

Hallam24 Healthcare Ltd

Hallam24 Healthcare

Inspection report

12B Station Road
Chapelton
Sheffield
South Yorkshire
S35 2XH

Tel: 01143494545

Date of inspection visit:
13 February 2019

Date of publication:
12 April 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Hallam 24 Healthcare is a domiciliary care service that was providing personal care to 55 people at the time of the inspection.

People's experience of using this service:

People were happy with the service they received and felt staff were dedicated, well trained, kind and respectful. Staff demonstrated a positive attitude to people's safety, care and support.

Risks were identified but not always thoroughly, and medicines management was not robust. We have made a recommendation about assessing and monitoring risk.

Staff were recruited safely and there were enough staff, although we received mixed views from staff about the timings of their visits to people.

Staff had training and supervision, although this was not always robust or clearly recorded and there was a limited overview of staff skills within the whole service. Some staff did not feel they had enough training, although others felt they were suitably trained.

We have made a recommendation about training, supervision and spot checks.

Staff understood how the service was run and gave positive feedback on the whole, although not all staff were clear who the registered manager was and related more to the director. Staff reported feeling well supported with good teamwork and morale overall. The service had recently increased the number of people they supported, although quality audits and recording to show how the service was being run had not been made sufficiently robust to reflect the growing demands of the service.

We have made a recommendation about quality assurance.

People were supported by staff who were kind and caring. Staff said the care would be good enough for their own relatives overall. Care records were not always robust enough to give staff up to date information and there were limited ways to share records with individuals who may have a sensory impairment.

We have made a recommendation about people's care records.

The provider recorded and responded to complaints and compliments and valued people's feedback about the service. The provider was keen to develop robust partnership working and consider how any learning from issues raised could be used to improve the service.

Rating at last inspection: Good (report published 26 August 2016). At this inspection, the rating has dropped to Requires Improvement.

Why we inspected: This was a planned inspection based on the rating at the previous inspection.

Follow up: The service will continue to be monitored in line with our inspection programme and if information of concern is raised this will be investigated.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Hallam24 Healthcare

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two adult social care 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 a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults under 65 years and adults over 65 years.

Not everyone using Hallam 24 Healthcare receives regulated activity; 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.

This service is registered to provide care and support to people living in 'supported living' setting[s], so that they can live as independently as possible. At the time of the inspection the provider was not offering a supported living service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service short notice of the inspection visit because it is small. We needed to be sure that the manager would be available.

Inspection activity started on 12 February 2019. We visited the office location on 13 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received since the last inspection. We used information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We checked information held by the local authority commissioning and safeguarding teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with six people who used the service and two family members, by telephone. We spoke with five staff and the training manager on the telephone and three staff face to face, as well as the director and the registered manager.

We looked at three care records for people who used the service, three staff files including recruitment, training and supervision records and records relating to the quality assurance of the service.

The provider sent us some additional information by email following the inspection, which included the statement of purpose and the staff training and supervision matrix.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were not all confident in recognising or reporting safeguarding concerns. Records showed staff had completed safeguarding training, although not all staff could recall having done this. The safeguarding policy and procedure was up to date and available to staff.
- One safeguarding matter had not been reported to CQC as required, although the provider promptly responded to the unreported incident we found and made an immediate notification.
- The provider told us about recent incidents of missed calls and the action they had taken since to ensure people were cared for safely and prevent any reoccurrence. These had been discussed at staff meetings and the provider had reflected upon the reasons why and put measures in place to avoid this happening again. Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection
- Accidents and incidents were recorded on individual care files, although there was no overview of these for the service as a whole, for the provider to be able to identify trends and patterns. The provider showed us the system was able to generate reports which would help identify trends and patterns, but this was not routinely done. The registered manager said they had sufficient knowledge of all accidents and incidents whilst the service was relatively small, but agreed this needed to be improved when more people were supported.
- Medicines were not always managed robustly. Some staff said there were sometimes problems and mistakes with the recording of medicines. We saw one person's medicine audit had not been completed since July 2018 and there was no pain protocol in place, despite the person having expressed pain on occasion.
- Risk assessments were in mostly place but sometimes lacked detail. For example, there was no reference to one person's hearing and sight impairment within their risk assessment and in another person's file, their medicines risk assessment was blank.
- Staff understood how to ensure individual people were cared for safely. Staff told us care plans and risk assessments were always available in people's homes. Staff told us they learned how to move and handle people safely through putting one another in the hoist during training.
- People and relatives said staff provided safe care and support. One person said, "I like to try to do things for myself but [staff] is always standing by ready to hold me if I'm getting unsteady." One relative said, "I have absolutely no worries at all about safety".
- People said staff supported them properly with their medicines. One person said, "They do help me with my medication because I can't be relied upon to take them myself. They write everything on a chart".
- Staff understood how to prevent the spread of infection and had access to personal protective equipment when needed.

