

Hallam24 Healthcare Ltd

Hallam24 Bassetlaw

Inspection report

7 Ryton Street
Worksop
S80 2AY

Tel: 01909479951

Date of inspection visit:
05 May 2022
13 May 2022
24 May 2022

Date of publication:
28 June 2022

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

About the service

Hallam24 Bassetlaw is a domiciliary care agency providing personal care in people's own homes. At the time of our inspection there were 19 people receiving personal care from Hallam24 Bassetlaw.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were kept safe by staff who were appropriately recruited, trained and guided to meet people's needs and manage risks. People were supported with their medicines by staff who understood and were guided to administer in people's preferred way. Staff wore personal protective equipment in line with current guidelines. People did not always receive their calls at the scheduled time, however calls were never missed or delayed more than one hour.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had their needs assessed from the moment they joined the service and care was delivered in line with current guidelines. Staff felt supported by the provider and received relevant training. Staff were able to meet people's eating and drinking needs and were informed of people's preferences.

People were supported by kind and caring staff who understood how to deliver care in a dignified and respectful way.

People's care was planned in a personalised way and staff had very detailed guidance on hand to ensure they supported people in an individualised manner. People knew how to raise concerns and the provider ensured they addressed these appropriately.

The service was led by an organised management team who understood their duties and responsibilities. The provider's vision and values involved both staff and people to ensure personalised and quality care was delivered.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hallam24 Bassetlaw

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 May 2022 and ended on 24 May 2022. We visited the location's office on 13 May 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the

local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Prior to the day onsite, we spoke with six relatives and three service users about their experience of using the service. Whilst at the service we spoke with four members of staff including the registered manager and care coordinator. We reviewed records on site including two staff files in relation to recruitment.

We sought feedback from five care staff. We reviewed four plans of care and associated medicines records. We looked at the provider's policies and documentation in relation to audits and training.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the care of staff. People were kept safe by the processes in place.
- Staff knew how to recognise and report signs of abuse. Staff described the exact processes they would follow if they were to identify a concern and knew who to report concerns too.
- The provider had a safeguarding policy in place which clearly guided staff through the safeguarding and reporting process.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and managed well, these included risks associated with people's health needs.
- Documentation in place relating to people's risks provided personalised direction for staff on how to support people safely. For example, a moving and handling risk assessment clearly detailed potential hazards, "when using the slide sheet be aware of risk of the headboard and place a pillow."
- Staff supported some people with catheters and we found whilst some guidance was given in the care plans, it was limited. We raised this with the registered manager at the time who immediately implemented a detailed risk assessment and plan for people with catheters to reduce any risk associated with catheter care.

Staffing and recruitment

- People and relatives had mixed views about staff arriving on time for calls. One person said, "They come at different times... They often leave after 10 minutes if they are finished, there's no point in staying." Another person said, "Their timing is usually OK."
- Staff told us, "I feel we have plenty of time to ensure all support is given at each call, if we felt this needed to change I feel I am supported and listened to by the office and management to address this." However, they also said, "I feel travel time we are given is not adequate. This is due to some calls being close together and others being further away. This means that we are being late to calls due to only been given a short amount of time to get there."
- We reviewed call logs, which showed some calls were not always delivered at the scheduled time, however the majority were delivered within the contracted 30 minutes leeway.
- People said, and management confirmed, there were never any missed calls.
- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included checks with the Disclosure and Barring Service (DBS) and requesting character references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were administered and managed safely.
- Staff were trained to administer medicines and their competency was regularly checked.
- Staff were guided on how to support people to take their medicines in a personalised way, for example a care plan stated, "Prepare my medication for me and fetch me a glass of water to take them with."
- People told us they had no concerns when it came to support with their medicines.

Preventing and controlling infection

- We were assured staff and management worked within the guidelines for infection prevention and control.
- People told us all staff were very diligent about wearing personal protective equipment.
- All staff were trained in infection control and took part in regular COVID-19 testing.

Learning lessons when things go wrong

- Staff understood their duty to record and report incidents. The registered manager reviewed incidents, identified actions and shared learning.
- For example, where there had been an incident relating to a lack of medicines from pharmacy, a new process was implemented to ensure the office was aware and the pharmacy was chased promptly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- When starting with the service people's needs were assessed. This was an initial holistic assessment that included their social and religious needs.
- Staff were kept up to date with any changes in people's needs or in guidance which would affect the way they deliver care. Staff explained, "We always get updates on any changes at all in areas in which we need to know."
- The provider had an equality & diversity policy which detailed the protected characteristics people may have. All new staff were required to read this policy and undertake equality, diversity and human rights training. This meant staff were equipped to know how to protect people from discrimination.

