

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	

Overall summary

The inspection took place on 27 May 2015 and was announced. We told the registered manager two days before our visit that we would be visiting to ensure the registered manager was available.

Hafod is a domiciliary care service that provides care and support to people living in their own homes. Some people's care was funded through the local authority and some people purchased their own care. At the time of our inspection nine people received support from this service.

There was a registered manager in post. 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.

Summary of findings

All staff spoken with knew how to keep people safe from abuse and harm because they knew the signs to look out for. Where incidents had occurred the provider took appropriate actions to escalate the concerns and help in reducing re occurrences.

People were protected from unnecessary harm because risk assessments had been completed and staff knew how to minimise the risk when supporting people with their care.

Staff were safely recruited and trained to meet people's needs.

People were supported with their medication when required and staff had received training so people received their medication as prescribed.

People were able to make decisions about their care and were actively involved in how their care was planned and delivered.

People were able to raise their concerns or complaints and these were thoroughly investigated and responded to so that people were confident they were listened to and their concerns taken seriously.

Staff supported people with their nutrition and health care need. Referrals to healthcare professionals were made in consultation with people who used the service if there were concerns about their health.

Processes were in place to monitor the quality of the service provided. However information was not analysed to identify if improvement were required. The manager had not updated her knowledge in relation regulation that the provider are required to meet as part of their registration.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Procedures were in place so staff could report concerns and knew how to keep people safe from abuse. Risks to people were assessed and managed appropriately and there were sufficient staff to meet people's care needs.

Staff recruitment showed that staff was recruited safely to ensure people were protected.

People were support to take their medication where required so they remained healthy.

Good



Is the service effective?

The service was effective

Staff were trained to support people and had the skills and knowledge to meet people's care needs. People were supported with food and drink as required.

Health care needs were met and referrals were made to other healthcare professionals where required.

Good



Is the service caring?

The service was caring.

People told us they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support. Privacy, dignity and independence was fully respected and promoted.

Good



Is the service responsive?

The service was responsive.

People were involved in decisions about their care and the care they received met their individual needs. People were able to raise concerns and give feedback on the quality of the service.

Good



Is the service well-led?

The service was not consistently well led.

People received a service that met their care needs and their views were sought about the service provided. Surveys had been given to people so they could tell the provider their views about the service provided. However an analysis was not undertaken to identify improvements where needed.

The manager had not updated her knowledge in relation to changes in Regulations.

Requires Improvement



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.

The inspection was carried out by one inspector. The inspection took place on 27 May 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited.

The service provided a care service for thirty six people. During our inspection we spoke with five people who used the service two relatives, four staff and the registered provider and manager.

We looked at three people's care records, complaints and compliments. We looked at the recruitment records of three care staff, minutes of staff meetings, completed satisfaction questionnaires received by the provider and quality assurance records. Before our inspection we reviewed all the information we hold about the service. This included notifications received from the provider. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law.

Is the service safe?

Our findings

People told us they felt safe with the staff that came to them and were never rushed when they provided their care. One person said, “Yes I feel safe with them [staff], if I had any worries I would tell the girls and phone the manager”. Another person said, “I feel safe, the staff are lovely and I have the numbers in my phone so I can call for help if I need it”.

All staff spoken with knew what to do in the event of possible abuse, they were clear on who they would report to and the action they would take to keep people safe. All staff told us that they had received training on how to keep people safe and recognise the signs of potential abuse. For example, staff told us they would speak with people and observe for signs of bruising or changes in their behaviour which may give cause for concern. All staff knew about whistle blowing. Whistle blowing means staff can raise concerns and their identity would be protected. Records we hold showed us that the manager reported concerns to us and appropriate referrals were made to the appropriate authority. This meant that the provider had clear procedures in place to keep people safe.

