

Halcyon Home Care (Berkshire) LLP

# Halcyon Home Care

## Inspection report

Oakleigh House  
Altwood Close  
Maidenhead  
Berkshire  
SL6 4PP

Date of inspection visit:  
15 April 2016

Date of publication:  
07 June 2016

Tel: 01628298262

Website: [www.halcyonhomecare.co.uk](http://www.halcyonhomecare.co.uk)

## 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

Halcyon Home Care offers a bespoke in-home care service for older people including companionship, home help, medication reminders and personal care. Some people who use the service have a diagnosis of dementia. The office of the service is located in a residential area Maidenhead, Berkshire and care is provided in surrounding areas. When we inspected, there were 28 people who used the service and 18 staff.

At the time of the inspection, there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The location was last inspected under the Health and Social Care Act (Regulated Activities) Regulations 2010. On 10 February 2014 we found the location was compliant with the outcomes we inspected. This is the first inspection of the location under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received safe care from the service. The staff knew what abuse was, how to safeguard people in the event of suspected abuse and what organisations needed to be contacted. People had risk assessments, care plans and regular evaluation of their care to ensure their safety. Staffing deployment was satisfactory as the registered manager and a team leader oversaw the staffing arrangements for people's care. People were safely assisted with medicines out of pre-packaged blister packs, bottles and packets from their local pharmacy.

The service was effective in the care it provided to people. Staff attended necessary training to ensure they could provide the best personal care for people. The service ensured that staff had appropriate knowledge and skills to undertake their role. The staff received regular supervision sessions with the registered manager and were able to set and achieve their own employment goals. Recruitment and selection of any staff member was robust and ensured safety for people who used the service. Consent was always gained from people before care was commenced and people's right to refuse care was respected.

People told us staff were kind and generous. The staff told us they respected people's privacy and dignity, and explained they wanted people to be as independent as possible. People were able to say how they liked their care, and the service would accommodate their requests. Care provided by Halcyon Home Care was individualised and met people's expectations. People told us they could change the care they received by liaising with staff.

The service was responsive to people's needs. People and relatives had the ability to share their compliments, concerns and complaints in an open and transparent manner by communicating directly with the staff. People we spoke with were satisfied with the care and we had received cases of positive feedback about the service from members of the general public.

People who used the service staff commented that the service was well-led. They felt that the registered manager and team leader took time to listen and would often make an extra effort for them. The registered manager was very involved in the service and meeting people's requests. We found that the management conducted a range of checks to assess the standard of care. This included auditing care documentation to ensure safety, accuracy and opportunity for improvements, if needed. Some people told us they would like to see even more management involvement in the provision of their care.

## 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 were protected from abuse and neglect.

Appropriate assessments of risk were undertaken to ensure people's safety.

Sufficient staff were deployed to provide personal care to people.

The provider undertook robust recruitment procedures for new staff.

People's medicines were safely stored, administered and recorded.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who were knowledgeable, skilled and experienced.

People's consent was always gained prior to personal care provision. The service complied with the Mental Capacity Act 2005 requirements.

People received appropriate nutrition and hydration and support to eat and drink when necessary.

People were assisted to medical and social appointments to ensure their health, safety and well-being.

### Is the service caring?

Good ●

The service was caring.

People's and relative's comments were that staff were kind and caring.

People's views and decisions about their care were encouraged and respected by the service.

People said they received dignified care their privacy was protected.

### Is the service responsive?

Good ●

The service was responsive.

People told us their care was personalised.

People's care was appropriately assessed, reviewed and recorded.

People knew how to make a complaint, and the provider effectively managed complaints to improve care.

### Is the service well-led?

Good ●

The service was well-led.

The service had a good, open culture and developed care with people in mind.

Management were actively involved in all aspects of the service.

The provider complied with regulatory requirements and maintained transparency.

The quality of people's care was checked regularly and improvements were made when required.

# Halcyon Home Care

## **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.

The location was registered and commenced carrying on and managing personal care on 13 February 2012 from the current address.

The inspection was undertaken by one inspector, took place on 15 April 2016 and was announced. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and the registered manager would be present in the office.

