Hafod Care Organisation Limited

Hafod Care in the Community

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 19 July 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a support service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

Hafod Care in the Community is a community based adult social care service, registered to provide personal care for persons within their own home. They currently provide a service for 23 people.

There was a registered manager in post at the time of our inspection. 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.

Hafod Care in the Community were last inspected in May 2015 and were rated as a 'Good' service, but were seen as requiring improvement in the domain of Well Led.

Staff rotas were not effective to ensure that staff had sufficient time to attended care visits. Training planning was ineffective, as staff were given insufficient notice, resulting in courses being cancelled and rescheduled. Auditing processes had not identified these issues.

People were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. People were kept safe by staff who were able to recognise the signs of abuse and raise concerns if needed. Staff were provided with sufficient guidance on how to support people's medical needs.

People were supported by staff that had been safely recruited. People felt they were supported by staff with the appropriate skills and knowledge to care and support them.

Staff had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences. People were supported to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS).

Staff were caring and treated people with dignity and respect. People's choices and independence were respected and promoted and staff responded to people's care and support needs.

People and staff felt they could speak with the provider about any concerns and felt they would be listened to and their concerns would be addressed.

The provider ensured that all policies and procedures were kept up to date with current guidance and legislation. There were quality assurance and auditing systems in place to ensure continual development of

the service for the people being supported by the provider.

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 the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow when concerns were identified.

Risks to people were appropriately assessed and managed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People were kept safe as staff knew how to support them in case of an emergency.

Is the service effective?

Good

The service was effective.

People were supported to eat healthily.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff.

People were involved in deciding how they received care and support.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People's consent was sought by staff when providing care and support.

People's view and opinions were listened to.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Staff were responsive when supporting people's changing needs.

People were supported to make decisions about their lives and discuss things that were important to them.

People were supported to raise concerns or complaints when needed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Staff rota planning was in-effective in supporting staff to carry out their duties.

Staff training was not planned effectively to support staff involvement.

Auditing systems did not identify the support staff required to carry out and develop their roles effectively.
People and staff knew the registered manager and had a positive relationship with them.

Hafod Care in the Community

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 the 19 July 2017 and was announced. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority commissioning teams and Healthwatch to identify any information that might support our inspection.

During our inspection we spoke with three people who use the service, one relative, three care staff members and the registered manager. We visited the provider's office and reviewed the care records of three people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe with staff and had confidence that their care needs were supported. A person we spoke with told us, "The carers [staff] are lovely, I've never been worried or felt unsafe when they're around. If I felt unsafe I'd contact [registered manager's name]. I can raise any problems I have with her". Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. They were able to tell us about the range of different types of abuse to look out for when supporting people. A member of staff we spoke with told us, "If I suspected someone was at risk, I'd contact the office. It might be a member of the family who's the abuser so I'd contact the office before anyone else. If I saw someone with bruises I'd ask them how they got them and if I suspected anything underhand, I'd raise a [safeguarding] concern". This demonstrated that staff knew how to escalate concerns about people's safety to the provider and other external agencies if required.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "I make sure that when I leave [the person using the service] they're safe and secure. I make sure they have everything they need, mobile phone, care line, TV remote and enough to eat and drink". They continued, "We're [staff] continually risk assessing, making sure they [people using the service] have the right equipment, for example; walking frames". Another member of staff told us how they refer to people's care plans to identify what potential risks they need to be aware of. We saw that the provider had carried out initial risk assessments which involved the person, their family and staff. The manager informed us that risk assessments were completed on a daily basis and records updated as required. Risk assessments were reviewed annually and any changes that were required to maintain a person's safety and promote their health care needs were discussed and recorded to ensure that potential risks were minimised.

Staff were able to explain what action they should take in the event of an emergency. A member of staff we spoke with said, "Any emergencies, I call 999, I contact the family, the [registered] manager and I stay with the person until the emergency services arrive". Another member of staff we spoke with told us, "Any accidents or incidents are written in the book and the [registered] manager is informed". We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency.

The provider had systems in place to ensure that there were enough staff with the appropriate skills and knowledge to meet people's needs and ensure that they were cared for safely. A person we spoke with told us, "I get four visits a day and they've [staff] never missed a call in five years. And they always come on time". Another person we spoke with said, "Their [staff] time keeping's a bit up and down at times", they continued to tell us that occasionally staff arrive outside the allotted half an hour allowance period, although they confirmed that the impact on them was minimal. The information provided in the provider's PIR showed us that there were sufficient numbers of staff to deliver the service safely.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We reviewed the recruitment process that confirmed staff were suitably recruited

to safely support people living within their own home. Staff we spoke with confirmed that the provider had completed all the necessary checks prior to them commencing work. We saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

All of the people we spoke with told us that they managed their own medicines and did not require support from staff. Staff told us that they had received training on handling and administering medicines. Staff were able to explain to us the protocol for supporting people with medicines and how to record this on Medicine Administration Records [MAR Sheets]. We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed.