Staffing and recruitment

- Recruitment procedures were robust and ensured any staff working with vulnerable people were suitably checked before they did so. The registered manager said recruitment was ongoing in line with the growth of the service.
- There were enough staff to support the number of people at the time of the inspection, although some staff told us at times calls were shortened if they were short staffed. One member of staff said, "I think there's enough staff but it's tight. Sometimes you can run behind. They seem to be asking people to work extra." The registered manager told us staff were required to log in and out of their visits and they were not aware of any shortened calls, although there was no consistent process for monitoring this. They told us they asked staff who knew people's needs to cover additional shifts rather than bring in agency staff. People and staff confirmed there were consistent members of staff allocated to people.
- Staff said their rotas were sent to them via an 'app' which many staff said worked well. Staff said there was basic information on the app relating to people's key details. Some staff said there was little time to read people's care plans with the time allocated on the rotas. The registered manager told us travel time between calls was factored in, although not all staff we spoke with agreed this was sufficiently considered.

We recommend that the service considers improving systems and processes for assessing risk, including those associated with monitoring call times and managing medicines, and ensures safeguarding procedures are consistently known and implemented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Training information for individual staff was in place, although the information was not readily available to show an overview of staff skills within the service. There was limited evidence of staff training in relation to people's needs for which the service was registered, such as those with autism or a learning disability. The registered manager told us there were no people with such needs using the service. They assured us if people needed a particular skillset they would ensure staff were trained before agreeing to support the person. One member of staff confirmed they had done additional training where a person needed support with a PEG feed and another member of staff said they had done tracheotomy training delivered by specialist trainers.
- Some staff told us they had minimal training before they supported people, although most staff said they had completed shifts during which they shadowed more experienced staff and were shown what to do. Records we reviewed did not give information about what training staff had undertaken before they worked unsupported. The training manager told us after the inspection, work was in place to ensure training records were robust and the staff had the right training opportunities.
- Training was a mixture of e-learning and practical sessions and we saw evidence of the care certificate in some staff files.
- Staff did not all report having had supervision and some staff said they would like more training. Staff files showed some staff had supervision, but this was not as regular for all staff. The registered manager told us they were working to develop an informative matrix which would help them maintain an overview of supervision and training.
- The registered manager told us they assessed staff competency to carry out their roles, although there were no records to show this had been done consistently. Staff could not all recall a spot check or observation of their practice, other than when they first started working in the service.
- People and relatives said staff had the right skills to care for them well. One person said, "I think they are well trained and know what they are doing."
- The service had recruited a training manager who had been introduced to staff and who was in the process of ensuring all staff had up to date skills and knowledge for their roles, as well as developing clearer systems to record details of staff training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

