy here. The staff are wonderful." Another person said, "The staff are very good. They're nice and kind." A further person said, "I like it here it's good. I don't want to move."

Our discussions with staff showed they knew people well and understood people's individual preferences in the way care and support was delivered. People told us they were involved in decisions and choices about their lives and how their support was delivered. We saw information about people preferences, likes and dislikes was included in their individual care files. We saw staff respected the choices made by individuals. For example, care records showed one person had fallen and although not injured had sustained some bruising. The staff and the person's relative had wanted a GP to visit just to check the person over but the person had refused, saying they were fine and this was accepted.

Staff displayed empathy and compassion when they spoke with us about the people they supported. We saw for ourselves that this also happened in practice. For example, one person we spoke with asked for a staff member to be present while we chatted. The positive relationship between the two was evident with both of them laughing together as they talked about the person's life at the service. The person said to us about the staff member, "She's lovely. We get on right well."

People told us staff treated them with respect. They said staff always rang the bell before entering their apartment, asked if it was all right to enter and said who they were as they came in. We saw this happening at the inspection. People told us staff ensured their privacy and dignity when supporting them with personal care. Staff described to us how they did this, for example, making sure doors and curtains were closed, keeping people covered when assisting with personal hygiene to ensure their modesty was protected

We saw people's religious and cultural needs were considered and respected. For example, it was noted in one person's care file that although they had a religious belief they were non- practising and did not want any visits from religious leaders.

Is the service responsive?

Our findings

The head of care services manager explained applications for a tenancy at the supported living accommodation were considered by a panel who looked at the applicant's assessment needs and dependency. Consideration was also given to the needs of those already living in the service. The assessment process ensured only people whose needs could be met were accepted into the service.

Care records we reviewed contained an initial assessment of people's needs and detailed the time, duration and frequency of calls and the type of support required. We found the care plans were person-centred, informative and easy to follow.

We saw people had been involved in formulating their care plans which provided detailed information about what the person could do for themselves as well as the support required from staff. For example, one person's care plan described which parts of their body they could wash themselves and which areas they wanted staff to wash. For each person there was a full account of the support they required on each call and how they liked this to be provided by staff.

We saw daily records completed by staff confirmed care was being provided as detailed in the care plan and staff were staying the full length of the call time. Staff told us they were able to deliver the support people needed without rushing. They said if more time was needed then they raised this with the registered manager and it was addressed. They told us call times had recently been increased for one person whose needs had changed.

People's care records included information about their social care needs including any interests and hobbies. The service employed an activity co-ordinator who told us of the events and outings they organised. They explained this was done in consultation with people at residents meeting and through the resident volunteer group, which had recently received a lottery grant of £1000. Details of forthcoming events were displayed in the service. One person told us they had recently won a prize in a raffle, two others told us how much they had enjoyed a recent trip out for a strawberry tea in Ilkley and were looking forward to trip to one of the provider's other services in Bingley. The service had a communal spa bathroom with a jacuzzi bath which one person told us they thoroughly enjoyed as it was 'wonderful and relaxing'. There was also a hairdressing salon which people told us their own hairdressers could book and use so they could relax and have their hair done.

People told us if they had any concerns they would speak with staff and felt confident it would be addressed. People were provided with a copy of the provider's complaints procedure. The quality manager told us there had been 11 complaints since the home was registered in September 2017. One of these complaints had been retracted and two others were currently under investigation. We saw records showed the other eight complaints had been investigated and the outcome had been relayed to the complainant. Where the complainant had been unhappy with the outcome, the complaint had been progressed to the next level of management as outlined in the complaints process. This showed the complaints had been taken seriously and were dealt with appropriately.

Is the service well-led?

Our findings

The service had a registered manager who had been in post since February 2017. People who used the service all knew the registered manager and spoke positively about them. One person said, "She's very good. She listens to what I have to say and sorts things out." Staff we spoke with were equally positive about the registered manager describing her as 'approachable' and 'supportive'. Staff told us they were encouraged to put forward ideas for improvements which were listened to and acted upon.

Our discussions with the registered manager and head of care services demonstrated a commitment to providing a quality service which included looking at ways in which they could make improvements for people who used the service. We saw the registered manager provided strong leadership and worked as part of the team.

Staff we spoke with said they enjoyed their jobs and would recommend the service as a place to work. They also said they would be more than happy for their relative to receive care from the service and would have no hesitation in recommending it.

We saw some audit systems were in place to monitor the quality of service being delivered which included medicines management and environmental audits. We found the medicines audits were limited in their scope as they only looked at the medicine administration records for missing signatures and checked stock balances. It was not clear from the audit what action had been taken to address any issues raised. However, following the inspection the provider informed us of the action which they had taken at the time to resolve the issues identified in the medicine audits as well as the action they had taken to address the medicine issues we identified during the inspection. We recommend that the service considers developing the scope of their medicine audits and takes action to update their practice accordingly.

The registered manager had updated and reviewed all the care records since coming into post and was meeting with the staff the day after our inspection to implement a care plan audit programme. The registered manager showed us monthly reports they submitted to head office which included an analysis of information relating to staffing, complaints, safeguarding, accident and incidents.

We saw regular checks were carried out to ensure high standards of care were maintained. This included spot checks where practices were observed and supervision. Monthly staff meetings were held and minutes showed discussions included areas such as safeguarding, infection control and care provision.

The head of care services manager told us the provider had recently introduced unannounced 'mini-inspections' whereby senior managers visited each service in rotation and carried out a quality audit reviewing all aspects of the service. We saw a copy of the audit form which was comprehensive and the head of care services told us an audit of Halifax Care at Home Services was planned for the near future.

People's feedback was sought on the running of the service. People we spoke with told us there were regular residents meetings and we saw details of these were displayed in the service. We asked one person if they

felt their views and opinions were listened to and acted upon and they said, "Oh yes, they take notice of what we say." This was also evidenced in the minutes we saw, which showed issues raised had been followed up.

The registered manager told us surveys were sent out to people who used the service. We saw people had recently been sent a survey asking their views on whether staff uniforms should be introduced. The results had been analysed and the head of care services manager told us 74% had been in favour of this change and therefore it would go ahead.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure an accurate, complete and contemporaneous record was maintained in respect of each service user in relation to medicines. Regulation 17(1)(2)(c)