Before the inspection, the provider was not asked to complete 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. We reviewed information we held about the service. This included previous inspection reports and any notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the office inspection, we sent surveys to 35 people who use the service, 15 staff, 35 relatives and 2 community health professionals. From the surveys we sent, we received a total of 14 responses. We have taken the results into consideration as a routine part of our inspection process. During the inspection we spoke with the registered manager and a team leader. After the inspection, we conducted telephone interviews with five people who used the service and five staff. We did not visit people's homes as part of this inspection.

We looked at three care folders which showed people's individual care needs. These included support plans, risk assessments, medicine administration records and people's daily progress notes. We also looked at three staff personnel files and records associated with the management of the service, including quality audits. We asked the provider to send us further information after the inspection.

# Is the service safe?

## Our findings

The five people we spoke with in telephone interviews agreed that the service was safe. They told us that the care provided was safe and that they had no concerns about the safety when staff were present in their home and when personal care was provided. One person said, "I don't always have the same carer, but I feel safe with all of them".

All of the staff we spoke with knew what safeguarding meant and how to prevent, identify and report abuse. The registered manager told us the safeguarding policy of the service was last updated in May 2015. When we asked what type of abuse could occur to people, staff told us that there were different types of abuse and potential signs or warnings that abuse may have occurred. Staff knew what neglectful care was and emphasised that they would not want people who used their service to be neglected. The service had the contact details for the local authority safeguarding team.

A number of assessments were completed before and after people received care. This included a full pre-assessment where people's health, social situation and requested care and visits was discussed. The assessment process sometimes included people's relatives. The number of calls received each day by the person was also agreed at the first meeting with the provider. Assessment tools documented risks for the person's care and how the risks could be reduced. For example, we saw completed environmental risk assessments, medication safety assessments and falls or mobility risk assessments. We found the assessments for people's risks were suitable for the service and appropriately captured people's individual needs.

The service deployed safe staffing levels. Where possible, people had consistently in the carer who provided the care to them. The registered manager told us safety of people's care was important to ensure that their continuity of calls and care was maintained. The registered manager explained that more people could be taken on when there were additional support workers employed. The arrangement of one manager and team leader in the office was satisfactory at the time of the inspection. There was no evidence of missed calls by the service. The service had a business contingency plan in place, for example if there was severe weather events or if staffing was compromised. We saw the service had a spare vehicle if staff vehicles broke down, and an all-terrain vehicle for use in snow or floods to ensure people still received care.

We reviewed staff personnel files and found robust recruitment processes in place. The provider had checked applicants' conduct in prior employment, obtained full job histories and checked identification documents, including the right to work in the UK. Each staff member had an enhanced criminal history check via the Disclosure and Barring Service (DBS). We found one staff member's DBS needed repeating, and the provider undertook this immediately and sent the evidence to us after the inspection.

People were safely assisted with their medicines. Some people were able to manage their own medicines administration without support from staff. Other people needed support from staff with their medicines. Staff we spoke with told us this mainly involved them taking the medicines from pre-prepared blister packs, and helping the person to take the tablets with a drink. The registered manager explained that where it was

possible, the service promoted people to be independent with taking their medications. We looked at a selection of the medicines administration records. We found these were correctly completed and that there were no errors in the examples we viewed. One staff member told us they would like to have better communication from the office about when people started antibiotics.



# Is the service effective?

## Our findings

People told us they received effective care. One person said, "They do anything I want them to do". Another person told us, "They only help me with what needs doing. I can do some things for myself". People felt that staff were well-trained and understood their needs. All five people we spoke with told us they were provided care by staff with appropriate knowledge and skills to perform their roles.

The service ensured that all of the staff were knowledgeable and skilled about personal care. Carers completed a combination of training types pertaining to adult social care and their roles. This included education from online, face-to-face training by attending courses and formal courses including Diplomas in Health and Social Care. Some staff had already undertaken or completed their formal qualifications to help them perform their roles effectively. We saw evidence that new carers at the service had also completed an appropriate induction programme. The provider had ensured that the learning for the support worker was in line with Skills for Care's 'Care Certificate'. The registered manager and team leader organised and participated in staff training. Staff training took place in a dedicated environment at the office. Staff occasionally attended courses outside the service, such as that provided by external training agencies.

