

Heather Day Care Ltd

Heather Day Care

Inspection report

St. Mary Magdalene Church Centre
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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 13 November 2018 and was announced as Heather Day Care (known as Heather Care) is a small service and we wanted to ensure staff would be available to speak with us.

Heather Care is registered to provide personal care to people in their own homes. Not everyone using the service receives a regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service was providing personal care support for two people.

Heather Care also provides a day care service for older people and an educational service for people with a learning disability. These parts of the service are not regulated by the CQC and were not part of this inspection. The care staff who supported people in the domiciliary care service also worked in the day care service.

Heather Care had a registered manager. 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. We were told the office manager was due to apply to become the new registered manager for the service.

At our last inspection in October 2017 we found three breaches in Regulations because care staff had not received the relevant training for their role, medicines administration was not recorded and the governance of the service had not identified these shortfalls.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well led to at least good.

At this inspection we found improvements had been made and all regulations were now being met.

Medicines were safely managed. Staff were aware of what constitutes prompting people with their medicines and administering them. All medicines that were administered were recorded.

Staff had completed training relevant to their role. They received support from the office and registered managers through supervision and staff meetings.

Due to the small nature of the service formal quality assurance systems were not currently in place. The office manager planned to introduce unannounced spot checks to check the care files in people's houses and ask them about the support they receive.

We discussed how the quality assurance systems would be developed if the service expanded.

Person centred care plans and risk assessments were in place and regularly reviewed. People and their relatives or representatives were involved in agreeing their care plans.

Where assessed as part of the care plan, people were supported to maintain their health and nutritional intake.

Care staff knew people's needs well, including the tasks people could do for themselves and how to maintain their privacy and dignity when providing personal care.

People, relatives and legal representative said the staff were kind and caring. They said the care staff would contact them if there were any changes in people's needs or health.

Heather Care was meeting the principles of the Mental Capacity Act (2005).

There had not been any accidents or incidents in the domiciliary care service. A policy was in place to review these if any did occur. The office manager told us they reviewed any accidents or incidents that had occurred in the day centre service. We have made a recommendation for the service to follow best practice guidelines with regard to recording the outcome of any review of an accident or incident.

The service had not recruited any staff since our last inspection. A procedure was in place for the safe recruitment of new staff.

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.

Medicines were administered and appropriately recorded.

Risk assessments were in place and regularly reviewed.

We have made a recommendation to ensure best practice is followed when reviewing any incidents or accidents.

Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to carry out their roles.

Where part of a person's assessed needs, people were supported to maintain their health and nutritional intake.

The service was meeting the principles of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People, relatives and legal representatives were complimentary about the caring and kind nature of the care staff.

Care plans contained details of people's life history, likes and interests.

Is the service responsive?

Good ●

The service was responsive.

Person centred care plans clearly identified the support people required and were regularly reviewed.

People and their relatives or legal representatives were involved in agreeing and reviewing the care plans.

A complaints policy was in place and the service was responsive to any concerns raised.

Is the service well-led?

Good 

The service was well-led.

The office manager had oversight of the service and checked all care plans and risk assessments.

A training matrix was used to monitor staff training needs.

Staff said they enjoyed working at the service. The office and registered managers were approachable.

Heather Day Care

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 13 November 2018. We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that they would be in. This inspection was carried out by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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 reviewed other information that we held about the service including notifications made by the service. A notification is information about important events which the service is required to send us by law.

During the inspection we observed some interactions between staff and people who used the service. We spoke with one person who used the service, one relative, a solicitor acting on one person's behalf, the registered manager, the office manager and two care staff.

Heather Care currently does not have any contracts with the local authority. The people they support are privately funded. The local authority therefore did not have any information about the service.

We looked at records relating to the service, including two care records, two staff files and daily record notes.

Is the service safe?

Our findings

At our last inspection in October 2017 there was a breach of Regulation 12 as records were not kept when staff administered medicines. At this inspection improvements had been made and this regulation was now being met.