People told us they knew how to contact the office and confirmed the contact number was in the documentation they had been given. One person said; “When I phone them whoever I speak to is friendly and helpful, I only phone if the girls are late to find out if they are alright. They find out and phone me straight back with the time they will get to me”. Another person told us that the office was; “Helpful to me, I can call any time.” This demonstrated that someone was available to people when needed.

People spoken with and records confirmed that risks assessments were discussed with individual people and plans put in place to minimise risks when supporting

people with their care in the way that they prefer. For example, when staff operated people’s ‘key safe’ risk assessments had been completed with people to ensure people felt secure. Key safes were located outside the home in order for staff to enter and leave people’s homes securely when people were unable to open and lock their doors independently. One person told us, “I like to lock the door myself which helps me feel safe. The girls always wait until I have locked up.”

All staff knew the procedures for reporting back to the manager if a new risk was identified while supporting people and told us that a review of the person’s care would be held. One staff member told us, “Risk assessments are done by the manager so the information is there for us to refer to, but we also respect people’s choices to make decisions about the risk they want to take and support this. This meant people’s choices were supported and discussed so any risk identified was managed appropriately to keep people safe.

All the people we spoke with said they managed their medicines themselves or their families did this for them. People we spoke with told us the staff would put on any creams, ointments or simple dressing if asked or scheduled to do so. People said the staff seem knowledgeable about this and always asked if they were not sure.

Staff spoken with told us that they underwent appropriate check before starting employment. This included reference from previous employment and police checks. Staff told us before they started to support people they completed training and met the people who they would be supporting so the individual would know who would be coming. People spoken confirmed that staff were introduced to them and records confirmed that all staff received an induction.

Is the service effective?

Our findings

People spoken with told us that they thought the staff were trained and were satisfied with the service provided.

People told us the staff seemed to know what needed to be done. Staff confirmed that training was provided to meet people's needs. One relative told us, "[The named person] has a good relationship with the staff and felt able to say if they did not like how [staff] did things." Another family member told us, "When new staff come, I go through all the care needs of my relative, so they know what is needed and they read their notes". All the people we spoke with said the staff always completed their records at the end of every visit and spent time talking to them and asked if everything was alright or if they needed anything else.

Staff spoken with told us they received supervision, performance checks and attended team meetings to support them to do their job. Staff spoken with were fully aware of their roles and responsibilities and people told us they thought the staff were competent to do their job. This meant that staff demonstrated to people they had the skills and knowledge so people felt supported appropriately.

Most of the people we spoke with had their meals prepared by family or left for their carers to heat through. One person we spoke with told us, "Most of the carers are good. But one did not even know how to boil an egg" Another person said, "some of them do not know how to cook vegetables". Another person told us, "They do what I ask and prepare whatever meals I ask them to prepare and usually its very good no complaints"

All staff spoken with were aware of how to support people who may be at risk of poor nutrition and hydration. One staff member told us "If people were not eating and drinking, I would try to encourage them and report the concerns so we could monitor them." This meant that people who required support with managing their nutrition and hydration support was provided.

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 when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to deprive the liberty of someone that lived in their own home. The registered manager told us that everyone that currently used the service had the mental capacity to make decisions for themselves.

Staff were aware of the Mental Capacity Act, and of what action to take should they believe someone in their care lacked the capacity to make decisions about their care and support. We were told by the registered manager that the service worked closely with social workers and other health care professionals. The registered manager and staff were clear what they would do in the event of a person's needs changing and clear procedures were in place so people were protected.

All of the people we spoke with said either they or their families looked after their health care. They all said the care staff would always offer to contact their doctor if they needed assistance.

Is the service caring?

Our findings

People spoken with told us they were happy with the care they received. All the people we spoke with told us the staff were very kind and compassionate. People told us staff took time to talk to them and get to know them and staff were very respectful and treated them well. People told us staff listened to their views about the care they wanted on a daily basis. One person told us, “Sometimes I want help with something different, staff never say no, they are so friendly and they know their job very well.” Another person told us “The girls are lovely. They are caring and cheerful and so kind.” One person told us that part of her day was having a laugh with the girls.

