

Hallam24 Healthcare Ltd

# Hallam24 Healthcare

## 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

The inspection took place on 16 August 2016 with the provider being given short notice of the visit to the office. This was the first comprehensive inspection of the service which was registered with the Care Quality Commission in June 2014.

Hallam 24 Healthcare is a domiciliary care service. They are registered to provide personal care to people in their own homes. At the time of our inspection the service was supporting people with a variety of care needs including older people and people living with dementia. Care and support was co-ordinated from the services office which is based in Barnsley.

There is a registered manager which oversees services provided from the office. 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.

At the time of our inspection there were five people using the service. We spoke on the telephone with two people who used the service and three relatives. We asked people about their experiences of using the agency. People we spoke with told us they were entirely happy with the service provided.

People told us they felt safe in their own homes and staff were available to offer support when needed, to help them maintain their independence. One person told us, "The staff are loving and kind. Nothing is too much trouble for them."

People's needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating their care plans. We found the information contained in the care records we sampled was individualised and identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing circumstances. Where people needed support taking their medication this was undertaken in a timely way by staff that had been trained to carry out this role.

The recruitment of staff was safe which ensured staff were employed with all of the required employment checks. There was sufficient trained staff employed to ensure people received their care consistently. People told us that they received support from the same care workers.

People were able to raise any concerns they may have had. We saw the service user guide included 'how to make a complaint.' This was written in a suitable format for people who used the service. Relative we spoke

with told us they were confident that any concerns that they needed to make would be dealt with swiftly.

People were encouraged to give their views about the quality of the care provided to help drive up standards. The quality assurance systems were effective in identifying areas for improvement. This gave the service an opportunity to learn from events and improve the service for people.

## 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

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

The recruitment of staff was robust which meant the right staff were employed to meet the needs of people safely.

People were supported to take their medication safely.

### Is the service effective?

Good ●

The service was effective

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People were supported to access healthcare professionals, such as GPs, and hospital appointments.

### Is the service caring?

Good ●

The service was caring

People told us they were happy with the care and support they received to help them maintain their independence. It was clear from speaking with staff they had a good understanding of people's care and support needs and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

### **Is the service responsive?**

The service was responsive.

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. Care records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

**Good** ●

### **Is the service well-led?**

The service was well led.

There was evidence that a system or process was being operated to effectively ensure the monitoring and improvement of the service.

Staff were clear about their roles and responsibilities, and they felt supported by managers at the service

**Good** ●

# Hallam24 Healthcare

## 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 16 August 2016 and was announced. The provider was given short notice of the visit to the office. This was because we needed to ensure that important staff were available to speak with us. The inspection team consisted of an adult social care inspector. We spoke on the telephone with two people who used the service and three relatives. This helped us to understand the views and experiences of people who used the service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the information sent to us by the registered manager on the 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.

At the office we spoke with the registered manager, and a director of the organisation. The registered manager told us that she also delivered care to people who used the service. We also spoke with three of the eight care staff who worked with people who used the service in the community.

We looked at documentation relating to five people who used the service, eight staff and the management of the service. This took place in the office. The registered manager told us the care plans were also stored in people's home. These were copies of the files held at the office.

## Is the service safe?

### Our findings

People told us they felt safe in their own homes and staff were available to offer support when needed, to help them maintain their independence. One person said, "The staff know me very well, they always ask me if they can do anything else before they leave." Another person said, "They [staff] are loving and caring, they help me to stay safe." One relative that we spoke with told us, "The staff are brilliant. They let me know if [family member] is not very well. I feel reassured knowing good staff are looking after her."

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the registered manager. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff were fully aware of these procedures and said they would not hesitate to report any safeguarding concerns and all felt confident the registered manager would respond appropriately. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, a relative we spoke with said, "We identified that my [family member] was vulnerable as they were starting to leave the house and was getting lost so the service helped to get a key safe which meant my [family member] was safe in their home and was less likely to get lost because the door was kept locked. Staff have the code to get into the house to meet their needs." They went on to say, "This gives me peace of mind knowing they are safe."

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at five people's care files at the office. Records were in place to monitor any specific areas where people were more at risk, such as how to move them safely, and explained what action staff needed to take to protect people. The registered manager told us that she also supported people in the community and this meant she was aware of any changes to people's needs and could update the risk assessments straight away.

We saw examples of environmental risk assessments which were undertaken prior to the service commencing. For example, risks associated with pets in people's homes were considered to ensure staff were protected.

The service had a policy on the management of medicines that enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff had received medicines management training. The registered manager told us that staff supported/prompted only one person to take their medication which was stored in a monitored dosage system (MDS). We checked the medication administration records (MAR) belonging to this person. We found staff had signed to confirm they had supported/prompted people with their medication.

