

Halcyon Home Care (Berkshire) LLP

Halcyon Home Care

Inspection report

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Ratings

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

Summary of findings

Overall summary

Halcyon Home Care is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to older adults and people living with dementia. The Care Quality Commission (CQC) only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Not everyone using the service receives the regulated activity. Where they do we also take into account any wider social care provided.

This inspection took place on 27 and 28 November 2018 and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. At the time of our inspection the service was providing personal care to 36 people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good

People felt safe while supported by the staff team who made them feel reassured and relatives agreed. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The registered manager had the knowledge to identify safeguarding concerns and acted on these appropriately.

People and relatives were complimentary about the staff and the support and care they provided. People received support that was individualised to their specific needs which was kept under review and amended as changes occurred. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were treated with respect, and their privacy and dignity were promoted. People felt the staff supported them in the way they wanted. Staff were responsive to the needs of people and enabled them to improve and maintain their independence with personal care.

Where possible, the registered manager scheduled visits so the same staff went to see people to maintain continuity of care and support. People were informed about the changes to their visits as necessary. The staff monitored people's health and wellbeing and took appropriate action when required to address concerns. People felt confident they would be looked after well and relatives agreed. The service assessed risks to people's personal safety, as well as staff and visitors, and plans were in place to minimise those risks. There were safe medicines administration systems in place and people received their medicines when required.

The service had recruitment procedure that they followed before new staff were employed to work with

people. This included ensuring staff were of good character and suitable for their role. Staff training records indicated which training was considered mandatory. The registered manager and senior staff had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. Staff had ongoing support supervision and appraisals. They felt supported by the registered manager and senior staff, and maintained good team work.

Staff felt the registered manager and senior staff were approachable and considerate. They had good communication, worked well together and supported each other, which benefitted the people who use the service. The registered manager had quality assurance systems in place to monitor the running of the service and the quality of the service being delivered. The registered manager and the senior team were able to identify issues and improvements necessary and took actions promptly to address these. They praised the staff team for their hard work and appreciated their contribution to ensure people received the best care and support.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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.

This inspection took place on 27 and 28 November 2018. It was carried out by one inspector and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. An expert by experience made telephone calls to interview people or their relatives. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also received feedback from two community professionals.

During the inspection we spoke with eight people who use the service and nine relatives. In addition, we spoke with the registered manager and received feedback from eight staff. We looked at records relating to the management of the service including four people's care plans and associated records. We reviewed five recruitment records, staff training records, incident and accident records, quality assurance records and compliments/complaints and policies relating to running the service.

Is the service safe?

Our findings

People felt safe in their homes and liked the staff who supported them and relatives agreed. People could speak with staff if they were worried. Relatives and people said, "I feel very safe with the carers", "I like them and feel happy with them", "I feel that [my family member] is safe with the carers" and "I feel happy with the carers and that [my family member] is safe in their care". Staff knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management. They were also aware they could contact outside agencies such as the local authority or police should the need arise. The registered manager understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly.

People's support plans had detailed guidelines to ensure staff were able to support them appropriately to achieve their wishes and goals, such as to remain independent in their own home. As part of the support plan, the service carried out a health and safety assessment of the environment to ensure the person, their family and staff were safe while carrying on the regulated activity. The registered manager assessed the risks to people's personal safety and put plans in place to minimise these risks. Risk management plans had detailed guidance to ensure risk mitigation so that people continued to receive safe and effective support.

The registered manager had recruitment procedures in place to ensure suitable staff were employed. They included a health check and a Disclosure and Barring Service check to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values. We found some discrepancies with employment history and evidence of conduct. The registered manager promptly rectified the errors and sent us confirmation after the inspection.

The registered manager determined the number of care packages according to the needs of the people using the service and staff numbers. The registered manager allocated the same staff to the same people as much as possible to ensure there was continuity in meeting people's needs. It also helped in building stronger relationships between people and staff. They also maintained staff in the same area rather travelling across the area the service was covering which helped staff arrive and leave on time for each visit. This helped to ensure people's care was not affected and staff would not have to rush. If the staff were late to visit a person or a different staff member had to cover the visit, then people and relatives were informed. The staff confirmed they had time to visit and support people and helped each other to cover absences. There were no missed visits and staff stayed the right amount of time to support people. People and relatives confirmed staff took time to support and care for them appropriately.

The registered manager ensured medicine was managed safely. Staff did not administer medicines to people unless they were trained to do so. Staff provided support to people with medicine according to the support plan. The registered manager reviewed medicine record information for any errors. They explained they started using an online recording system. Since then, this improved staff recording information regarding medicine administered and there were no medicine errors. In order to complete the record of the

visit, staff recorded tasks carried out including medicine administration. If there was an error, the registered manager explained how they would address it with staff to find out the reason for the error and investigate the matter. If necessary, the registered manager would book staff to attend refresher medicine management training.

