

Heydayscareandsupportservices Limited

# Heydays Care & Support Services LTD

## Inspection report

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17 August 2016

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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

This inspection took place on over three days from 15 August to 17 August 2016. We gave the registered provider 48 hours' notice as we wanted to make sure that the registered manager was available on the day of the inspection to support us with the process.

Heydays Care and Support Services Ltd is a domiciliary care agency that offers a range of services for people in their own homes. This includes personal care, respite care, overnight care and home care services. The service provides support with personal care and also domestic tasks to help maintain independence for people living in and around Barrow In Furness, Grange over Sands, Kendal and surrounding areas. At the time of the inspection the service was being used by 92 people with a range of needs from complex personal support to undertaking general domestic tasks.

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

People we spoke with told us that they were happy with the care and support that they received and felt safe in the hands of the care staff that supported them. People told us they felt safe whilst receiving support from staff at the service. They told us the standard of care was "very good" and also "everything we could ask for". We found that people were supported by regular staff that they had got to know well.

People who used the service and their relatives told us that the care staff and management were "caring", "supportive" and "friendly" and that people were involved in planning their own care. Records also indicated that people had been involved in planning their care and, where they were able, people told staff on a daily basis how they wanted their care delivered. We saw that care plans were being frequently updated following reviews to reflect the person's current needs and preferences.

People who used the service and their relatives knew how to raise concerns and complaints but all we spoke with said they had not needed to complain formally. They told us they felt confident talking to the registered manager about anything that bothered them. They had been asked for their opinions and views and if they were happy with the services they received.

Staff we spoke with had a good understanding of possible indicators of abuse and told us action they would take should they become aware of any concerns. Staff were aware of the requirements of the Mental Capacity Act (2005) and were able to describe how they supported people in a way which followed the principles of this legislation.

An assessment of activities and daily living needs had been completed as part of the pre-service assessment.

This was done with people to help determine whether the service was able to meet the needs of the person requiring the care and support. The service made sure that detailed assessments were completed which identified people's individual risks and any environmental risks. As part of the assessment information was recorded to guide care staff on how to reduce and/or mitigate the risk to ensure that people were kept safe. A relative told us "[Relative's] physical and emotional needs are well understood and they [care staff] get [relative] motivated. They know the approach to take and it works. We are very pleased with what the carers have achieved".

Where the service supported people with the administration of medicines, we saw appropriate records in place to ensure that people were supported safely. The service had safe systems for the recruitment of staff to make sure the staff taken on were suited to working with people in their homes. We saw that care staff had received induction training and on going training and development and had supervision and appraisals once employed.

Medicine audits were completed as a method of checking that care staff were adhering to the company policy and to check that people's medicines were being given correctly. 'Spot checks' were undertaken with staff working in people's homes. We found that the service had worked well with social and health care professionals and external agencies such as social services and district nursing services to provide appropriate care to meet people's physical and emotional needs.

The registered manager used a number of quality assurance systems to allow for management oversight with a view to improving and continued learning. These included using staff and client surveys, spot checks, random audits of people's care plans, medicine audits and care staff meetings, supervisions and performance appraisals. The agency maintained clear, up to date records.

## 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.

There were procedures and staff training in place to reduce the risk of abuse and to assess potential risks to individual people.

Recruitment processes were thorough which helped the registered manager make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medication safely including staff receiving medication training.

### Is the service effective?

Good ●

The service was effective.

Training had been provided to staff to help make sure they could meet people's needs. New care staff had received an induction that included working alongside experienced members of staff.

We found that people were receiving appropriate and personalised support with their personal care needs.

The registered manager and staff understood how to support people in line with the principles of the MCA. Records demonstrated people's capacity to make decisions had been considered.

### Is the service caring?

Good ●

The service was caring.

Staff demonstrated good knowledge about the needs and preferences people they were supporting.

People who used the agency told us that they liked the care staff that supported them and felt comfortable with them.

People's privacy, dignity, independence and confidentiality were being respected and promoted

### Is the service responsive?

Good 

The service was responsive.

People were involved in reviewing and agreeing their care. Care plans were individualised so they reflected each person's needs and preferences and had been reviewed and updated as people's needs had changed.

The service provision was flexible and people were able to change the time or day that they required support.

There was a system in place to receive and handle any complaints or concerns raised and people who used the service had the information needed to raise concerns or complaints about the service.

### Is the service well-led?

Good 

The service was well- led.