We spoke with people about the support they received to take their medication. One person said, "I take my own medication, I know what the tablets are for and I do not need any support with them." Another person said, "They (staff) just prompt me to take my medication but I can do it myself." Three relatives we spoke with told us they were able to support their family member's with medications so staff did not need to assist with this task.

We found that the recruitment of staff was safe. This ensured only suitable people with the right skills were employed by the service. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately. We checked eight staff files and found they had all of the appropriate checks before they began working for the service. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff told us face to face interviews had also taken place and they had completed an induction, as well as several shadowing shifts, before being able to visit people on their own.

We asked people who used the service and their relatives if they got their calls/visits when they were supposed to and within an acceptable time frame, and also if they had experienced missed calls. Without exception people told us that they had not experienced missed calls and staff always turned up on time or a few minutes late. One Relative we spoke with said, "The care is excellent, it is very reassuring knowing that staff are here when they are supposed to be. If they are running late they always let me know." People told us that they were supported by the same carers. This meant they were able to build up a good rapport with the staff. One person we spoke with told us they had experienced a poor service prior to having Hallam 24 Healthcare but had found this service to be excellent and very person centered.

The provider used a call monitoring system which meant staff working in the office could identify when the member of staff had arrived at the persons home and also when they left. This meant the service could minimise missed and late calls and could confirm that staff had remained with the person for the agreed length of time.

The registered manager told us that only eight staff were employed at the service and they did not want to expand their business too quickly so that they could not deliver packages to people in a person centered way. She told us that there had been very little staff turnover since their registration with the Care Quality Commission in June 2014. The registered manager told us because the service was small they were able to comfortably meet the demands of the service. She also told us that she was able to deliver some of the care herself, which demonstrated good leadership to the other staff.

The service had an out of hour's system when the office was closed. The registered manager told us that they had a phone system that diverted calls to the staff member that carried the out of hour's phone. The registered manager told us that they delivered care from 7am through to 10.30pm seven days each week. The minimum call time was 30mins and some people who used the service had between one and four calls each day.

## Is the service effective?

### Our findings

People were supported to live their lives in the way that they chose. One person we spoke with told us that they wanted to stay at home and the staff at Hallam 24 helped them to meet their wishes. People were supported to have their needs assessed. This ensured their wishes and preferences were respected. A relative who we spoke with told us that they had tried other agencies without success, but this agency did everything they said they would do. They told us they would recommend the service to others in similar circumstances.

Some people we spoke with told us care workers were involved with food preparation, while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. One person told us that staff even brought in a meal for them which just needed reheating.

The registered manager told us how they worked with other external agencies such as GPs and district nurses to make sure people who were at risk of poor nutrition or dehydration were being supported appropriately. Daily records were completed which stated what the person had eaten and drunk each day, and staff we spoke with described how they would raise issues with healthcare professionals or the person's family if they needed to.

Staff had the skills and competencies to ensure people lived their lives as they wanted. Staff were motivated and demonstrated good knowledge of the people they were supporting. People we spoke with confirmed their care needs were met and they felt staff received the training they needed. Relatives told us that they thought the staff were professional in everything that they did.

Records we looked at confirmed staff were trained to a good standard. The registered manager told us that staff could access training through a training organisation which delivered most of the mandatory training. Staff were also registered to complete on-line training through a training organisation and we saw certificates which confirmed the training completed by staff.

The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent. The registered manager told us that the timescale to reach the expected standard would be different for each individual.

The registered manager told us all new staff employed would be expected to complete the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The manager told us that regular meetings both informal and formal, gave staff an opportunity to talk about the events that had taken place and to discuss any issues which they needed support with. Staff we spoke

with confirmed they had opportunities to discuss work practice.

Staff told us they worked mainly with the same care workers and found managers were available whenever they needed to contact them. One staff member told us they had worked in a care setting before, but found Hallam 24 prided itself on delivering care that was person centred.

We looked at formal supervisions which were undertaken at the office. They were completed to a good standard. Observations of work practice also took place in people's own homes. We saw copies of these spot checks on the staff files we looked at.

We spoke to the registered manager about gaining consent to care and treatment. She told us that staff had received training in the Mental Capacity Act 2005. However, she said that most people they supported had some capacity to say how they wanted their care delivered in their own homes. Where people received support who had limited capacity they were usually living with a spouse who shared caring responsibilities with the care workers and other relatives. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

We saw some of the care files that we looked at contained a consent to care and treatment form which had been signed by the person receiving the care.