- Not all staff were able to describe how the Mental Capacity Act (MCA) might impact on their role when caring for people, although some staff were confident in their knowledge. One member of staff said they had done training and understood 'it's about people having capacity and making decisions' and another member of staff described 'people have got capacity unless [you are] told otherwise'; however, other staff could not recall having had training.
- People's needs were assessed with them and people signed their own consent for aspects of care and support they needed staff to help them with.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff were confident how people needed support with their mealtimes and told us information about people's individual needs was recorded on each care plan if this was relevant to their support package. Staff said they would identify if a person did not have enough to eat or drink and would report this to the office. One person said, "I have freezer meals sometimes and they [staff] will fetch a selection out for me to decide what I fancy. Some days I feel like fish and chips from the chip shop and they will fetch them for me."
- People had access to healthcare services and staff took action if they thought a person was unwell or needed a GP. Staff told us they were trusted to make an assessment whether a person needed their doctor or emergency medical care and to take action where necessary. People's daily records showed where this had happened. One member of staff told us they were encouraged to contact the district nurse for specialist advice about a person's PEG or catheter.
- The registered manager told us they were working closely with two local authorities and had taken some additional care packages recently which had not all been delivered effectively. The provider was in the process of trying to improve communication and liaise more closely, to ensure the service was able to meet people's needs in a timely and effective way.

We recommend the provider implements more robust and consistent monitoring to show how staff training meets the needs of all people using the service, and how supervision and competency checks are completed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were very happy with the care they received and gave praise for the staff's caring approach. One person said, "I can't fault the carers in terms of kindness. It doesn't matter how busy they are, they always make time to have a little chat and listen to me." Another person said, "They make my day really. Every single one comes in with a smile and I end up having a laugh with them. They are not just carers, they are my friends as well. It makes all the difference to me."
- There were detailed equality and diversity policies and procedures which gave clear guidance to staff about supporting people's individual needs. Care records we reviewed included people's religious and cultural needs and preferences as well as other individual requirements for staff to respect.
- Staff said they enjoyed caring for the people. One member of staff said, "It's about listening to what a person wants and learning people's likes/dislikes" and another member of staff said, "I'm here to help people live independently and carry out tasks." Another member of staff said, "I like the feeling of helping people who can't help themselves. It's nice to see any improvements or a smile."

Supporting people to express their views and be involved in making decisions about their care

- People said they had been involved in their care plan and in agreeing the support they needed. One person said, "Everyone who comes in is nice and they do listen to what I want." Another person said, "I make all my own decisions and if they are doing anything for me they constantly ask if it's alright."
- Staff told us they encouraged people to express their own views. One member of staff said, "I always ask [person] if they want assistance and follow their wishes."

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples of how they respected privacy and dignity. Staff said when helping people with personal care tasks they ensured they were covered up. One member of staff said, "It's about maintaining a person's modesty, covering them up."
- People who had support with bathing / showering said staff were very careful and respectful of the privacy.
- Staff meeting minutes showed how staff had been reminded to respectfully use people's names when speaking with them. Some staff told us there were no staff meetings they could recall.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records contained details about each person, although this was not always up to date. One care record we looked at contained limited evidence of the person's social history for staff to be able to support them in a personalised way.
- Care records were not available in a format which could be shared with individuals who may have a sensory impairment or who may not be able to easily read or understand written information. One person said they were unable to read and their care plan had been read out to them. The registered manager told us they were considering ways in which care records could be improved, with the level of detail and accessibility.
- There were regular reviews of people's care carried out in which people were included and involved. The registered manager told us people's care was routinely reviewed every six months, but sooner if their needs changed. People were satisfied reviews of their care were completed. One person said, "The manager comes a couple of times to go through everything and see if anything has changed. One relative said, "They were really thorough and went through everything in the care plan."
- People said care was responsive to their needs and they generally had the same staff, although at times some people reported having different care staff. Staff told us they were not always introduced to new people and names would 'just appear on their rota' without staff knowing in advance.