The registered provider had effective systems to monitor the quality of the service provided and get feedback from the people who used the service.

People who used the service and their relatives were happy with how the service was managed and staff told us they felt supported in their roles and listened to by management.

People who used the agency told us they had confidence in the organisation and the registered manager and felt able to make suggestions, put forward ideas and easily raise any concerns with them.

# Heydays Care & Support Services LTD

## **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 checked 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 15, 16 and 17 August 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available. The inspection team consisted of one adult social care inspector. The time was split between visiting the services offices and speaking with the registered manager and staff, visiting people in their homes and contacting people and relatives on the telephone.

We visited five people who received care and support from the service in their own homes and looked at the records held there. We spoke with 15 people who used the service or their relatives on the telephone. When visiting the agency office we spoke with the registered manager, the responsible individual and four care staff.

We looked at a range of records about people's care and how the service was managed. These included care records for eleven people, four medicine administration record (MAR) sheets in people's own homes and other records relating to the management of the domiciliary care agency. These records included staff training, support and recruitment records, quality assurance audits, minutes of meetings with staff, findings from questionnaires that the provider had sent to people and complaints management.

Before the inspection we gathered information from a number of sources. We asked health and social care professionals coming into contact with the service for their opinions about the care and support provided. We reviewed all the information we held about the service. This included notifications we had received from the registered provider. A notification is information about important events which the service is required to

send us by law.

Before the inspection, we asked the registered provider to complete a 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. We planned the inspection using all the information available to us.

# Is the service safe?

## Our findings

Everyone we spoke with who used the services of Heydays Care and Support told us that they felt "safe" and "comfortable" receiving care and support from staff who worked for the service. People and their relatives told us that they had confidence in the care staff and trusted them. One person who used the service said they felt staff supported them in a very safe way and that staff had been "Properly" trained to use the equipment they needed. They told us the staff had worked closely with the physiotherapist and occupational therapist to make sure they could provide the required assistance safely.

One relative told us "It's such a relief feeling [relative] is in safe hands and I know who is coming in to the house and that I can rely on them". Another relative told us "When I am not here I feel [relative] is safe and that there is someone taking good care, you can't put a price on that feeling".

All the staff we spoke with told us that they had received safeguarding training. Staff we spoke with could recognise the different types of abuse people were at risk of and told us of action they would take to report any concerns they may have. The registered manager had systems in place to report any safeguarding. We were given an example of when a concern had been raised and swift action had been taken to report the issue to the local authority. This demonstrated there were safeguarding processes in place to help keep people protected.

Everyone we spoke with told us that there were enough staff to provide the care they required. We were told that if two carers were needed then they had always had two come to help them. People told us about being introduced to staff that were going to support them and having a team of staff that visited so they knew them. People told us that they usually received support from the same team of care staff whom they knew. They said they received a copy of their care rota each week, so that they knew the care staff that would be coming to their home for each visit. This helped to keep them safe.

We saw in the care assessments and care plans that each person who used the agency had appropriate assessments in place that identified risks that they faced and planned ways to help reduce them. As part of the services initial assessment process we saw an environmental safety risk assessment had been completed. This helped the registered manager to identify any potential risks in the person's home that might affect the person using the service or staff. Risk assessments also included medication risks, falls, mobility, equipment in use and the general environment people lived in that might affect their safety. There was also information on emergency procedures and actions to take. This helped to make sure that all were kept safe from foreseeable risks.

We looked at how the agency managed medicines in people's homes and the policies and procedural guidance in place for staff to follow. The staff we spoke with told us that they had received medication training so if they visited someone who needed this they could safely carry out the task.

Some people were supported by their relatives with their medicines other people had their medicines in 'blister packs' from their chemist. We could see that risk assessments were in place for people who needed



help and support to take their medicines. The records showed that there were care plans to support those who needed their medicines given to them or to be prompted and we could see that medicines records had been completed. Training records also indicated that care staff received the support, training and guidance they needed to handle medicines safely.

The deployment of staff on the rotas indicated that there were enough staff employed to meet the needs of the people being supported by the agency. The manager gave us examples of situations where clients were not taken unless the staff levels were sufficient to make sure people could have a consistent and safe level of service.

People we spoke with who used the service raised no concerns about how the service was staffed. The people we spoke with confirmed they had the same group of care staff providing care. People told us they received the rotas for the following week in advance so they always knew who was coming. We were told by people that they had met the staff who would be supporting them in advance. We were told how important that was to them as they needed to meet and know who would be coming into their home. We were told by one person "I have never had a missed visit and there are always two to use the equipment". The registered manager told us the service aimed to match people up with a permanent team of staff whenever possible.