There was a system for recording accidents and incidents. The registered manager explained how they would address accidents and incidents and the support that would be provided to the people who use the service. They would also discuss this with the team for ideas of improvements or if things could have been done differently. The service had continuity plans to ensure the staff team could continue in the event of an emergency. There was information for staff about who to contact such as on-call staff should they need help or advice and staff confirmed this.

Staff were provided with and used personal protective equipment to prevent the spread of infection. People and relatives confirmed this and said this was happening while the staff supported them.

Is the service effective?

Our findings

People and relatives spoke positively about staff and told us they were skilled and able to meet their needs. We received complimentary comments from people about the support they valued most. They said, "We have regular carers who are consistent and know what they are doing", "They are good with their skills" and "They are lovely girls [staff], and always obliging".

People stated they felt the staff had the skills to support them. We reviewed the latest training information provided to us which recorded mandatory training. Where training was out of date, the registered manager and senior staff would book staff to complete refresher training. They also provided additional online training to ensure staff maintained good knowledge and skills.

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. Staff felt they could contact the registered manager or other senior staff at any time to discuss various topics or ask for advice. The registered manager and staff regularly kept in touch with each other which helped them work well as a team. They felt their good communication ensured people received good care and support at all times. The registered manager took appropriate disciplinary action if they needed to address poor performance.

When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. Staff new to care work completed the Care Certificate as part of their role. This is a set of 15 standards that new health and social care workers need to complete during their induction period. Staff felt they received enough training to help them carry out their roles effectively.

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. The registered manager demonstrated a good understanding of mental capacity considerations ensuring people could make their own decisions. It was evident people were involved in their care and support. However, we noted to the registered manager some consent forms were signed by the family members and it was not clear if they had a legal right to do that. We discussed this with the registered manager. They agreed this had to be changed to evidence people's consent was sought and recorded in line with the MCA legal framework.

People and relatives agreed staff respected people's wishes and sought consent before helping them. They said, "[Staff] ask for permission" and "Yes, [staff] does ask for consent". Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. Staff said, "We ask people and talk things through as opposed to telling them or assuming every client is the same", "I would always say what I am doing... and I would wait for them to reply" and "I constantly talk to people and tell them what I am going to do, e. g., is this alright? I understand they have a right to say no".

Some people needed support with eating and drinking as part of their care package. The level of support each person needed was identified in their support plan. For example, if someone needed help with eating or encouragement with drinking and having a balanced diet, there was guidance available for staff. Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the registered manager, reporting any changes or issues. If needed, health or social care professionals were involved. Each person had an individual needs assessment that identified their health and care needs. The staff team were prompt to pick up any issues or concerns so they could prevent health and wellbeing deterioration.

Is the service caring?

Our findings

People felt they were treated with compassion and kindness by the staff team and the registered manager. People praised staff's effort and care when supporting them. Staff delivered care and support that was caring and person-centred and which had a positive effect on people. People and relatives said, "The carers are all kind to me", "[My family member] says the staff are kind and nice people", "The carers are all very courteous and caring" and "We feel our carers are part of the family to us. They are all very good, kind and we can have a laugh with them". People agreed staff respected their dignity and privacy at all times.

The registered manager placed importance on ensuring continuous support to people from regular staff. People and staff knew each other well and had well established relationships. The registered manager and senior staff regularly checked people were happy with their support and listened to any issues or questions. Staff made sure people were comfortable and relaxed in their own homes and able to share any concerns. People and relatives said, "They are friendly", "I find that the carers have been most helpful and kind to me", "We have been able to see the carers bring [family member] out of herself. My [family member] is very happy" and "They are lovely, caring girls [staff] and help my [family member], and also have time to chat with me, which I appreciate". People's care was not rushed, enabling staff to spend quality time with them. People and relatives felt staff took their time to complete all the tasks and provide the support that was needed.

Staff knew people's individual communication skills, abilities and preferences. People's records included detailed information about their personal circumstances and how they wished to be supported. Staff ensured people were fully involved with their care, promoting independence whenever possible. Staff understood people's independence was an important aspect of their lives, for example, taking part in their own personal care or helping with some activities. They said, "I try to encourage [Name] to stand and now the person can do it, and they are very happy", "I ask if they want to wash or what they want me to help with. Work alongside them. Everyone differs so much" and "If a person can do something, we encourage them to keep doing it". Staff were aware when to help if someone needed assistance.