Improving care quality in response to complaints or concerns; End of life care and support

- People and relatives said they knew how to complain. Complaints were recorded in detail with evidence of clear management response and follow up actions. People said staff were approachable and if they had raised any issues these had been dealt with. One person said, "I do phone the office if the carer is late. At one time they used to phone if the carer was going to be late; I don't always get a call but it is getting better." One relative said, "I had to get on to them because they were coming too early. When I raised it with the manager it was sorted really quickly and there hasn't been a problem since."
- Compliments were recorded and shared with staff. Comments included staff going 'above and beyond' what was expected. Families, people and other professionals made compliments to the service. One compliment from a family gave staff praise for the quality of end of life care they had provided.

We recommend the provider improves the detail held within people's care records to make sure staff have up to date and accurate information to support people.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider told us they were striving to ensure the service was delivered to a high standard and was aware of the areas to be improved. The provider was adapting to the change in service size and had recognised the need for more robust oversight of the quality of care being delivered.
- Quality audits were in place but not robustly or consistently implemented and did not fully take into account the expanding needs of the service.
- The provider told us there was an improving culture in the service and many staff we spoke with confirmed this and said there was good teamwork in place.
- The provider said they aimed to work in a transparent way to ensure where issues arose these were shared with staff to reflect upon and consider ways to improve. Staff meeting minutes showed staffing levels, critical call times, pressure care, principles of good care practice and food safety were included as agenda items.

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

- We received mixed views from staff about the management of the service. Some staff said it was very well run, whilst other staff felt there was not enough good communication between staff and managers, and at times a lack of organisation. One member of staff said, "They don't pay much attention to what care staff are saying and it takes a while to get anything sorted" to which they gave an example of reporting a matter to the office which was not dealt with quickly. Other staff said they felt the service was run well with effective communication.
- Staff were clear about their responsibilities and understood the requirements of their role. Not all staff were clear who was running the service and they made reference to the director as being in charge, rather than the registered manager. The registered manager told us they were working to address this by ensuring staff understood all lines of accountability and the organisational structure. They had added the new training manager to the management team and they were in the process of defining management responsibilities.
- Staff were reminded of the code of conduct and this was discussed in staff meetings. One member of staff said staff conduct was made clear, and have the example of not being allowed to wear jewellery. However, one member of staff said they did not think all colleagues worked to the code of conduct and a colleague had very long sharp fingernails which was reported but not dealt with.
- The registered manager was aware of what was required for delivering the service and meeting regulatory requirements. They had identified the need to improve daily records and the quality of the audits and were considering ways to do this.

- The provider made sure staff were up to date with new legislation, such as General Data Protection Regulation (GDPR) and how this affected their roles.

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

- The registered manager told us they had an open door policy and some staff we spoke with confirmed this. However, not all staff felt the management team was approachable. One member of staff said, "They need to listen to staff more, their opinions are not valued. It would be nice if the company recognised staff go above and beyond what they should do." One member of staff said, "The company encourages empowerment" and another member of staff said, "I feel I am involved in how the service is run, I think management value what I do." Another member of staff said the provider was listening to ideas from staff in order to improve the service.

- Satisfaction surveys contained positive feedback and the provider used these to help monitor the quality of the provision.

Continuous learning and improving care

- The provider told us they had learned lessons from the pace at which the service had grown recently and they had reflected upon how new care packages had been managed. On reflection, the provider said they could have met their new commitments to a better standard and they were working hard to ensure the service sustained improvements, such as no missed calls.

- Staff meetings illustrated how staff had been included in discussion about improving care for people. One member of staff said, "They've got their act together and are doing a good job. They're much better organised with the allocation of work."

Working in partnership with others

- The provider told us they were working closely with other professionals to ensure high quality care, such as social workers if they felt individuals needed increased call times.

- They said they worked closely with the local authorities in Sheffield and Barnsley to ensure they were providing a service in response to people's needs.

We recommend the provider improves the quality audits so they are robustly and consistently implemented, with regard for the expanding service provision.