We looked at the records of five of the newest staff that had been recruited since our last inspection. We saw that all the checks and information required by law had been obtained before the staff were offered employment with the agency. These included two written references, (one being from their previous employer), 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 when they applied for the job. One recently recruited care worker commented, "I could not start work until all the checks had been done then I had my induction and worked with the senior as long as I needed to be confident. They don't rush you out they are very supportive". The management team carried out checks with staff to provide evidence of their driving licences, car and insurance documents and the road worthiness of their vehicles.

# Is the service effective?

## Our findings

People that we spoke with who used the service were happy with the care the service provided and with the skills of the staff who supported them. People and relatives made positive comments about their experiences. One person commented, "All the staff have been brilliant, they are very efficient and know what they are doing". We were also told, "Staff know what they're doing" and that they were "competent" and "professional" in providing care and support. One person told us "They [staff] know my needs and work with me, we talk and decide on what way works best for me" and they also said "They [staff] are very knowledgeable about my condition and know how to use the equipment I need".

We saw the company were in the process of implementing a computerised training matrix that could identify any shortfalls in essential staff training, or when update sessions were due. During the transition onto the electronic system paper copies were being kept of training. Senior care staff members had been trained as 'train the trainer' in moving and handling to be able to train and guide staff in correct practices. The staff member responsible for making sure training was done as planned kept this under review. This helped to make sure staff updated their skills in a timely manner.

The registered provider had moved into new and better premises to support their expanding service. This had a large training area which allowed the registered manager to organise a wider range of more accessible training for staff.

All the staff we spoke with told us they had been given a structured induction when they joined the agency. We were told by a staff member about their induction, "I went through all the systems we use, the documents and my role and did two weeks just shadowing at first and could have had longer if I had needed it".

A recently employed staff member told us, "The seniors are always out and about, supervising us and updating plans, they are always available for me to speak to". They told us they felt they had received the level of training they needed for their job roles, this included medication training, infection control, moving and handling and food safety. Other staff told us they had access to informal support from the senior care staff or the registered manager any time they wanted it in addition to their formal supervision.

Records indicated that unannounced 'spot checks' had been carried out by senior care workers with staff as they worked alongside staff in people's homes. We saw that there were two seniors out working with staff each day and this helped to provide continuous supervision.

The majority of staff had either completed a nationally recognised qualification in care or were undertaking the training course. This included the Care Certificate which is a recognised qualification from the government backed training organisation Skills for Care. It covered the new minimum standards that should be covered as part of induction training of new care workers.

We saw that some people needed support with making meals and what they wanted was written in their

care plan. Training records indicated that care staff had received training on food hygiene and on supporting people in eating and drinking. We saw that where people had difficulty with swallowing and had been assessed by the speech and language therapist (SALT) the advice and recommendations made were clearly stated in the care plan for staff to follow.

We could see there was effective working with other agencies and professionals. For example, we saw there had been very close working with occupational therapists and physiotherapists. Staff had worked with them to help make sure that they were carrying out instructions correctly. One person told us how staff had come to spend time with their occupational therapist to make sure they knew exactly what to do in line with the planned therapy.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA."

People's rights were being promoted. Records indicated people were included in agreeing to the support they received and were being asked for the views about the service. The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and about the services responsibility to protect the rights of people who could not make important decisions about their lives.

The staff we spoke with told us how they worked to make sure they gave people support that reflected the principles of the MCA. One staff member told us "I understand the importance of getting people's consent, if I was ever unsure about anyone's ability to agree I would contact the office for advice and support". A staff member told us "We are in someone's home; we respect that and work with them to help them as they want. The plan has the assessments in and information about consent".

Care plans showed that people's capacity to make decisions was considered and recorded within the assessment and care planning process and information on any one who held a power of attorney for someone. Powers of Attorney (PoA) show who has legal authority to make decisions on a person's behalf when they cannot do so themselves and these may be for financial and/or care and welfare needs.

People we spoke with who used the service and their relatives told us that care staff carried out the tasks and support they had agreed. People told us that staff offered them choices in their daily care and that staff "Never do anything without my permission". One person with complex needs who used the service told us "The carers are friendly, always cheerful and we all work well together, they work with us and around what we need and ask for. They have never tried to take over or tell me what to do; they have just come in and fitted in".

