

Hanslope Care Ltd

Hanslope and Castlethorpe

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Hanslope and Castlethorpe is a domiciliary care service providing personal care to people living in their own homes. They also support people with complex care needs. At the time of the inspection there were 31 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. During this inspection there were 23 people receiving personal care.

People's experience of using this service and what we found

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People received support from staff who had undergone a robust recruitment process. They were supported by regular, consistent staff who knew them and their needs well.

Where the provider took on the responsibility, people's medicines were safely managed. Systems were in place to control and prevent the spread of infection. The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the care people received.

Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care. Staff providing care and support to people with complex needs received specialist training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The staff and the management team were passionate about providing people with support that was based on their individual needs, goals and aspirations. As a result, people's care was tailored to meet their exact needs.

The service took a key role in the local community and was actively involved in building further links.

There was a high level of satisfaction with the service and people were well supported to express their views, so improvements could be made. There was strong leadership that put people first and set high expectations for staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hanslope and Castlethorpe on our website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 29/11/2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hanslope and Castlethorpe

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 October 2022 and ended on 28 October 2022. We visited the location's service on 27 October 2022.

What we did before the inspection

We reviewed information we had received about the service since their first registration. This included any notifications (events which happened in the service that the provider is required to tell us about). We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people using the service and 5 relatives by telephone and we asked them about their experiences of the care provided.

We had discussions with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 4 staff members on site and these included a service manager who was in training, the deputy manager, the welfare officer and a care coordinator. We received written feedback via email from a further 4 care and support staff, 6 healthcare professionals and the Hanslope carers group.

We reviewed a range of records. This included four people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management and governance of the service, staff training records, and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them. A relative told us, "[Family member] is definitely safe and gets really good care."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and there was information and guidance available for staff about safeguarding.
- Staff were knowledgeable about how to identify the signs of abuse and how to report concerns. They felt their concerns would be dealt with appropriately. One staff member commented, "I know if I reported something I was worried about [registered manager] would 100% deal with it properly."
- There were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and their safety monitored. A relative told us, "The carers know the risks to [family member] and always work safely. For the first time I don't have to worry. I know [family member] is in safe hands."
- Staff were aware of people's risk assessments and were able to describe why these were in place. One staff member commented, "I know what risk assessments [name of person] has to stop them from falling." We saw discussions had occurred with health care professionals and the persons representative to agree the actions that had been put in place.
- Risk assessments were detailed and records showed these had been updated regularly to ensure changes could be made if there had been any changes or incidents.

Staffing and recruitment

- There were sufficient staff deployed to fully meet people's needs. Without exception everyone we spoke with was positive about the staffing numbers, the continuity of staff and that staff always stayed for the time allotted to them. One person told us, "There is enough staff, even at the weekend. My [family member] needs two staff to help them and there has never been a shortage of staff to help."
- Other people's comments included, "On Sunday I get all the timings for the week and the staff are bang on time and they absolutely stay for the full allocated time." Another said, "On time always. They stay for the whole time." And, "I know all the carers, there are not many changes. Very steady staff."
- We also received positive comments from staff about staffing numbers. One told us, "There is enough staff. We have good team working and support each other." Staff had access to managers out of hours, including at weekends.

- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People received their medicines safely and as prescribed. People and relatives told us they had no concerns about how medicines were administered and recorded.
- Care plans had information recorded about the level of support needed by people to take their medicines safely.
- Staff received medicines training and staff followed the providers medicines policy and procedures.
- Regular audits took place on the medicines systems to check that staff consistently followed the administration and storage procedures.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Measures were in place to control and prevent the spread of infection. Staff completed training in relation to the control of infection and they had sufficient personal protective equipment (PPE).
- People and relatives told us that staff always washed their hands and wore PPE when carrying out personal care. One said, "They are very good and always wash their hands as soon as they arrive. They always wear aprons and masks so I'm not worried."
- The provider had an infection control policy in place that was up to date and accessible to staff.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems for staff to report incidents and accidents, and we saw these had been reported accurately.
- The service supported people with complex needs. Staff felt that any learning that came from incidents or accidents was communicated well to them through regular contact, telephone calls, team meetings and supervisions if required. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by a motivated registered manager and staff team. Their commitment to providing a service that promoted person-centred values, and a strong commitment to promoting independence and social inclusion was apparent during our inspection.
- People and relatives were exceptionally complimentary about the registered manager and the staff team and told us they experienced positive outcomes because staff understood their needs and preferences. One person told us, "I'm happy, and honestly I cannot think of any changes. They fulfil my needs and I've become more independent, what more can I say?" Another person said, "It's a very personal service, it's a small village so everyone knows everyone. The agency is so professional."
- Many of the people using the service had complex needs. Staff provided care in small teams, called the complex care teams, which provided consistency for people. Staff working in the complex care teams received specialist training to ensure they could provide good quality care and support safely. For example, we saw staff in the complex care team had completed cough assist training, St. John ambulance advance training at work, epilepsy and pressure wound care training.
- A health and social care professional who had been working with Hanslope and Castlethorpe to support a person discharged from hospital told us, "They understand the service users' needs and are achieving positive outcomes for them, reducing the risk of re-admission."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured there were robust systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found the registered manager and staff team promoted an open culture, which was person centred, inclusive and transparent. Staff commented about their commitment to providing the best quality care they