Good

Is the service effective?

Our findings

People told us they felt confident that staff had the correct training and knowledge to meet their needs. A person we spoke with said, "Oh they [staff] seem to know what they're doing". Another person we spoke with told us that they were confident that staff were well trained to take care of their specific care and support needs. They told us that they had accessed support services for a number of years and were aware of how staff should carry out their duties. We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that records were maintained highlighting when refresher training was due.

The staff we spoke with told us that they received regular supervision. A staff member we spoke with said, "Yes, [I have supervision] every now and then, but I can chat to [registered manager's name] at any time if I have a problem". Staff told us that if they had any concerns they could contact the office for support and the management team were always available. We saw that the provider had processes in place to ensure that regular staff supervision took place.

The provider ensured that people were involved in making decisions about how they received personalised care and support. People we spoke with told us they felt that care needs were supported and that they were involved in decisions about their care. A person we spoke with said, "They [staff] talk to me about things [care and support] all the time. I've no concerns there". Another person we spoke with told us, "Yes, they [staff] involve me, but I tell them what I want doing. They always ask my permission before helping me with anything". Another member of staff we spoke with said, "We [staff] speak to them [person using the service] and their family, and just ask them how they like things doing. For example; one person I see used to go to a day centre, but then decided they didn't want to go anymore. That's their decision at the end of the day". Staff were able to explain to us about people's needs and how they supported them. Staff explained how they gained consent from people when supporting their care needs. A staff member told us, "I always ask their [person using the service] permission, especially when it comes to personal care".

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. All of the people being supported by the provider had capacity to make informed decisions about their care and support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and support. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. From talking to staff and looking at training documents we could see that they had an

understanding of DoLS, although there was no-one subject to an authorisation at the time of the inspection.

Most of the people we spoke with told us that they were able to prepare their own meals, although some people did rely on staff for support. A person we spoke with told us how they had difficulty preparing meals and feeding them self, and that staff were supportive in helping them with these tasks. A member of staff we spoke with told us, "I prepare their [person using the service] food and make sure that when I leave they've got plenty to drink and snack on if they need to".

People told us that their relatives supported them to attend medical appointments. We saw from care records that health and social care professionals were involved in people's care. We saw care records that provided information about regular appointments to doctors, opticians and dentists and staff told us they were aware of how to contact health care professionals if they needed to.

Good

Is the service caring?

Our findings

People we spoke with told us they were pleased with the care and support provided. A person we spoke with told us, "The staff are lovely, they're kind and caring, it's always nice to see them". Another person said, "The staff are lovely, I'm really happy with them. They're kind and considerate of my needs". A member of staff told us how they 'got to know' the person they were caring for; "I get to know them by talking to them, reading care plans, talking to relatives, things like that. When you've been looking after someone for a long time, you get to know them pretty well".

We saw that people were involved in care planning, ensuring that their individual support needs were met. A person we spoke with said, "I've always been involved in my care plan. They [provider] came to see me in hospital and we discussed what I needed". Another person we spoke with gave us examples of the level of support they had discussed with the provider during the preparation of their care plan. A third person told us, "We did my care plan right at the beginning and we have review meetings regularly". We saw from people's care plans that people were encouraged and supported to express their views and to be involved in making decisions about care and support. We saw that the provider ensured that people's care plans were reviewed on a regular basis to ensure that they were receiving the appropriate level of care and support.

People we spoke with told us that staff treated them with dignity, respect and upheld their rights to privacy. A person we spoke with told us, "Yes they respect me. They don't talk to me about other people and I'm sure they don't talk about me to others either". Another person we spoke with said, "They [staff] are very respectful. They help me with personal care and they do it well, I don't feel that my dignity is ever compromised". A staff member told us, "When I wash people I make sure I cover them up as much as possible". Another staff member we spoke with gave us an example of how they ensured people's privacy and dignity were upheld, "When hoisting someone, we [staff] make sure that they're covered and not exposed. We close curtains when they are having a shower or using the commode". Staff told us that they received guidance during their induction in relation to treating people with dignity and respect and we saw training records to support this.

People we spoke with recognised the support staff were providing to promote their independence and encourage them to do as much for themselves as possible. A person we spoke with told us, "They [staff] do encourage me to do as much as I can for myself, which is great". Another person told us, "I'm lucky, the support I get from them [staff] helps me to lead the life I want, in my own home". A member of staff we spoke with told us, "We [staff] encourage them [people using the service] to do things for themselves. For example; [Person's name], I encourage him to shave himself, with an electric shaver not a razor. And I encourage him to make cups of tea for himself". This showed us that staff understood the importance for people to maintain their independence as much as was practicable.

Good

Is the service responsive?

