

Calderdale Metropolitan Borough Council

Park Road Home Care

Team 2

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? | Requires Improvement ● |

Summary of findings

Overall summary

The inspection took place on 23 March 2015 and was announced. This meant we gave the provider a short amount of notice of our inspection to ensure a manager would be present on the inspection date.

We last inspected the service in February 2014 and the service was compliant with the regulations that we looked at.

Park Road Home Care Team 2 is a domiciliary care service. Personal care is provided to people living in flats at Mythom Meadows in Hebden Bridge and Clement Court in Halifax. Staff are based on these sites between 07.30 and 21.30 to provide a contracted homecare service and respond to any requests for additional care and support.

A registered manager was in place. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' The registered manager was supported by a team leader at each of the two locations where the service provided care.

All the people we spoke with told us the service provided a high quality service. They all said care was delivered by staff who treated them with a high level of dignity and respect.

People told us they felt safe using the service and staff understood how to identify and act on any concerns.

Risks to people's health and safety were well managed by the service. Where incidents had occurred measures had been put in place to reduce the likelihood of a reoccurrence and keep people safe.

There were enough staff deployed to ensure people received a consistent and reliable service. People reported and records confirmed that people received care and support at regular times each day.

Safe recruitment procedures were in place to ensure new staff were of suitable character to care for vulnerable people.

Medicines were managed safely. People told us they received their medicines as prescribed and this was confirmed by documentation we reviewed. The service had recently introduced new paperwork to ensure that a complete record of people's medicines was present.

People told us staff had the right knowledge and skills to care for them effectively. There was a very low staff turnover which enabled staff to develop a high level of knowledge about the people they were caring for. Staff were supported with appropriate training and supervision.

People were supported to maintain good health. The service liaised with external healthcare professionals where appropriate.

People were supported to maintain good nutrition and hydration by the service.

The service was acting within the legal framework of the Mental Capacity Act 2005 (MCA). Staff supported people to make informed choices about their care and support.

People all said staff were kind and caring. Staff had developed strong relationships with people and knew them well.

People told us they received appropriate care that met their needs. People said staff arrived at the right time and completed all the required care and support tasks. Records we reviewed provided evidence that this was the case.

A system was in place to record and respond to complaints. People we spoke with told us they were all very happy with the service and had no cause to complain.

Improvements were needed to care plan documentation to ensure they provided clear information on people's needs and the care and support they required at each visit. However we concluded this had a minimal impact on people who used the service due to how familiar the staff team were with people and their individual needs.

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 in the service. Procedures were in place to protect people from harm and they were well understood by staff.

There were sufficient staff deployed to ensure people received a consistent and reliable service. Checks were undertaken on new staff to ensure they were suitable to work with vulnerable people.

Medicines were safely managed. People told us they received the required support with medicines. Recent improvements had been made to documentation to ensure a complete record of the medicines people were prescribed was in place.

Is the service effective?

Good ●

The service was effective.

Care was delivered to people by an established staff team who had a good level of skill, experience and training. People complimented staff and said they understood their individual needs.

People were supported where appropriate to eat and maintain good hydration.

The service liaised with healthcare professionals to ensure people's healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People all said that staff were kind, caring, friendly and treated them well. People had been able to develop strong relationships with staff due to the presence of a consistent staff team. Staff demonstrated a good understanding of the people they were caring for.

The service recorded information on people's histories, likes, dislikes and preferences to help ensure personalised care and support was provided.

Is the service responsive?

Good ●

The service was responsive.

People received responsive care that met their individual needs. Care visits took place at a consistent time each day and people told us staff completed all the required care and support tasks.

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

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Care plan documentation needed to be more person centred and contain more information on people's individual needs. This had already been identified by the registered manager and new documentation was being introduced.

The service undertook a range of audits and checks to assess and monitor the quality of the service. People's views were regularly sought on the quality of the service.

Park Road Home Care Team 2

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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 March 2015 and was announced. The inspection team consisted of one adult social care inspector.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with eleven people who used the service by visiting them in their homes. We spoke with the registered manager, two team leaders and six care workers.

We looked at five people's care records and other records which related to the management of the service such as training records and policies and procedures.

Prior to the inspection we sent questionnaires to 26 people who used the service asking them about the quality of the service. We received four replies. We also sent questionnaires to eight health professionals who work with the service and received one reply. We reviewed these responses in order to form a judgement about the quality of the service.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider and notifications. We also spoke with a visiting health professional who regularly liaised with the service.

Is the service safe?