could and were passionate about supporting people to improve their quality of life. One Staff member commented, "Overall the company is a 10/10 for caring, supporting the clients and the staff. The job can be hard and stressful, but it is so rewarding. "

- The provider employed a welfare officer whose role was to support staff if they had any concerns or personal worries. They told us they would provide staff with advice on services they might find helpful or recommend reasonable adjustments if needed such as changing hours worked or shift patterns.
- We received positive feedback from 6 health and social care professionals. One commented, "My experiences of working with the Hanslope Care team has been positive and beneficial due to the professional attitude of the staff who have been competent in fulfilling people's needs." Another reflected, "They are responsive to people's needs, keen to work collaboratively and to communicate with multi agencies to enable the best possible, safest and most responsive care that can be provided."
- The quality of care people received was subjected to close monitoring by the provider. The provider undertook a range of quality audits to identify where improvements could be made. For example, where care plan notes indicated there was a decline in a person's mobility they were monitored and referred to an occupational therapist.
- The provider valued the staff team and had numerous incentive schemes in place to support staff and to show appreciation. For example, the provider presented an award to all staff who completed the care certificate, staff received a gift on their birthdays and the provider operated a company lap top scheme where they supplied laptops and mobile phones.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had quality assurance systems based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved in people's care. The provider actively sought the views of others to drive continuous improvement at the service. One person said, "The manager comes to visit every so often, so I'm always given an opportunity to speak what's on my mind."
- People told us they received a questionnaire regularly so they could give their views about the service and their care. One person commented, "We were sent a questionnaire and I was happy to fill it out. There are no changes I can think of."
- The welfare officer sent out a survey to all staff to collate their views about working for the service. There was no overview of staff responses, but we were told that individual concerns were addressed with the staff member.

Continuous learning and improving care

- The registered manager said they didn't complete formal spot checks, but senior staff would regularly work alongside health care assistants. This gave them the opportunity to observe staff practice and if there were any concerns they would record and discuss with the staff member.
- One senior member of staff showed us a project they were working on. This was called the pro-independence policy and had been triggered by a person who had had a fall. Following falls and near misses' staff will provide people with a leaflet to signpost them to make the most of free NHS services for example, meals on wheels and a laundry service to help maintain people's independence at home.
- Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. Staff confirmed there were opportunities to discuss any lessons learnt and were informed of any action taken or changes in care delivery. This meant incidents were monitored and management took steps to learn from such events and put measures in place to make them less likely to happen again.

Working in partnership with others

- The registered manager and staff team worked in partnership with other professionals and agencies such as the GP, community nurses, housing schemes and the local authority to ensure people received joined up care.
- The provider had invested in training for staff in relation to end of life and palliative care and were working towards accreditation in the Gold Standards Framework. This is training for staff in health and social care, to enable the provision of 'gold standard' care for all people nearing the end of life and the provider had collaborated with the local hospice.
- The provider engaged in partnership activities with local authorities and health and social care professionals to enable them to provide support to people when they were in crisis and people with very complex needs.
- A health professional commented, "I have worked with Hanslope Care since June 2022. They support individual tenants with personal and social care. My experiences of working with the Hanslope Care team has been positive and beneficial due to the professional attitude of the staff who have been competent in fulfilling tenants needs."