Our findings

People using the service told us they felt that the provider was responsive to their needs. A person we spoke with told us, "I do have a choice of who [staff] comes out to me, but I've had the same person for ages, which is great". Another person we spoke with told us, "Staff are very good, they notice any changes in my health". They continued by telling us how they had no feeling in certain parts of their body and how staff had noticed deterioration in their skin condition and had alerted the district nurse. A member of staff we spoke with said, "I had an incident where someone had developed a [pressure] sore. I contacted the district nurse and left a note for her too, just in case the person's wife forgot some of the things to say. When I visited the next day, the man had a patch on the sore and there was a plan in place to help him get better". This demonstrated to us that staff were responsive to the needs of the people they were supporting.

We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. A member of staff we spoke with told us, "It's all about them [person using the service], what they want and how they like things [care and support] doing. I work to their routine. It's not about me or the organisation [provider], it's about them and how they prefer things to be done". Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service.

We saw that the provider had a complaints and compliments policy in place. People were aware of how to raise any complaints if they needed to. A person we spoke with told us, "I've never had any reason to make a complaint, but I could talk to [registered manager's name] if I needed to". A member of staff we spoke with said "Any complaints, I'd take them to the [registered] manager, even if they were about me". Records held by the provider showed that there were currently no concerns or complaints being dealt with. We saw that the provider had systems in place to document and deal with any that arose.

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. A person we spoke with told us, "I complete a feedback questionnaire every two months". Another person we spoke with said, "They [provider] sent me a letter asking me how I was and if I was happy with things. I filled in the form. I told them I'm very satisfied". A third person we spoke with told us, "I have sent feedback in, in the past, it's usually over the telephone, I say as I find". We saw that the provider had systems in place to seek feedback from people using the service, and that questionnaires were sent out to relatives, with feedback being used to support service delivery.

Requires Improvement

Is the service well-led?

Our findings

Although staff we spoke with told us that they were clear about their roles and responsibilities, they raised concerns that they did not have sufficient time to carry out all of their visits on time. One member of staff we spoke with told us, "There's not enough time between calls, they're backed up against each other and there's just no time to get from one to another. If you're on a 'double up' you can't guarantee that the other member of staff will get there at the same time as you do. I have to start thirty minutes before my allocated start time and finish late to make sure I see everyone. I don't always make the thirty minute window". We looked at staff rotas during our visit to the provider's office on the day of the inspection before talking to staff and saw that there was no travel time allowed between visits. We discussed this with the registered manager at the time who told us that staff usually started before their allocated start time to ensure all calls were met. Following our discussions with staff the registered manager told us they would be reviewing the rota system to ensure people's visits were not compromised.

Discussions with staff also raised concerns regarding communication about how and when training was delivered. Although staff were generally pleased with the type of training they received, they raised concerns that they were not given sufficient notice of when learning and development opportunities were taking place. A member of staff we spoke with told us, "Training's a bit hit and miss, too few and far between. We'll [staff] get a call the day before a training course, which is very inconvenient". Another member of staff said, "Training is a bit hectic, we [staff] usually get a call the day before it's happening. They [registered manager] say, 'such and such training is on tomorrow', it's all very short notice. Or they'll cancel at the last minute". We discussed these concerns with the registered manager on the day of the inspection who told us that it was not always possible to inform staff about training, as their mobile phones were not always switched on. However, on reflection the registered manager agreed that a more structured and forward thinking planning process should be implemented to ensure that staff had ample notification of when training was taking place.

We saw that quality assurance systems were in place for monitoring the service provision. People were encouraged to share their experiences and views of the service provided. We saw evidence that regular audits were taking place, including; individual care plans, risk assessments, medicine management, accidents and incident reporting. A member of staff we spoke with told us, "We [staff] get spot checks every now and then. They [registered manager] just turn up out of the blue". Although auditing systems were in place to support the needs of the people using the service, the provider had not recognised the need to develop staff rotas and training plans to support the needs of staff.

At our previous inspection in May 2015 we rated the provider as requires improvement relating to the question of 'Is the service well led". It was identified that although people received a service that met their care needs and the provider regularly sought their views about the service provided. Effective analysis of their views was not undertaken to identify improvements where needed. During this inspection we found the provider had addressed this concern. Information received from people and their relatives was now being used to identify themes and trends and used to develop service provision. Information received from the PIR included questionnaire data from people and their relatives, demonstrating that the provider was

using the information effectively.

At the time of our inspection there was a registered manager in place and they understood the responsibilities and requirements of their registration. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The most recent CQC reports and ratings were displayed in the main reception area. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority or CQC. Prior to our visit there had been no whistle blowing notifications raised at the location in the past twelve months. The provider ensured that all policies and procedures were up to date and adhered to current guidance and legislation.

People and staff we spoke with told us that they were happy to discuss things with the manager if they needed to. A person we spoke with told us, "[Manager's name] is lovely, as they [staff] all are. I'm quite comfortable talking to her about anything really". Another person we spoke with said, "Yes I know the manager, they work at the home in [Location name]". A staff member we spoke with told us, "I get on okay with [registered manager's name] and I know I can talk to them anytime if I have a problem". Staff told us they would have no concerns about raising anything they were worried about with the registered manager.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.