

## Hartley Home Care

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### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on the 11 May 2017 and was announced. We followed the inspection up with phone calls to people who used the service and their relatives on 12 May 2017. On 14 May 2017 we visited people in their own homes who received support from the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe using the service. People were supported by staff who knew how to recognise and report signs of abuse or mistreatment. Staff were aware of how to prevent the spread of cross infection through following robust infection control practices. Where people required support with their medicines, staff who supported them had received training in medicines management. The services followed robust recruitment practices, ensuring that staff were suitable to work with vulnerable people and that checks such as DBS (disclosure barring service) had been made ahead of them commencing their employment.

People were supported by staff who received regular training in order to carry out their role effectively. There was a system in place to remind them when it was due to be renewed or refreshed. Staff who were new to the service underwent a thorough induction period, which included shadowing more experienced staff. Staff were supported by a programme of regular supervision, competency checks and an annual appraisal.

People and their relatives told us staff were caring, kind and compassionate. People said staff used appropriate humour and could share a laugh and joke with them, brightening their day. One person said; "They are caring people and we get along well". Staff were happy in their role and committed to providing a good quality service. Staff spoke about the people they supported with warmth and affection. The service was not fully staffed at the time of the inspection, however there was a recruitment campaign targeted at the areas where the service was short staffed. The registered manager had not taken on any new packages of care for three weeks to ensure this did not affect the care delivered to people.

People had detailed care plans in place which provided staff with the correct level of guidance to meet their needs. Care plans were well organised, easy to navigate and regularly reviewed and updated. People were involved in writing their care plans and a copy was kept in their home. Not all of the care plans we reviewed had a consistent amount of personalised information in them. This was highlighted to the registered manager who felt that people varied in their willingness to provide such information.

The registered manager sought feedback on the running of the services and took on board any comments and suggestions received. The service employed a quality assurance officer. Their role was to visit people in their home to complete a feedback questionnaire and also to check that all the necessary documents were in place. The registered manager undertook a range of regular audits to monitor the quality of the service

and was committed to driving continuous improvement. There was a complaints policy in place. People told us they knew how to make a complaint and felt confident it would be resolved to their satisfaction. One person said; "They do deal with complaints. They want you to contact them if you have a problem".

People told us staff stayed for the allotted time and there were few missed visits. Some people told us they felt timings were not always adhered to, meaning their visit was either too early or late. However, people we spoke with told us staff would let them know if they were not going to visit on time and this was generally not a concern for people. We noticed that staff in one geographical area were consistently failing to use the call monitoring system in the evenings. We highlighted this to the registered manager who was already aware and looking into the problem.

## 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.

People told us they felt safe using the service.

People were supported by staff who knew how to recognise and report the signs of abuse or mistreatment.

People were supported safely with their medicines by staff who had received training on this subject.

There were adequate numbers of staff available to keep people safe, although at the time of our inspection care staff numbers were lower than the service had assessed as being required and they were actively recruiting.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who received a thorough induction, with an on-going programme of supervision, appraisal and competency checks.

People were supported by staff who received regular training to help ensure they had the up to date information required to undertake their role.

The registered manager had an understanding of the Mental Capacity Act (2005) and how this applied to staff and the people they supported.

Some people felt that timings could be variable, meaning their visits were too early or too late.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and compassionate and treated them with warmth, dignity and respect.

People and their families were involved in their care planning to help ensure they received care which was in line with their preferences.

People's confidential information was securely stored.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Not all of the care plans we reviewed had a consistent level of personalised information about the person. We made a recommendation about this.

### **Is the service well-led?**

**Good** ●

The service was well led.

There were clear lines of accountability and responsibility within the management team.

People and their families were asked for their views about their experiences of the service provided.

Staff told us the registered manager was approachable and listened to their suggestions.

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

# Hartley Home 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 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 11, 12 and 14 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was undertaken by two adult social care inspectors who visited the office on 11 May 2017, on the 12 and 14 May we followed up this visit with phone calls and home visits to people who used the service.