People and relatives spoken with told us they were involved in discussing people’s care needs with staff and had been asked questions about their routines and

preferences. People told us they had the information about the service and the manager discussed their care with them. Records confirmed that a discussion took place so people were involved in how they wanted their care to be provided. Staff spoken with gave good examples of how they ensured people’s privacy and dignity was maintained. This included, discussing the care with people to ensure they were in agreement with what staff assisted them with. People confirmed their privacy; dignity and independence were respected by staff. One person told us, “They do everything I want them to do. They always ask me what I want.” People we spoke with told us that the staff were kind and caring and from their description of staff they clearly felt at ease and comfortable with them. One person told us, “I don’t feel uncomfortable with staff they make sure my modesty is taken into account.” One person said; “If it wasn’t for the carers, I would be lonely”.

Is the service responsive?

Our findings

People told us they received care and support in a way that was personalised to them. People told us they were involved in planning and agreeing their care so they had control over the service they received. One person told us, “One time the manager rang me to ask if a male carer could come to me so I had the choice.” Another said, “As far as I am concerned they involve me in the care and support I have.” Staff spoken with and records confirmed that people’s needs were assessed and planned to ensure that support was provided based on their individual needs.

People spoken with told us that staff asked at each visit what they would like help with. Care records confirmed people had agreed what care they needed when they started using the service. People spoken with told us the registered manager had visited them to see if the service was meeting their needs. One person told us they had

never had a visit or a call to see if they were happy and they would appreciate this. Staff spoken with told us they always discussed the care with people. This meant that people received care and support as agreed with them.

People spoken with told us they were given information on how to make a complaint or raise concerns about the service. One family member we spoke with told us about a complaint they had taken up with the registered manager and social services. They said all had now been resolved and the support was working well. One person told us, “I can raise things or complain and I think they would listen but I have nothing to complain about.” Another person told us, “I do know but I’ve never had the need to.” People spoken with all said they had no complaints about the care staff. Records seen showed that there were processes for dealing with complaints and responding to them. Records seen at the provider’s office showed no complaints had been received and people confirmed that that they had not made any complaints.

Is the service well-led?

Our findings

People spoken with told us they knew how to contact the office and confirmed the contact number was in the documentation they had been given. One person told us, “When I phone them whoever I speak to is friendly and helpful, I only phone if the girls are late to find out if they are alright. They find out and phone me straight back with the time they will get to me”. Another person told us that the office was; “Helpful to me, I can call any time.” This demonstrated that staff were available to people when needed.

We saw that people were asked to give feedback on the quality of the service they received. We saw in people's records that reviews were undertaken by the manager to ensure that people were happy with the care provided and that staff were providing the care as required. Staff spoken with told us they were able to give their views about the service provided to people. We saw that various processes were in place for internal monitoring of the care provision. This included auditing and monitoring of care records, medication records, staff time sheets and spot checks on staff to ensure they were working to standard. We looked at questionnaires that had been sent back to the registered

manager. Most of the comments were positive. However there was no analysis undertaken to identify developing trends so improvement could be made when required and prevent reoccurrence when incidents had been reported. The registered manager did not include other healthcare professional or external stakeholder in the feedback about the service provided. This meant that the registered manager was not able to identify if the service provided continued to improve.

There was a registered manager in post so staff had leadership and someone to discuss issues or seek advice from when needed. Staff spoken with told us that that they were able to speak to the manager or contact the office for advice if needed. One care worker told us, “The management team are approachable and do listen to what we say. The manager was aware of her role and responsibilities as part of her registration. The manager told us she had not updated her knowledge about the changes in recent legislation, particularly in the new regulations (Health and Social care act 2008) Regulation 2014. Therefore the registered manager had not been able to provide guidance and support to staff in respect of these regulations.