Our findings

All the people we spoke with told us they felt comfortable and safe in the company of staff. Nobody raised any concerns with us about the staff that worked for the service. Questionnaires responses we received showed 100% of people felt safe from abuse when using the service. Staff had received training in safeguarding and demonstrated a good understanding of how to identify and act on any concerns. Safeguarding was promoted with staff for example through supervisions and team meetings. This helped provide a forum for staff to raise any concerns. We saw examples where safeguarding concerns had been identified by the service and referrals made to the safeguarding team, demonstrating the correct processes had been followed to help keep people safe.

Where any incidents such as medication errors or injuries took place we saw these had been investigated to help keep people safe. Where staff practice was identified as a contributing factor to incidents we saw 'unscheduled supervisions' were held with staff to discuss the incident and identify how the incident could be prevented in the future.

A missed call log was in place. We saw there had been a low frequency of missed calls occurring within the service. All the people we spoke with told us they had never experienced a missed call. On the rare occasion when a call had been missed the reason had been investigated and measures put in place to prevent a re-occurrence.

Risks to people's health and safety were assessed and managed by the service. People we spoke with told us that the service assisted them appropriately for example with moving and handling and that they did this competently. Risk assessments were in place which covered areas such as moving and handling and the environment. Although risk assessments contained basic information on how to keep people safe, they were mostly checklist based with little scope to add more personalised information. We saw this had been identified by the registered manager and new improved risk assessments forms were being rolled out by the registered manager.

There were sufficient staff deployed to ensure people received a consistent, good quality service. The team leaders took care to only take on additional care and support packages if there were sufficient staff available to provide the required care. This diligence helped ensure people received a reliable service. People told us they received care at the same time each day albeit with some minor variation. They said staff completed all the required tasks and did not rush. We looked at staff rota's which were well organised to help ensure people received visits at a consistent time each day. Staff confirmed to us that they thought there were enough staff available to ensure people received their required care and support. People said if they required additional care and support, they pressed their call pendant and staff were prompt to make contact with them and/or assist. This helped to keep them safe.

Safe recruitment procedures were in place. Applicants were required to complete an application form and attend an interview. Before staff started work, required checks on their backgrounds and character were undertaken to provide assurance they were of suitable character to work with vulnerable people. This

included ensuring a Disclosure and Barring Service (DBS) check, identity checks and references were received. We spoke with a staff member about how they were recruited, they confirmed these checks had taken place before they started work. Disclosure and Barring Checks (DBS) had recently been reapplied for all existing staff as part of a system to continuously review staff suitability to work with vulnerable people.

Overall, medicines were managed safely. Staff received training in the safe administration of medicines, this was complimented by a competency assessment to help ensure they had the required skills and knowledge to administer medicines safely.

The service had recently implemented a new document to ensure a complete record of all the medicines people were supported with was present. This detailed the name, dose, description, frequency and how the medicine was taken. In conjunction with the medication administration record (MAR) this provided a full record of the medicines staff supported people with.

We visited a number of people's homes and looked at their medication. We found the medicines present matched those listed in the care records, demonstrating an accurate record of people's medication was kept. Medication Administration Records (MAR's) were well completed and provided evidence people regularly received their medicines including the application of topical creams. Where people required medicines at different intervals for example weekly, we saw this was clearly marked on the MAR chart to ensure no mistakes were made. Where medicines were refused or left for later, this was clearly documented on the MAR. People told us they were supported with medicines at the correct times by staff. For example one person told us, "They know which tablets to give you, they don't make any mistakes."

Is the service effective?

Our findings

All the people we spoke with said staff had the correct skills and knowledge to care for them effectively. For example in ensuring moving and handling and support with medicines was done safely and competently. Questionnaire responses indicated people were happy with the care they were receiving from the service.

Staff were provided with a range of training. New staff were required to complete classroom induction training which included mandatory training in subjects such as safeguarding, medication and manual handling. Staff were then required to shadow experienced staff to ensure they understood the practicalities of how to deliver care and support. Staff were also required to undertake a health and safety induction, read policies and procedures and the code of conduct to ensure they understood the service's ways of working and values.

Classroom based refresher training was provided to staff on a regular basis in mandatory training subjects. Training records showed staff received regular training updates in subjects such as safeguarding, Mental Capacity Act 2005(MCA), fire (completed in conjunction with the landlord of the flats) and safe administration of medicines. At Clements Court we identified training records could have been better organised to ensure there was a central record of the training staff had been on for quick reference. The team leader said they would ensure this was put in place. Staff we spoke with demonstrated a good understanding of the topics we asked them about for example safeguarding. This provided us with assurance that training was effective and staff had the required skills and knowledge to effectively care for people.