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. Providers of personal carer can only deprive people of their liberty upon authorisation by the Court of Protection. We checked whether the service was working within the principles of the MCA.

The service was working by the requirements set by the MCA. Consent was always gained for people's care. People who used the service at the time of the inspection had the capacity to consent and had signed consent forms. The consent forms included the information necessary about how to make an informed decision. This included things like what the care would be like, what benefits there was to the care and their right to refuse if they felt the need to. Staff we spoke with stated they would respect people's right to refuse care, but at the time people were accepting personal and nursing care without refusing. The service had never applied to the Court of Protection for people who did not have the capacity to consent to care, but knew the process if they ever needed to. We asked the provider to make minor changes to their consent policy and send us a copy after the inspection. This was to ensure that the service ensured the provisions of the MCA were fully detailed in their written procedure.

People who used the service received assistance with their nutrition and hydration as required. The staff completed tasks like shopping, cooking, feeding people, cleaning up after meals and storing food away. The registered manager told us the service respected people's choice for their meals and also ensured that people had a balanced diet. We were told some people were assisted with online ordering of groceries. The registered manager also explained that a small number of people had commenced using a local catering

company for meal provision. This meant that healthy, fresh meals were delivered and people or carers could heat and eat them. The staff we spoke with understood what an appropriate volume of fluids older adults should have daily, and tried to encourage people to take regular drinks. All food and fluids consumed by people in the presence of staff was recorded and monitored.

People were supported by the service to attend all necessary medical appointments away from their own homes. Examples of good support to people related to healthcare included staff assistance with GP appointments, the podiatrist, and a dentist. Where additional time was required to help with health appointments, the service liaised with the person or local authority to ensure staff could assist. Staff were committed to ensuring that where possible, people who used the service were not disadvantaged in gaining this care based on their limited ability or mobility issues.

# Is the service caring?

## Our findings

In 2015 three relatives wrote to us with positive feedback. Examples of their feedback included, "I just wanted to say how pleased we were with the help we received. The office staff were extremely polite and efficient, and the care staff so friendly and kind. Nothing was too much trouble and they willingly took on all my mother's care and needs. The help given was much appreciated", "Wonderful, caring staff who provided exactly the care required for my elderly father who has Alzheimer's. They were always professional, kept excellent records of their visits so I knew what had happened and quickly informed me if there were problems. If they needed to stay longer than their scheduled call, they did so" and, "Punctual, caring well-run business". These comments and feedback showed people and their relatives developed positive, caring relationships with staff of the service.

Prior to the inspection, people and relatives surveyed by us echoed these sentiments. One person commented, "I am for the most part very happy with the care and support I need and am very satisfied with my choice of care agency". Another person wrote, "The care company tend to keep [the] same workers for me when possible as my condition is more medical than practical". A relative surveyed replied, "Very happy at the moment with my mother's care, most of the carers are well trained especially the more mature carers. Halcyon are always available by phone no matter what time of day or night and try very hard to resolve problems".

When we spoke to people by telephone after the inspection, we received positive feedback about the service. One person commented, "I'm happy with the service; all very pleasant. It's nice to have a chat as I get lonely sometimes". Another person we spoke with said, "I really like the staff. They are very nice girls". A third person we telephoned stated, "I am quite satisfied. They are very helpful and kind". Staff we spoke with told us that people had commented to them they would prefer more consistency with the carers that visited. Staff had mixed feedback about this. Some staff felt it was good for people to have the same carer and others felt it was better to have occasional changes of carers.

People had the opportunity to choose and have an opinion with regards to the care they received. The staff consulted people about their needs and recorded and respected their preferences. People and relatives were involved in care planning and reviews, and we saw evidence of this in the three care files we viewed.

We did not visit people in their homes as part of this inspection. However, we still found that people received personal care which was dignified and respectful. When we asked five people during telephone interviews whether their privacy and dignity was respected by staff during visits, they told us they agreed. Confidentiality in documentation was maintained and records were stored away securely. The portable devices that staff carried with them during their visits had encryption and if lost or stolen, effectively protected people's confidential personal information. Some paper-based documentation was still completed, but the provider was moving towards a paperless service. We looked at computer records and saw that appropriate information about people's care was recorded and safely stored. The provider is appropriately registered with the Information Commissioner's Office (ICO) to handle and store confidential personal information.

