Haslemere Homecare Limited

Haslemere Homecare Ltd

Inspection report

Unit 3
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Website: www.haslemerehomecare.co.uk

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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?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on the 14 January 2016. Haslemere Homecare Ltd is a domiciliary care service providing personal care for people with a variety of needs in their own homes. Most of the people who received care were older people who required support. At the time of our inspection the service provided care to 112 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 is also the provider for the service.

People's records were not always kept securely and improvements had not always been made in relation to feedback from people and relatives.

Staff did not always spend all of the time allocated to a person as there was no time in between calls allowed for travelling. People told us that they felt staff at times were rushed. We recommend that the provider reviews staff travel time between calls.

Assessments of people's care had been recorded. There were clear plans for staff to show what care was needed for people. Care plans were written in a personalised way based on the needs of the person concerned.

There were sufficient numbers of skilled and experienced staff deployed to support the people who used the service. Team leaders provided support to care staff when needed.

People and their relatives told us they were often supported by regular staff who knew their needs and preferences well.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse. All staff underwent recruitment checks before they started work.

People told us they were involved in decisions about their care and were kept informed. Relatives we spoke with told us they were always consulted and felt involved.

People were offered support in a way that upheld their dignity and promoted their independence. Staff said they would they would close doors and curtains and make sure the person was covered when providing personal care. People were supported at mealtimes to have food and drink of their choice.

People's rights were being upheld as required by the Mental Capacity Act (MCA) 2005. This is a law that provides a framework to protect people who do not have mental capacity to give their consent or make certain decisions for themselves. Staff were aware of their responsibilities through appropriate training in regards to the Mental Capacity Act 2005.

People were cared for by kind, respectful staff. People told us they looked forward to staff coming to support them.

Medicines were safely administered and people who used the service received their medicines in the way that had been prescribed for them. Each care file had clear instructions to care staff stating whether the person was to be administered medication as part of the care plan.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider of the service has informed the CQC of events which related to safeguarding concerns which have now been resolved.

We found one breach of the Health and Social Care Act 20014 (Regulated Activities) Regulations 2010. 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 safe although improvements were needed around how the provider was notified when staff did not turn up for calls.

There were up to date risk assessments for people or guidance for staff on how to reduce risks.

There were sufficient numbers of staff deployed to keep people safe.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse.

Required checks were undertaken before staff began to work for the agency. This helped to ensure suitable staff were employed.

Medicines were safely administered and people who used the service received their medicines in the way that had been prescribed for them.

Is the service effective?

Good

The service was effective.

People were supported by staff who knew their needs and preferences.

Staff had regular one to one meetings with their manager. Staff competencies had been assessed appropriately.

Staff received training and were aware of the Mental Capacity Act 2005 and how to protect people's rights.

People's health and care needs were met. People had access to sufficient food and nutrition.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff did not always have time to sit and talk with people.

Staff were aware of people's personal preferences.

People were cared for by kind, respectful staff.

People were offered support in a way that upheld their dignity and promoted their independence.

People were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

There was a complaints procedure and complaints were dealt with appropriately.

Pre-assessments of people's needs and detailed plans of care were available for staff that ensured that the service could meet people's needs.

Is the service well-led?

Requires Improvement

The service was not always well led.

The quality assurance systems in place were not effective. Feedback from people was not used to identify and address short falls and improve the service.

People's records were not always stored in a confidential way.

Staff felt supported and valued.

Staff were supported by a comprehensive range of policies and procedures This ensured that staff supported people in a consistent way.

Haslemere Homecare Ltd

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 was an announced inspection which took place on the 14 January 2016. We gave 48 hours' notice to make sure that the people we needed to speak to were available. The inspection team consisted of one inspector and an expert by experience who phoned people who use the service after the inspection to gain their views. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). 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.

During the visit we spoke with the registered manager and six members of staff. After the visit, we spoke with 12 people using the service and two relatives.