Staff understood the difference between prompting people with their medicines and administering people's medicines. Medicine Administration Records (MARs) were used to record when staff had administered any medication. A log of all high calorie drinks provided for one person was also kept. Care files identified what support, if any, people required with their medicines. Staff also checked the medication when it had been delivered by the pharmacy to ensure it was correct. We saw a record of when staff had contacted a person's relative to inform them that not all the medication had been delivered so the relative was able to follow this up with the pharmacy.

People and relatives said they felt safe being supported by Heather Care. One person said, "Oh yes I'm safe; I look forward to the girls coming."

Risks for each person and the home environment were identified and guidance provided to manage the known risks. These had been regularly reviewed and updated if people's needs had changed.

Where the care staff supported people to manage their money, for example if they went shopping on a person's behalf, systems were in place to record the money spent. This included signing to state the money taken and the change returned and keeping all receipts for items bought.

The service had an incident and accident policy in place. The staff knew how to use the policy and what would need to be reported to the office manager or registered manager. There had not been any incidents involving people supported with a regulated activity. An accident book was used to record any accidents or incidents within the day centre setting. These were then reviewed by the office manager. We recommend best practice guidelines are followed for the recording of how any risks are managed following an incident or accident.

The service had not recruited any new staff since our last inspection. The registered manager and office manager explained the procedure they used when recruiting new staff to ensure that they were suitable to work with vulnerable people. This included obtaining all the required pre-employment checks.

Currently two staff provided the support for people using the domiciliary care service. They were given sufficient time to travel to their calls and stayed the full time allotted for each visit. Another member of care staff also knew the people using the domiciliary care service and could cover when if the two regular staff were on annual leave.

Staff had access to personal protective equipment (PPE) where required.

Is the service effective?

Our findings

At our last inspection in October 2017 there was a breach of Regulation 18 as the care staff had not completed the training relevant to their role. At this inspection improvements had been made and this regulation was now being met.

Staff had attended a range of relevant training courses following our last inspection, including the administration of medicines and health and safety. Staff had refreshed their training through on line courses. The office manager had a training matrix which detailed when the training needed to be completed.

Staff told us they had received the training they needed for their role, with one saying, "The training helps to refresh my memory and re-assures me that I'm doing the right think; especially with medicines."

The office manager and registered manager told us new staff would complete the on-line training courses and be introduced to the people they would be supporting before working on their own. The service would look to recruit experienced member of staff, however if a new member of staff had not previously worked in care they would be enrolled on the care certificate. This is a nationally recognised set of principles that all care staff should follow in their working lives

Staff received the support they needed to carry out their roles. Both staff also worked in the day centre service provided by Heather Care and so were able to speak with the office manager or registered manager if they needed to. Formal supervision meetings were held every four months.

Staff kept up to date with any changes in the support people required as they contacted each other before going to provide support. They were also able to read the daily log reports kept in each person's home. One staff member said, "I always speak with [staff name] before I go so I know if anything has changed."

Where applicable, people were supported with their health and nutrition. Staff clearly explained, with examples, how they would contact a person's family and GP if they appeared unwell when they visited. A relative told us, "They (the staff) will contact me straight away if required, say if [relative] is ill."

Care plans provided clear guidelines for any food preparation required as part of the support visit. Staff ensured people had drinks available at the end of their call.

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 Mental Capacity Act. The application procedures for this in community settings are through the court of protection.

Heather Care were meeting the principles of the MCA. Where people had the capacity to consent to their care and support we saw consent forms were used to show people agreed with their support plan. Any best interest meetings had been recorded.

The service also recorded if people had a legal power of attorney in place. Legal representatives had agreed the support to be provided where applicable. One legal representative told us, "They (Heather Care) are our eyes and ears. They will contact us if there are any changes in the support [name] needs."

Is the service caring?

Our findings

Due to the small nature of the service we had limited opportunities to observe care staff interacting with the people they supported. The care staff supporting people in their own homes also worked in Heather Care's day centre service. The interactions we observed at the day centre were positive.