## Is the service responsive?

### Our findings

People who used the service had their personal needs and preferences taken into account before care commenced and throughout the provision of the package. People were free to choose what aspects of care they needed assistance with, and the service would allow people to remain as independent as possible. The registered manager explained that companionship for people was an important aspect introduced to the service. The provider had assessed during the course of business that many people lived alone. When the registered manager spoke with them, they explained they could care for themselves but needed someone for social engagement. The service had introduced this activity for people and there was a growing request for assistance. The registered manager explained that the service could substitute a person's spouse to give them a break. We found this often involved people who had a diagnosis of dementia, as the relative or spouse was often fatigued but did not wish to leave the person alone.

Carers we spoke with explained that personalised care involved listening to the person, taking into consideration what they were saying and not making assumptions. This demonstrated that there was respect for people's views by the service. Carers we spoke with knew people well and what aspects of their care were needed and what they could perform themselves. Carers provided social stimulation in their visits and stayed for the duration of the timed visit, except in limited circumstances. One person and relative commented that carers would stay over their scheduled visit if there was a need.

We found the provider had a complaints system in place. There were no recent complaints about the service. When we spoke with the team leader and registered manager, they knew how to informally and formally respond to complaints. They both told us they would gain as much detail about the allegation as they could and try to quickly implement a solution to ensure people, relatives and others were satisfied with the service.

Where more serious concerns arose, the registered manager told us they would undertake an investigation and keep the complainant informed. The registered manager told us they would take witness statements from the primary care giver if the complaint was not about them. Where a complaint might be about the registered manager, people were free to raise their complaint with the local authority and other public bodies, where appropriate. The registered manager told us that if a complaint occurred, after an investigation they would create and implement actions to prevent the complaint from recurring.

The provider's complaints policy did not include contact details for other agencies where people could raise complaints, such as the Local Government Ombudsman (LGO) and Parliamentary and Health Service Ombudsman (PHSO). We asked the provider to add these details to their existing complaints policy.

## Is the service well-led?

### Our findings

People and relatives told us they felt the service was well-led. Staff we surveyed also agreed the service was managed appropriately. During our inspection, we found the registered manager and team leader were open and honest and able to explain the running of the service well. One staff member wrote, "The service that Halcyon Home Care provides in terms for my co-workers and the management is the best that I have ever seen in my career". Another staff member stated, "I am respected, given all the training that I need which makes me feel confident and provides the best customer service experience, the care plans and taking in mind of the customers makes this company the best I have worked for. A third staff member said, "I was given excellent support and guidance by my co-workers and management team and still receive this when I feel there is a need and feel no hesitation in doing so". This meant staff felt supported, encouraged and focussed on people's care. We found the culture of the service reflected in the quality of the care people received.

The service had an operational model which placed people at the centre of care. The management of the service took account of policies, changes in legislation, training and communication. When we inspected the service, we found evidence that the service's model was in practice, as people had received regular care reviews, and there were detailed logs of communication specific to each person. As the provider was the registered manager and therefore 'hands on' in the running of the service, we found they were fully informed about people's care. Where people's care deviated away from the principles of care set by the service, the registered manager would evaluate what could be undertaken to ensure the person's care had returned to the level of quality expected of them. The team leader supported the registered manager in the office and was able to problem solve, resolve any issues that arose and ensure people's care was delivered

The registered manager and team leader conducted audits of the care delivered by the carers. These were in line with the standards the service set about people's care. The registered manager told us they had audits so they could ensure that the care that was checked fitted with current legislation and what providers needed to ensure was good care. There was an electronic communication log based in the service's office, so that messages between staff could be recorded if a telephone conversation had not occurred instead. This was facilitated through the use of mobile phone technology and a linked information technology system. This ensured that the continuity of care when staff visited people in their homes was not disrupted and the quality of provision was maintained. Staff could look at the electronic records and message the office with any necessary changes needed.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with the requirements of the duty of candour to people and although did not have a policy at the time of the inspection.

The provider did not yet have an occasion where the duty of candour requirements needed to be utilised. We asked the provider to create and implement a duty of candour policy. They sent us their policy after the inspection.