## Is the service caring?

### Our findings

Staff working with people in their own homes ensured that they empowered them to live how they wanted to. We spoke with people who used the service and they told us the care and support provided was consistently good. People we spoke with were happy with their care and they felt staff were respectful. One person said, "Staff always asks me if it's okay to attend to my personal care and ensure they are respectful." A relative said, "The staff are very respectful and professional. They also like to have some banter with [my family member] which they enjoy."

Staff were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people and how they carried out their care so that they were respectful and maintained the person's dignity. One staff member said, "I know [person's name] very well, they like to have a chat and that is important to them." A relative said, "They [staff] are more like family rather than staff. They are always warm and friendly. They keep me informed if anything changes."

The registered manager told us that they only employed eight staff which meant that staff and people who used the service could build up relationships. This also ensured consistency when delivering care. The people we spoke with confirmed this arrangement. One person spoke very fondly about the care workers; they described them as superior to other care agencies.

People told us they were involved in developing their care plans. The care plans described how people wanted to receive their support and told us who were important to them, and things they liked to do. For example, watching their favourite television programmes and reading magazines. One relative told us that the staff also spent time socialising with their staff member, by taking them out for a meal or visits to a local coffee shop.

The registered manager carried out observations of staff working with people in their own homes. Some were unannounced and focused on the person's experience. They judged how staff maintained people's dignity and respected people's wishes. Staff received feedback which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected.

## Is the service responsive?

### Our findings

We found people who used the service received personalised care and support. They were involved in planning the support they needed. We looked at five people's care plans, which were stored in the office. It was clear that the plans were person centred and reviewed as their support needs changed.

Relative we spoke with told us they had been involved in meeting with the registered manager to talk about their family members care needs. The plans told us about the important people in their lives and who staff should contact in case of an emergency.

People were provided with information about the service; this is called a 'Service User Guide.' The guide informed people of their rights, what they could expect from the service and how to raise concerns. We saw that there was a blank complaints form in the folders that we looked at, so that people who used the service could raise any concerns when they first came to light. The registered manager told us that she delivered care and saw all five people on a regular basis. This enabled her to monitor people's satisfaction levels as care was being delivered.

The manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and gave timescales for the service to respond to any concerns raised. We were told that no formal complaints had been received. The manager told us some minor issues were dealt with straight away. However, she was unable to show documentation to support how minor concerns were dealt with. This made it difficult to assess if lessons were learnt to prevent reoccurrence of similar issues.

People we spoke with did not raise any complaints or concerns about the care and support they received. Relatives we spoke with told us they had no concerns, but would discuss with the staff or manager if they needed to raise any issues. One person we spoke with said, "I have found the service to be very good so I have nothing to complain about." A relative told us that they had asked for the time of the first call to be later as the original agreed time was too early. They told us the registered manager had dealt with the request very quickly and moved the call to later in the morning.

Staff told us if they received any concerns about the services they would share the information with their manager. They told us they had regular contact with their manager both formally at staff meeting and informally when their manager carried out observations of practice in people's homes.

## Is the service well-led?

### Our findings

The service was well led by a manager who has been registered with the Care Quality Commission at this location since June 2014.

The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported by the agency. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People consistently told us they could get in touch with the office and that staff were easy to get on with. Most people could recall having face to face meeting when their care package was set up. Conversations with people who used the service gave a favourable impression of the manner and professionalism of the staff and the registered manager.

People we spoke with said they would recommend the agency to other people. All respondents said they knew who to tell if they had a reason to make a complaint and they all responded that they felt safe. People we spoke with said they would not want to change the provider as it was reliable, professional and staff were kind and compassionate.

The service had a clear set of principles and values. These included choice, involvement, dignity, respect, equality and independence for people. The staff we spoke during our inspection answered our questions in an open and helpful manner. They said the values of the service were clear and they demonstrated an excellent understanding of those values.

Staff told us that they felt part of a team which encouraged involvement in developing a very good service. Staff consistently told us they felt supported by the registered manager and they knew support was available during their working day. They told us that they attended staff meetings and training sessions which gave them opportunities to raise any concerns and share knowledge. The service had become dementia friendly and all staff was registered with the Alzheimer's Society as dementia friends. Three of the managers were also dementia champions.

There were effective and robust systems in place to monitor and improve the quality of the service provided. The registered manager told us that computerised records were kept which showed staff attendance at visits. These records meant managers were able to confirm people received their calls at the time they requested and for the length of the time they were assessed to need.

The registered manager showed us some surveys that had been returned which asked people their views. The questions covered all aspects of the service and we saw the responses were very positive. We also found the service had contacted people who used the service periodically by telephone to ask if they were happy with the service provided and if they wanted to change anything.