We looked at a sample of five care records of people who used the service, medicine administration records, five recruitment files for staff, and supervision and one to one records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

We last inspected this service in February 2014 and found no concerns.

Requires Improvement

Is the service safe?

Our findings

Assessments were undertaken to assess risks to the person using the service and to the staff supporting them. There was guidance for staff on how to reduce the risks for people where a risk had been identified. For example in each care plan there was a 'Support Needs Assessment Tool' that identified how independent people were with various tasks. This included what risks there were around this. One person was at risk of falls and there was detailed information for staff on how to support this person to move around their home. One member of staff told us about the specific risks to one person around their emotional well-being and what they needed to do to support this person.

There were mixed views from people and relatives on whether there were enough staff to meet people's needs and whether staff turned up when they should. Comments included "Staff are usually on time unless an emergency, they always come" and "They (the carers) are always on time" and "They are very good, on time. I don't worry about it if it's within half an hour either way". However other comments included "The timing is not as great as I like it to be. They are supposed to ring us; they do sometimes but not always. The schedule is 15 minutes either way but they have been ¾ of an hour late but not very often. We always know who is coming" and "(The member of staff) occasionally doesn't come. They don't tell me until they are due."

The registered manager told us that to cover staff absences the staff in the office were also trained carers who would fill any gaps. They told us that there was no system of staff letting the office know when they arrived at a call. The registered manager said that would rely upon the person using the service or their relative to contact the office if a carer had not turned up. They said that if a member of staff knew they were going to be late then they needed to ring the office who would then contact the person. Most of the people we spoke with said that they were contacted by a member of staff at the office to say if a carer was going to be late.

The registered manager told us that late and missed calls were monitored through reviewing staff time sheets and that they also used the time sheets to ensure that staff stayed the correct amount of fime at each call . However when we reviewed time sheets we saw that there were times that on occasions staff stayed for less than the amount of time allocated and there was no evidence around why this was or that the registered manager had addressed this. We spoke to the registered manager after the inspection about this. They told us that they would ask staff to put a reason on the time sheet if they attend for the full time and that the only reasons they would expect was that the person asked them to leave or were happy for them to leave.

Recruitment files contained a check list of documents that had been obtained before each member of staff started work. The documents included records of staff full employment history, any cautions or convictions, DBS checks, two references and evidence of the person's identity. This gave assurances that only suitable staff were recruited.

People who used the service told us that they felt safe. Comments included "(They felt) completely safe, I

could raise concerns without any doubt, (staff are) most cooperative" and "I generally feel safe, no problem. The office says, if you have a problem ring the office". Whilst another person said, "I feel extremely safe".

Staff were aware of the reporting process for any accidents or incidents that occurred. There were separate systems for recording and monitoring incidents and accidents. Staff called the manager to report any incidents and these were separately recorded in the care plan in people's homes. Staff were aware that in any emergency they would call an ambulance if this was needed.

Staff had knowledge of safeguarding procedures and what to do if they suspected any type of abuse. There was a Safeguarding Adults policy and staff had received training regarding this. Policies were available in the office for staff and additional information was provided to staff in their individual 'carer guidelines' packs. This was to guide staff about what they needed to do if they suspected abuse. Staff were aware that the Local Authority were the lead agency in relation to safeguarding concerns.

The provider had an out of hours' on-call system in place and staff were required to contact them for advice relating to any concerns about suspected abuse or incidents during the out of hours period. Staff were aware of this system.

Medicines were safely administered and people who used the service received their medicines in the way that had been prescribed for them. Each care file had clear instructions to care staff stating whether the person was to be administered medication as part of the care plan. Individual care plans provided clear instruction to staff on how to administer medicines and highlighted any allergies. The registered manager undertook audits of the medicines chart to ensure that staff completed them correctly. The medicines charts that we looked at were complete and accurate. One person told us "They leave me my pills to take, I am quite capable" whilst another person said "They (staff) wait while I take it."