## Is the service caring?

### Our findings

People who used the service and their relatives were happy with the care received and told us that staff were "very caring" and also "Really are worth their weight in gold". We were told by people who used the service said that the support they received from the agency helped them to maintain their independence, dignity and to live their lives as they chose. We were also told by people using the service and their relatives that they "trusted" the care staff and management and that they believed that their confidentiality was also respected by the service.

One person who used the service several times a day told us they felt the staff team that supported them had often "Gone beyond the call of duty". The person clearly valued the genuine interest in their wellbeing and the support shown to them and their family by the staff and management of the service. Another person told us "They definitely respect my privacy; they treat me like a friend". We were also told by a relative that "They really are very sensitive to [relatives] needs and they are very conscientious. They are a real backup to us".

One relative told us "Support has really been for all the family". Another relative said, "They have all been really good, really supported us all. I have not a bad word to say about them". The staff we spoke with demonstrated a very good knowledge of the people they supported, their families and personal histories and what mattered to them as individuals not just their personal care needs. We saw that people's care records included information about the things that mattered to them and what they could do themselves as well as the support they wanted.

We looked at the cards and letters sent to the service by people who had used it and also their relatives. These included very positive comments. These included "It was so lovely to see your 'girls' arriving with smiling faces and them cracking on with getting me tidied up". A relative had written "Many thanks for the loving care you so kindly gave to [relative] during their illness. We cannot thank you all enough".

The registered manager told us the service aim was for every person who used the service to be supported by a small team of care staff who knew them well. This meant that staff and people who used the service could build up relationships and trust. We spoke with one person who needed a high level of care and they gave us examples of how this good relationship had worked well for them in practice. This included having the support they wanted to take part in family events and get out into the community. They told us when they went out staff asked if they would prefer them to wear their own clothes rather than a uniform. This was to let them choose if they wanted other people to know their companion was a care worker or not. They told us the personal approach and "personal touch" taken by staff and the registered manager had helped them be able to trust staff and accept receiving care which they had found difficult.

The registered manager and staff we spoke with were clear about the importance of providing continuity of care to people. People who used the service valued the individualised and person centred approach the service took. People told us that having a regular team of staff they knew well to help and support them had helped them develop "Good working systems" and "A trusting relationship". One person we spoke with told

us how that relationship had been built up over time and as they came to know they could rely upon the staff and feel at ease with them.

Staff we spoke with told us they felt they had the time to give personalised care and support a person's independence. All the people who used the service had a keyworker working with them so they could raise any questions with them.

Some care staff had done basic training on supporting people at the end of life at the local hospice. One member of staff was taking the lead role in this area of care to be able to act as a resource to other staff and help promote best practice and to keep up to date. Care staff had worked with the district nurses and GPs to support people and their families at the end of life.

## Is the service responsive?

### Our findings

The people we spoke with who used the service said that they were happy with the care provided and made positive and complimentary comments about the service and about how support was provided to them. Comments made to us included "Whatever I ask them to do they will do, they don't just dash off" and "They [staff] are all very good, they do as I ask" and a relative told us, "We have been through a difficult time lately but they [service] have adapted quickly to whatever we have needed or wanted from them".

We were told by one person who used the service "I can just pick up the phone and tell them if I need to change anything, they have always been flexible when I have needed to change things to suit my plans". They also told us "I have used other agencies but these are by far the best, they have been wonderful".

People told us they had their own care plan and that they knew what was in it and had agreed the plan themselves. We were told by people that that they were asked about the support they needed and how they wanted their care to be provided. They said their care plans were reviewed regularly and that they were being involved in putting the plan in place. One person told us "I do have a care plan and yes I have discussed it with the seniors, they come around and check up on things and make sure nothing needs changing for me and to make sure I am happy and safe" They added "They [staff] are punctual, do everything they are supposed to and I would highly recommend them to anyone, in fact I have done to friends".

We looked at the care plans kept in the homes of the people we visited and saw they had an individualised care plan that detailed the support they required and the choices they had made about their care. Each person had a clear support plan and where needed a clear management plan for their personal needs and to mitigate assessed or potential risks. The plans for visits made it clear what the person said they wanted from the service and the level of support and what they wanted to do for themselves We were told "The carers do what we agreed and what I ask them to do".