Staff support: induction, training, skills and experience

- Staff were supported and had undergone training relevant to their role.
- Staff said, "I feel I have been given more than enough support by all members of the hallam24 group and I also feel like the training was relevant to my role and made sure I knew more than enough before going out into the community, they also offered me additional training if needed."
- People and their relatives told us they felt staff had the skills to fulfil their role. A family member said, "I'm a carer and I think they are well trained."
- The provider had a full-time in-house trainer and ensure all new starters completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- The service only supported some people with their meals and, where they did, they made sure staff had the relevant information to do so effectively.
- People had eating and drinking care plans which detailed any likes, dislikes and allergies. Staff were prompted by and recorded on an electronic system when they had supported people with meals and drinks.
- Staff understood their responsibilities and the risks associated with eating and drinking. One staff member explained, "Anyone who is at risk of choking or requires modified diets we are made aware of in advance to this call. We ensure the food consistency is correct and ensure they are getting all types on nutrition. Any type of food that is advised not to be eaten we always ensure to exclude this from the diet as required and any foods that are advised to be eating, always try and include this into meals."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff supported people to improve the quality of life and worked with other healthcare professionals to do so.
- The registered manager gave an example of one service user who, when the service first started supporting them, was immobile. Staff have encouraged and supported them alongside an occupational therapist, and they have now regained independence, are cooking and going in the garden themselves.
- The service made relevant referrals to healthcare professionals and social workers.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood the principles of the MCA and people were assessed as to whether they had capacity when they started with the service.
- At the time of the inspection, everyone using the service were deemed to have capacity and the service sought their direct consent for things such as use of bed rails.
- Staff were trained in MCA and described to us how they applied in their day to day work. For example staff explained, "To ensure we are working within the principles of the mental capacity act we always assume a person has the capacity to make a decision themselves, unless it's proved otherwise and wherever possible, help people to make their own decisions if needed."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and the provider supported staff to understand diversity and promote equality.
- The provider had an equality & diversity policy in place, which contained guidance on how staff can meet people's specific needs for example information on different religions and how to care for different hair types.
- People said, "They [care staff] are a good support", and "They [care staff] are very respectful."

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their wishes and be involved in their care planning prior to their support starting, which was evident from the documents we reviewed. The provider arranged to go and meet them and family, to have a discussion and carry out assessments, as well as putting care plans together whilst they were there.
- People were supported by staff, once their support commenced, to be involved in decisions about their care. Staff explained, "We offer as much choice as possible for our service users," "We ask their opinions," and "We aid people to make their own decisions."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, their privacy was respected and staff promoted independence.
- People explained, "They are very respectful and very careful about keeping curtains closed. The carers are kind and caring," "They don't force her to do anything, they encourage her whenever they can" and "They are never rude and they are very kind and caring and polite."
- Staff explained, "I promote dignity and respect by letting service users make choices for themselves, engaging in conversation and addressing them appropriately." Another said, "I ensure that they are safe however I let the service user have their own freedom."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned in a detailed and individualised way to ensure their needs and preferences, where possible, were met.
- People told us they had a book with all the relevant information in as well as a care plan which had been discussed with them. People also stated they had been included in care plan reviews and updates.
- Staff felt they were provided with enough guidance to support people. Staff said, "We are given full information on each individual's care needs. Even down to what they like to talk about."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were included in their initial assessments.
- At the time of the inspection the service was not supporting anyone who required information in a different format. Staff were trained in communication skills.
- People had in place communication risk assessments, which identified ways for staff to avoid a breakdown in communication. For example one stated, "Stand in front of [person] when communicating."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place that contained relevant information for people and relatives, as well as signposting them to other organisations that may be able to help.
- Only one formal complaint had been received, this had been addressed in line with policy.
- People we spoke with had raised concerns, of which most had been dealt with by the office with a satisfactory outcome. We spoke with the registered manager about concerns with timings of calls which had not been resolved, they said they were providing care at the agreed time; however recognised some people would prefer a different time and they were working towards resolving this.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a clear structure in place with all staff and management understanding their duties.
- There was a system in place for live ongoing quality performance monitoring, so the office could check calls were being made on time.
- The registered manager did a regular audit looking at risks, changes, concerns and log in times, identifying actions were necessary.
- The registered manager understood their legal responsibilities, including submitting statutory notifications to CQC, informing the local authority of safeguarding concerns and being transparent with people using the service and their relatives.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was developing a positive culture which engaged and involved staff, people and the community.
- The provider told us they valued the people using the service and as such invested in their staff development and training. The provider emphasised the importance to grow safely and not rush to expand too quickly, so they are able to build a personalised culture.
- The registered manager explained how they linked in with local outreach groups and shared information with people using the service, for example the community based 'knit and natter' group. The service was planning to open their own community café to further engage with people using the service and the wider community.
- Staff felt involved in the service, had regular supervision and were able to attend staff meetings. Staff said, "I 100% feel satisfied with the information that they [management] give me and how they respond to my questions."

Continuous learning and improving care; Working in partnership with others

- The provider ethos was to work collaboratively with others and continuously improve the quality of care delivered.
- Staff felt listened to when speaking to management about improving care. Staff explained, "They listen and take notes and explain to you what will happen moving forward if need be."

- People felt they could contact and feedback to the management team, describing the office team as "very helpful" and "very easy to talk to."