Good

Is the service effective?

Our findings

People were very complimentary about the competencies of the staff and how confident they felt with them. One person said "They are trained, new carers are a little apprehensive". Another person told us,. "(The carer) is very good at her job". Another person said to us, "I think they are very well trained". People felt that the member of staff was matched well with them. Comments included, "The carer is well matched, very affable" whilst another said "I get on with all of them."

People were supported by staff that had the knowledge and skills required to meet their needs. The registered manager told us that each new member of staff completed the service mandatory training. They would then 'shadow' a more experienced member of staff for a minimum of 10 hours to the clients that they were going to provide care to before they were left to work on their own. The team leader would also competency assess the member of staff to sign them off by observing the care they were providing. Staff confirmed this to us and we saw that before they provided any care they completed all of the service mandatory training. This included fire safety, safeguarding, food hygiene, infection control and moving and handling. Training was also provided to meet the individual needs of people who used the service. One member of staff told us, "For me the induction was enough" and another member of staff said "I had a brilliant induction." The registered manager told us that the training included some e-learning and some face to face training specifically with moving and handling.

People were supported by staff who had regular supervisions and appraisals with their manager. The registered manager told us supervisions were undertaken in a variety of different ways. They said that 'spot checks' were undertaken by them or the team leader and one to one meetings in the office also took place. One member of staff said "(The manager) will feed back on how well I am doing." All of staff we spoke with said that they had regular one to one meetings and spot checks to assess their competencies.

People told us that they were happy with the way staff asked for consent. Some told us that they didn't expect staff to ask for their consent for everything. One person said "I don't want to instruct, I let them get on with it" and another person said "I agree with what they are doing." Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. This was to ensure that staff had the skills and knowledge to be able to act in accordance with legal requirements to protect people's rights if they lacked mental capacity to make certain decisions. Staff had a good understanding of MCA and gave examples of how they could gain consent from people.

People were supported at mealtimes to have food and drink of their choice. One person said "They microwave my meals. I choose what to have". One relative told us "They do breakfast, they ask what she (their family member) wants. I do the rest". All of the people we spoke with said that staff ensured that they had all of the food and drink that they needed. People were supported to maintain a healthy and nutritious diet. Staff told us that they would ensure that people had enough to eat and drink before they left the person's home. One member of staff told us that they would check to ensure that the person had eaten their previous meal and report any concerns they had to the office.

Staff were available to support people to attend healthcare appointments if needed. The provider liaised with health and social care professionals involved in their care if their health or support needs changed. For example, people had visits from community nurses and staff worked alongside them to ensure consistency of care for people. We saw that peoples care files had details of their GPs so staff could contact them if they had health concerns. Most of the people we spoke with said that they were able to organise their own healthcare appointments. One member of staff that they had good access to the occupational therapist. They said staff could make referrals direct to occupational therapist if people's needs changed. Staff said that occupational therapists were always willing to visit people to provide any necessary equipment.

Requires Improvement

Is the service caring?

Our findings

We found that there were times that staff did not have time to sit and talk to people. People told us that sometimes staff didn't always stay for the whole time but did say that staff provided all of the care that they needed. One person told us that one member of staff left their home earlier than the agreed time without asking them if that was ok. One person said "They go when they finish, don't stay for longer than they have to, sometimes they stay and chat, I don't mind them going five minutes early."

We found that there were occasions where staff did not spend as much with people as they could have. We were told by the registered manager that there was no travel time built in to the staff rotas between calls to people. Staff told us that they never left people without providing the care they required, but said that they sometimes left a few minutes earlier if the person was happy with this. Some staff said they started their first call five minutes early in order to create a gap between the end of that call and the beginning of the next. One member of staff said "Sometimes we do get behind, some calls we don't do the full 30 minutes, we go with the flow, we don't always leave earlier, it depends on the client." Another member of staff told us "If I client says you can go then go."