One person we spoke with told us, "I look forward to the girls coming; they're all really good company." A legal representative said, "[Name] is very comfortable with the carers, I've seen how he responds with the staff" and a relative told us, "We're really lucky with the staff we've got."

People's care plans contained information about people's life history, likes and dislikes. This enabled staff to get to know people when they first started supporting them.

The staff we spoke with knew people's needs and could describe the support they required.

The care plans identified the support tasks to be completed by staff and what people were able to do for themselves. We saw that one person had requested that their support was reduced as they were able to manage tasks for themselves.

Staff were able to describe how they maintained people's privacy and dignity when providing personal care. This was also clearly described in people's care plans.

We discussed with the office manager how the service supported people from different backgrounds and those with a protected characteristic. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Care plans had a section to record any information about people's cultural needs or needs concerning any of the protected characteristics. At the time of our inspection there was no one using the service who had any additional support needs in these areas.

People's communication needs were reflected in their care plans. One person had limited verbal communication. The staff told us they had got to know this person and were able to understand what they wanted through the use of gestures, writing things down and pointing at his newspaper for items they were interested in. A legal representative told us this person used the staff to contact them by telephone if they wanted to tell them anything or meet with them. The staff were able to communicate with the person to enable them to do this.

People's confidential information was securely stored in locked filing cabinets at the offices.

Is the service responsive?

Our findings

The care files we viewed were written in a person centred way and gave clear details of the support people wanted and the tasks to be completed by the care staff at each visit.

The care plans were regularly reviewed. The person, their relatives or legal representatives were involved in agreeing the support to be provided. One relative said, "We've updated [name's] file recently."

The care plans identified people's hobbies and interests. Where it was part of the support the care plans detailed the activities the care staff should support the person to take part in. For example, one person's care plan stated that if the weather was nice to encourage the person to go out with the care staff into the local community.

One person we visited used wrist pendant to monitor them in case of a fall. This linked to a third-party company who would contact named people in the case of an accident. The care staff at Heather Care tested that the pendant was working each month.

The service was responsive to any requests for changes in the support visit times. Staff told us that the time of the care visits could be changed, for example if the person had a doctor's appointment or their family were visiting.

We saw there was a complaints policy in place. People and relatives told us they would raise any concerns with the care staff or office manager. They said these were then addressed. One relative said, "There was a hiccup with a visit earlier in the year. They dealt with it really well."

The service currently did not support anyone who was approaching the end of their life. The office manager told us that they would liaise with the person, their family and other professionals, for example district nurses, if someone they were supporting needed end of life care. People's care plans recorded if they had any advanced wishes for the end of their life.

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The office manager was responsible for the day to day management of the service. We were told that the office manager would be applying to become the registered manager for the service.

Due to the small nature of the service formal quality audit tools were not currently used at Heather Care.

One of the care staff completed the initial assessments, care plans, risk assessments and reviews. They had the training and experience required to complete these documents. The office manager reviewed all new care files and any changes made to care plans or risk assessments following a review.

The office manager had a training matrix to ensure the staff training was kept up to date.

The office manager had paperwork in place to start spot checks with the care staff and people supported by the service. These would be unannounced and include checking the care files, daily logs and medicine administration records (MARs) held at people's houses and speaking with the person being supported. This would provide a more formal, recorded oversight of the service.

We also discussed with the office manager how the quality assurance systems would need to be developed if the service expanded, with formal monthly checks on the MARs and daily logs and a formal recorded check of a percentage of the care files to ensure they reflected people's needs and were up to date.

Care staff and relatives told us that the office and registered managers were approachable. The care staff saw them each week as they also worked at the day centre service where the office is located. Care staff said they enjoyed working at Heather Care.

Regular staff meetings were held for all the Heather Care staff (domiciliary care and day care). We were told these were open meetings where staff could discuss and ideas or concerns they had.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. Due to the nature of the service only supporting two people at the time of our inspection, no notifications had been required in the last 12 months. We discussed what incidents would need to be reported to the CQC with the office manager.