One relative said, "[My family member] still is able to keep his independence. But he knows that he can ask carers for help if needed" and one person commented, "They are most helpful and let me do what I want to do". The registered manager was complimentary of the staff's conduct towards people. Staff were able to give examples of how dignity and privacy was respected. They understood the importance of treating people respectfully and showing their choices and wishes mattered to the staff.

Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family with people's permission.

Is the service responsive?

Our findings

People continued to have their needs assessed after they started using the service. Information had been sought from the person, their relatives and other professionals involved in their care. This information was then used to compile the plan of care and support. People received individualised care and support they needed which supported their cultural identities and preferences at the time specified in the support plan. People and relatives were informed when the visits were late or changes had to be made regarding staff attending the visit.

Each person had an individual support plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. Staff recorded care and support provided at each visit and people and relatives confirmed this. The support plans and daily notes had information about people's physical health, emotional wellbeing and support provided. This also helped staff monitor people's health and welfare, responding to any changes and enabling them to make timely referrals to appropriate professionals. People and relatives confirmed they were involved in the care planning process. They also felt the service was flexible to adjust to people's needs when necessary which was a big help.

We looked at whether the service was compliant with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records indicated whether people had disabilities or sensory impairments. There was some guidance in communicating with people in a manner they could understand. For example, when staff speak to the person to ensure they speak clearly, or ensure face to face communication. As the people who use the service paid for their own care, the standard did not apply to this group. However, we discussed the five steps of AIS with the registered manager. They said they would review people's communication needs to ensure the information was highlighted and in line with the guidance when applicable. This would ensure all information presented was in a format people would be able to receive and understand.

There had been one complaint in the last 12 months. The registered manager took complaints and concerns seriously and would use it as an opportunity to improve the service. We saw the registered manager addressed issues and concerns promptly to ensure people were happy and safe. They encouraged people, their relatives and staff to always share any issues or concerns so they could be addressed in a timely manner to avoid further negative impact. People and relatives felt they had not had a cause to make an official complaint about anything. They said, "We have had no reason to make a complaint or have a concern, but we would phone the office if we needed to. The office is efficient, by sending us a list each week of which carer is coming" and "We have not needed to raise a concern, but would talk to the manager". People and relatives said they could contact the office staff or the registered manager should they needed to complain and it would be taken seriously. They said, "The management are respectful and helpful", "I would phone the office if I had to" and "The office has been very helpful". Staff knew how to report concerns or issues to the registered manager to be addressed and keep people informed of action taken.

Is the service well-led?

Our findings

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 had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The registered manager had a quality assurance system in place to assess and monitor the service delivered. The registered manager and senior staff continued to carry out visits to people, review their care, carry out staff performance checks and supervisions to monitor the service quality. Any issues or gaps picked up were analysed and addressed with the staff. The registered manager had weekly meetings with the management team to review the service and discuss any matters or issues to be addressed. They used a summary of information that presented information regarding operations, effectiveness and other risks related to the service. They regularly sought feedback from people and their relatives to help them monitor the quality of service. If they identified any issues, they took actions promptly to make improvements. The senior staff and the registered manager regularly reviewed the online system used to monitor the quality of the service. If the tasks needed doing, it was coloured red so it was easier to see outstanding actions to complete. A system review was also on the weekly management team agenda to ensure all tasks were complete. The registered manager said since the new online system was introduced, they were able to monitor and assess the quality of the service more effectively. The service also worked with health and social care professionals to achieve the best care for people they supported. We saw the service received a lot of compliments regarding the care and support provided to people saying how caring, dedicated and brilliant the staff team was. The management team thanked the staff and appreciated their work.

People and relatives said, "We can't fault the managers. They help us where they can", "Management team is approachable and we are pleased with the company" and "They came out to see me before and they seem good". Staff shared any information about people with each other and the registered manager on a need to know basis. This helped them take prompt actions that would help manage risks associated with people's care and support. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff and the registered manager worked together as a team to provide people with the support and care they wanted. Staff understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. Staff felt there were opportunities to discuss issues or ask for advice. Staff felt they were supported and listened to by the registered manager or senior staff when they approached them. They said, "It is well run [the service]. I enjoy working for them – it gives me a sense of purpose", "Couldn't say more than they are amazing...made me feel welcome" and "The registered manager is very sympathetic and listens to you. It is all very positive!" The registered manager encouraged open and transparent communication in the service. They valued how staff worked well together as a team to ensure people received care and support they needed. They said, "I have the team the best I ever had and I enjoy the variety of skills staff have. They are actually a really good team."