We recommend that staff spend the correct amount of time with people especially if people are at risk of social isolation.

People told us that staff were caring. Comments from people included "They are first class, very caring" and "They have a lot of staff changes. We get new people every month, they introduce them, I think staff are caring" and another person said "Staff are very compassionate and caring".

However there were times where people said they didn't always know what carer was coming. One person said "I've seen three different people this week. I ask carers when they are coming next then they don't come. Their rota's change which is not helpful to me. I have to explain to a different carer all the time what needs to be done. I don't want anyone in the house I haven't been informed of". Another person said "Different people all the time and not at the times I want them. They send who they can. They introduce themselves but I don't know them."

The registered manager told us that as the business was growing they had recruited additional team leaders to ensure that all staff were introduced to the person that they were going to provide care to. However we found that this system was still not in place. We were aware of staff that were visiting new clients on the week of the inspection that had not been introduced to the person. We fed this back to the registered manager who told us that they would look into this.

We recommend that the provider follows their own policy in relation to introducing people to the member of staff that will be providing support to them.

Staff said that they enjoyed working with people. One said "I love the job, everything about it, if you are friendly and calm it makes people feel more relaxed." Another member of staff said "I love it, there is no

question, the best job I have ever had" whilst another said "I love the job, every single person you go to you are making a difference."

People's dignity and privacy were respected. Comments from people included "They are very supportive, they let me get on and do things and they stay with me". Another person said "I feel quite comfortable with them". One relative told us "They don't embarrass (the family member) at all" and another relative said "(The family member) has a bed bath due to the hoist. They keep (the family member) covered up." Staff gave examples of how they would provide privacy and dignity. One member of staff said "I would shut the curtains and ask the family to leave the room if that was appropriate." Another staff member said "I would always explain what I was about to do."

People and their relatives told us they were involved in making decisions about their care and that care staff encouraged them to be independant. One person said "They encourage me to dry and dress myself". Another person said "I wash myself and my hair in the bathroom. They stay nearby.…. they (staff) do support me to be independent". One relative told us "(Their family member) can use one arm to use the flannel, they encourage (the family member) to use it". Another relative said "They (their family member) brush their own hair."

The registered manager told us that they would meet with people and the families where appropriate to ask them about the care they wanted. People and relatives told us that they were involved in the decisions around their care. One person said "My care plan is in the book, I signed it". Another person told us "I requested I only see the same carer." They told us that more often than not they had the same carer.

Good

Is the service responsive?

Our findings

People received care from staff who understood their needs. The registered manager told us that they visited each new person and undertook an assessment of their needs. The registered manager said that they this did this in the person's home or in hospital. They said that for people that were referred from the Local Authority (LA) they would receive the initial assessment from the LA. The registered manager told us that regardless of the LAs assessment they would ensure that they could meet the person's needs by undertaking their own assessment. They also said that if a person using the service went into hospital, before they came home, they would re-assess their needs to ensure nothing had changed. We found that this was taking place. People we spoke to told us that assessments of their needs were undertaken by staff at the service. One person said "They give me very personal care, it's like they care" whilst another person said "My care is very personal to me."

The care plans that we looked always had a pre-assessment of people's needs undertaken by the registered manager or the team leader. The care plans were detailed and addressed every aspect of the persons care that was needed. There was a detailed guide for staff on what they needed to do and what additional support people needed. In one person's care plan there were photos of how they needed to be supported specific to their particular needs. Care plans included specific information regarding peoples' medical conditions, care needs and what type of support was needed. People's needs varied from requiring support for personal care for people who were older and less mobile to people who required complete support from staff.

Care plans had been written in a way that recognised each person as an individual with their own specific support needs. The registered manager told us that the files in the office mirrored what was in people's homes. Where there had been a change to people's care this was recorded on the computer system and updated in people's care plans. The registered manager said that staff were made aware of these changes via a text message, phone call or face to face at the office. For example one person had returned from hospital. We saw that staff had been updated on the person's changing needs. Daily records gave clear documentation of care delivered and how each person was during that visit.