The agency had a complaints procedure that was available in the service user's guide in the care files in people's homes. Any complaints or concerns raised with the manager or through staff had to be logged and records of investigations and correspondence kept and the actions to monitor any changes had been followed up. We looked at the records being kept and found there had been one complaint since our last inspection. We could see that this had been investigated and resolved with the person to their satisfaction and relevant action taken to help prevent a reoccurrence of the problem. A bouquet of flowers had also been sent to the person on the resolution of the complaint to acknowledge their involvement in the process and their inconvenience.

The registered manager said they used complaints to learn from and improve and wanted people to feel they could raise any matter and be listened to. This indicated a service that was open about complaints and took action if people shared concerns with them.

People we spoke with and visited told us they had not needed to make a formal complaint but told they

would feel comfortable raising any concerns or saying if "something wasn't going right" with the care staff, seniors or the registered manager. We were told by more than one person that they felt able to make suggestions or to make specific requests so they had not needed to "ever get to a having to make a complaint as such".

Feedback from social and health care professionals who worked with agency staff was positive about service provision and about joint working. They told us they had no concerns about the service provision and that they had not had any complaints made to them about the service or the staff. We received positive comments from them about their clients experiences of the service to them including, "[Person} was very satisfied with their personal care and their meal preparation. They told me they think the staff are wonderful". We were told "The family have stated that carers have built a good relationship with the client and [person] responds very well and is accepting of the care given by the carers".

## Is the service well-led?

### Our findings

People who used the service and their relatives told us that they were "very satisfied" and "more than happy" with how the service was managed. We were told by one person "I decided to use them after the manager had been to see us and talked about our needs. They were capable and down to earth and we preferred them straight away. We have never looked back". Several of the people we spoke with said they would recommend the service to others and some had done so. Another told us "It's well managed and the staff are all up to date with my care".

People who used the agency and their relatives told us that the registered manager and office staff were "reliable" and "easy to get hold of". We were told that "communication is good and a relative told us, "They are up front, no secrets". One person told us "I know I can email the office and get a reply straight away" and also if they are going to be late they have let us know, anyway I have my carer's mobile number".

People and their relatives told us that staff were punctual and that "They don't let you down". This was confirmed by others who told us that they had never had a missed visit. We were told by some who used the service that staff could be late sometimes but there had been a reason why. We were told by people that even in the bad weather in winter staff had got to them.

The service had a registered manager in post at the time of the inspection. The registered manager had systems in place to use to keep people using the service up to date and to ask for their views on the services provided. They had established systems to monitor or 'audit' the quality of the service being provided. People we spoke with confirmed they had received regular surveys which allowed them to give feedback and make suggestions about what they thought could be done better. The results were collated and this had helped identify any themes or concerns that needed to be addressed. One person told us they had made a suggestion about continuity of teams when people were on leave and this idea had been listened to and new systems introduced to address the issue. People also told us they received a monthly newsletter that updated them on new staff and changes being made within the service.

The management team were clear about how they wanted the agency to develop in the future and to do this in a way that would maintain their high standards and incorporate appropriate quality assurance. The service had policies and procedures in use to guide their practices and monitoring systems. These had all been subject to review in line with changes in legislation and good practice and spot checks helped make sure staff were following them.

Staff that we spoke with felt supported in their role and told us they felt able to raise any concerns with the registered manager. We asked staff what it was like working for the service and they said that they enjoyed working for the service and were happy with most things and that the management "do things well". One staff member told us "I would recommend it as a place to work, very friendly, support each other and we know what is going on, it's all very open". Another staff member told us, "It's a great organisation, they listen to you, don't push you to do the impossible and the seniors are always out and keeping in touch. I do feel valued not just a number". From speaking to staff and people who used the service we saw that the service



promoted and open and inclusive culture.

Staff told us they met regularly with the senior staff and registered manager for team meetings and supervisions and could "Speak to the manager anytime or call in the office". This allowed staff the chance to discuss practice issues or problems both formally and informally.

Checks or 'audits' were carried out in relation to the services activities to check consistency and monitor their effectiveness to see if systems needed to be changed. Medication practices and records had been checked for accuracy. Staff training was monitored to make sure people were given the training and updates they needed when they were due. Staff told us they had received 'spot checks' from the registered manager and people who used the service confirmed this took place. Recruitment was checked to make sure it was being done safely and in line with current guidance.

Care plans were reviewed and updated. Care staff told us that this was done quickly and that the registered manager dealt with changes or emergencies quickly. Commissioners of the service told us that they had not had any "quality issues" with this agency and had received only positive feedback from people who had received care and support from the service.