All staff had recognised qualifications in health and social care. Staff were also able to apply for additional training should it be identified as necessary to meet their developmental needs. Staff told us they felt confident in using any equipment and in meeting the needs of people who used the service and if any new equipment was introduced, training would be provided.

Turnover of staff was very low, for example all staff had been working at the provider for over two years and a significant number since the service was first registered with the Commission. This helped ensure care was delivered by a staff group with extensive experience and well developed skills in caring and supporting people.

Staff told us they felt well supported by the organisation. Staff had access to periodic supervision and annual appraisal where their performance and any developmental needs were discussed. In addition, observational supervisions were carried out to assess and support staff competency in areas such as philosophy of care, health and safety and medicines. Where staff required further support in their role 'unscheduled supervisions' were also held to offer emotional or skill based support.

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. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA. Discussions with the team leaders demonstrated they had a good understanding of how to ensure the correct processes were followed where they suspected people lacked capacity.

People we spoke with told us that if they needed to see a doctor, staff helped arrange this. Communication sheets for each person confirmed the service helped people access a range of healthcare professionals to help meet their healthcare needs. For example doctors, district nurses, dentists and hospital appointments. During the inspection we saw the team leader routinely following up health concerns with health professionals. We spoke with one health professional who told us the service contacted them appropriately and listened to their advice. They told us they thought the service delivered good quality care.

People we spoke with told us the service supported them appropriately in ensuring they had enough to eat and drink. For example one person said, "They know how to cook and ask me what I want each morning." Support required with eating and drinking was specified in people's care plans, and daily records provided evidence people were given daily choices as to what they wanted to eat and drink.

Is the service caring?

Our findings

People described staff including the team leaders as kind and caring. They told us staff treated them with dignity and respect and did not raise any concerns about staff attitude. For example one person told us, "Very nice and friendly." Another person told us, "All friendly, very talkative, can have a joke with them." A third person told us, "They have a good caring manager and [team leader] is very good if I need to go above the girls." A fourth person told us, "Absolutely super, I know them all." Questionnaire responses showed people were happy with the staff delivering care and said they were introduced to them before care and support was delivered.

The service monitored the attitude of its staff through periodically asking people who used the service for their views on staff. Periodic observations of staff practice also occurred which ensured people were treated well by staff.

Each person was allocated a key worker. This was a named member of staff responsible for being the first point of contact with the person and responsible for making changes to care and support plans. Staff turnover was low, this meant people and staff were able to develop strong relationships with each other. People we spoke with confirmed this was the case being very complimentary about staff and telling us they knew the names of the care workers and team leaders. For example one person said, "I recognised their voices every day when they are at the door."

People told us and records showed that staff offered additional support and checks on people if they were not feeling well. People told us this made them feel especially valued. For example one person told us, "They do come and check on you if needed before they clock off, they are very good like that."

The service had recently developed 'one page profiles' for each person who used the service. These provided personalised information on how the person liked to be supported, for example their past life, what was important to them, and how they wanted their support to be delivered. This provided staff with individualised information to help ensure person centred care. Staff we spoke with demonstrated they had a good knowledge of the people they were caring for, which helped ensure personalised care.

People told us they felt listened to by the service. They said staff acted on any requests they had such as changing the time of the call, or providing a different meal. Daily records of care and support provided evidence people were supported to make choices, such as what they wanted to eat and drink and what they wanted to wear. People's views on their care and support package were also sought in a more formal manner through an annual audit of their care and support.

People told us the service provided an appropriate combination of care and encouragement to support people to maintain their independence. Staff we spoke with demonstrated a commitment to help ensure people remained independent. Care records assessed people's dependency to ensure that the level of care and support provided was appropriate.

Is the service responsive?

Our findings

People told us the service was responsive to their needs. For example one person told us, "I am totally dependent on the carers, they do everything for me, I am very happy with the quality of the care provided." Everybody said the service was of high quality and they all said there was nothing that needed improving about the care.

All the people we spoke with said the timing of calls was appropriate and met their needs and preferences. People said that on the rare occasion that staff were running late, they could press their call pendant and they would be provided with a prompt update by staff as to their whereabouts. We looked at daily records of care. These showed staff consistently attended each call as planned. Records showed timings of calls were consistent from day to day and at appropriate times that met people's individual needs and/or preferences.