People and relatives were aware of the complaints process and how to raise things if they had a concern. Comments from people included "I've never complained at all but I would speak to the manager if I needed" and "I've only complained when they were late a couple of times. They apologised, I'm ok making a complaint, things have improved". One relative told us "Only complained about (one member of staff) and they sorted it out". Another relative said "If I was bothered about anything I would ring the office".

The service provided opportunities for people to express their views and raise concerns and complaints. We were provided with a print out of positive feedback from people and evidence of how complaints had been addressed. One person had complained that their carer didn't sit and spend time chatting with the person, the provider changed the member of staff.

Requires Improvement

Is the service well-led?

Our findings

People's records were not always maintained in a secure and accurate way. When new clients were taken on staff were informed of people's needs by means of a text message to staff's personal mobile phones. We saw evidence of these texts which included the person's name, address and a brief summary of the person's care needs. This means of passing on information to staff was putting people's confidential information at risk of being seen by other people. We saw from the staff contract that they should not be using personal phones during work time however the registered manager had not provided staff with work phones.

People's views had been obtained to feedback their views on the service. However the surveys had not always been used as a method to improve the standards of care for people. The registered manager told us that often they would speak to people and relatives but this was not recorded. One person had stated on their survey that they would like to be told when the carer was going to be late or early. There was no evidence to show how this had been addressed with the person. Another person raised that the member of staff could think of additional things to do in between supporting them to eat. There was no evidence to show how this had been addressed.

People told us that they were regularly asked about their views on the service. The feedback we received indicated that many remained concerned about the lack of travel time care staff had between their calls. Comments from people included " The service needs to improve back to back calls for carers to leave more time between calls" and "I think they could not rush as much". We could not see any evidence from staff meetings or staff news letters that they were reminded to remain at the person's house for the duration of their call. The registered manager told us that staff were told that if they had completed their care duties then they could ask the person's permission to leave. This meant that although people's views had been sought there was not always evidence that concerns had been addressed.

As people's records were not always kept securely and there were not always effective systems in place to assess, monitor and improve the quality of care being provided which is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us the registered manager was approachable and that they had met them. One person said "I speak to the managber on the phone, I have met her, It's (the service) managed very well". Another person told us "It's managed fine" whilst another told us. We saw the manager when they first came. She has been two or three times since."

Staff felt that they could come to the office whenever they needed or wanted to. They all told us that they felt supported, valued and appreciated. One member of staff said "I feel supported, I can always ring anyone in the office." Another member of staff said "I feel supported in every single way, I'm always on the phone. I feel valued, they (staff) look after me, I feel loved." Another member of staff said "I am amazingly supported, I'm overwhelmed by the amount of support that I get." Staff told us that they were kept updated of any changes in the organisation by means of a newsletter and regular staff meetings. We saw staff accessed the newsletter when they came into the office during the inspection. We saw that there were regular meetings

with staff which discussed any changes to the staff team, training and congratulating staff on their successes. We saw that staff were bought flowers on their birthdays and each month a member of staff would be chosen to be 'carer of the month' and given a financial reward.

Other effective systems were in place to monitor the quality of the service that people received. 'Spot checks' of the staff were undertaken regularly to ensure that staff provided good care. Archived daily notes and medicines sheets were brought back to the office to be audited and a record of the checks was placed in the file. We saw that the newsletter addressed where staff needed to improve on how they recorded people's care. We saw that incidents and accidents were recorded and analysed for any trends.

Staff were supported by a comprehensive range of policies and procedures that ensured that staff supported people in a consistent way.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider of the service had informed the CQC of events which related to safeguarding concerns that the Local Authority raised which have since been resolved.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance As people's records were not always kept securely and there were not always effective systems in place to assess, monitor and improve the quality of care being provided which is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.