People told us that staff always carried out all the required tasks to a good quality. People's needs were assessed by the service and plans of care put in place. These considered people's needs in areas such as medication, moving and handling, eating and drinking and continence care. Staff we spoke with were familiar with the people they were supporting and how to ensure they provided care that met people's individual needs. Daily records of care provided evidence that people received assistance with the required care and support tasks at each visit such as support with dressing, showering, and transfers in and out of bed.

People told us the staff helped to meet their social needs by engaging in conversation and for example sharing jokes during care visits.

The service delivered care to people between the hours of 07.30 each morning and 21.30 in the evening at both Clements Court and Mythom Meadows. Outside of these hours, people contacted a warden service should they require any emergency assistance. Each morning the service reviewed any out of hours call requests made by people to ensure they were aware of any issues or changes in their needs. This helped ensure responsive care.

People's care records were regularly reviewed and their care and changes made to people's care and support packages should any change in need be identified. Questionnaire responses said people felt involved in their care plans.

People told us they were all satisfied with the service and had no cause to complain. People said where they had raised minor concerns previously these had been sorted out promptly by staff and/or the team leader who were understanding of their needs. However most people said that they had never had to raise any form of complaint and that no improvements were needed to the service. For example one person told us, "I have never had to complain in three years, no improvements are needed to the service." Everyone we spoke with said they said they knew the managers name should they need to contact them.

The complaints procedure was brought to people's attention through information in their care pack as well as through periodic quality checks where the team leaders specifically asked people if they had any concerns or complaints. We saw no complaints had been received about the service in recent years, however a number of compliments had been received, demonstrating the areas where the service exceeded expectations.

Is the service well-led?

Our findings

Improvements were needed to the content of some care and support plans to ensure that personalised plans of care were in place. For example there was no single document that provided clear information to staff on the support people required at each care visit with this information scattered throughout the care records. Information on people's care and support needs for example in areas such as continence and catheter care was not always detailed enough. Although we identified that the risk of this leading to inappropriate care was low due to staff being very familiar with the people they were caring for, nevertheless there was some risk associated with this lack of robust documentation which could have been avoided. We were pleased that the registered manager had already recognised this deficiency and showed us plans were in place to address through the introduction of a range of new paperwork which they assured us would be implemented within the coming months. We reviewed this paperwork which demonstrated a more person centred approach to care documentation, with more opportunity to record detail about risks to people, their preferences, views and social needs.

Incidents were recorded by the service, for example falls and medication errors. We saw evidence of learning from incidents to help prevent a re-occurrence. However incidents were documented in different formats, for example on 'unscheduled supervision' forms or on separate forms within people's care records, with no central collation of incidents/accidents to analyse the type of number of incidents occurring to look for themes/trends. We raised this with the registered manager who told us they were developing a new incident form to address this.

A registered manager was in place. They were supported by two team leaders, one at each of the community bases from which the service operated. Staff we spoke with told us they felt well supported by the management team and felt able to raise concerns and confide in the team leaders. They all said morale was high and said they would recommend the service to others. There was a low turnover of staff within the service indicating a stable and satisfied workforce.

People we spoke with all told us they knew the team leaders and said they had regular contact with them. For example one person naming the team leader told us, "She pops in to see us and ask questions." People displayed a high level of satisfaction with the service they received with everyone we spoke with telling us they were very happy with the way the service was provided. One person told us "I am generally very well looked after and if anything is not quite right, we work it out straight away." They said they felt able to raise issues with them and when they did they were appropriately resolved. This provided us with assurance that the management team had a good understanding of how the service operated.

Monthly staff meetings were held. These were an opportunity to inform staff of any changes to the service and help address any quality issues. During these, each person who used the service was reviewed to check whether staff or the person required any further support in providing appropriate care.

Regular checks on the quality of the service took place. Each person's care file was periodically audited to check the person was receiving appropriate care that was robustly documented. People's views were also

taking into account as part of this audit. Monthly checks on completed daily records and medication administration records (MAR) also took place to ensure people received the required care and support. We saw evidence these audits identified issues which were then passed to the key worker to action. Where a number of similar discrepancies were attributed to one staff member, staff were supported through the supervision process. Staff practice was also regularly assessed through observed supervision. The registered manager showed us plans to further improve the audit process through the introduction of a high level audit which would assess the service against each of the Commissions domains.

People's views were regularly sought on the service. This was done via formal and informal methods. For example people told us the team leaders regularly contacted them to check if they were okay. Periodic quality checks on people's care and support, included asking people for their views on the quality of the service. We reviewed these which showed a high level of satisfaction with the service. This was also confirmed in the conversations we had with people who used the service.