Before the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the provider and the registered manager. We also spoke with two care coordinators, the deputy manager and administrative staff. We looked at six records relating to the care of individuals, five staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

After the inspection we made telephone calls to five members of staff. We also spoke with 20 people and three relatives on the telephone and visited three people in their homes who were receiving care from the agency.

## Is the service safe?

### Our findings

People told us they felt safe using the service. Comments included; "I absolutely feel safe with them"; "Yes I feel safe. They have never touched my possessions. They are honest people"; "I feel very safe".

People were supported by staff who had received training in safeguarding adults and were aware of the service's safeguarding policy. They understood how to recognise signs of potential abuse or mistreatment and were aware of the reporting procedures. Staff told us they would have no hesitation in reporting any concerns to management or to external agencies.

People's records detailed whether they required assistance with their medicines. The service had a medication policy which gave staff instructions about how to assist people who needed help with their medicines. Records completed by staff detailed the assistance that had been given to the people they supported. Staff had received training in the administration of medicines.

People had been provided with telephone numbers for the service so they could ring at any time should they have a concern. People we spoke with confirmed they knew how to contact the office. The office was open from 06.00am to 10.00pm every day. A member of the management team was 'on call' in the evenings and weekends to provide support to the care co-ordinators when management were not working in the office.

People were supported by staff who had been safely recruited. Staff had undergone checks to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment. This included Disclosure and Barring Service (DBS) checks. One staff member confirmed, "I had to wait for all the checks to come back before I could start working". The registered manager told us that one staff member was waiting for her checks to come back, so in the meantime was completing training, and would not visit people until the process was complete. The registered manager told us that they were not fully staffed at the time of the visit, however they were actively recruiting new staff. Recruitment had been targeted in the areas identified as understaffed and the service had not taken on any new packages of care in the three weeks prior to our inspection. There was a recruitment campaign, with banners advertising vacancies. Staff were invited to help with the design and wording of the banners with a small prize being offered for the best suggestion.

A copy of people's care plan was kept in their home and this provided staff with guidance and direction about how to meet people's needs safely. Assessments had been carried out to identify any risks involving the person and the staff supporting them. This included environmental risks and any risks in relation to the person's health and support needs. People's care records detailed the action staff should take to minimise the likelihood of harm occurring to them, or to staff. For example, staff were given guidance about using moving and handling equipment, directions on how to find and enter people's homes and information about any pets which could potentially pose a risk.

Accidents and incidents were recorded by staff as they occurred. These were then transcribed onto a computerised system by the registered manager on a daily basis. The registered manager audited this system to look for any themes or patterns. This information was closely monitored to reduce the likelihood of a reoccurrence. If people had scars from old injuries, these were recorded by staff on body maps to ensure that any old marks would not be confused with new ones. This helped staff identify if a person had sustained an injury or had an accident.

People were supported by staff who followed thorough infection control practices. Staff were knowledgeable about how to prevent the spread of infection and described good hygiene processes which they followed in people's homes. Staff were given a suitable supply of PPE (personal protective equipment), such as aprons and gloves. The service had an up to date infection control policy which staff were aware of, and staff had undergone training in this area.

## Is the service effective?

### Our findings

People we spoke with confirmed that staff stayed for the allotted visit time. Comments included; "They do stay and do everything I need"; "They do stay for the full time and I don't feel rushed"; "Oh yes they do stay for the full time. The visit is for 45 minutes and they do stay for all of it" and "They never skimp on time".

We reviewed the rota kept by the service. We found that during the week staff were provided with appropriate levels of travel time between each care visit. This meant staff had gaps in their rota to give them time to travel between visits to help ensure they arrived at people's homes at the agreed times. However, we found at weekends care visits were routinely scheduled back to back without the amount of travel time allocated during the working week. Staff told us; "At the weekend there are only 50 percent staff so there is less time for travel"; "You will find [staff] terrible for logging in at the weekend as we are half staffed and always pushed" and " You are running around at the weekend but we get it all done and people seem happy." We asked people about their experiences of receiving care at the weekend, and they confirmed that the service appeared to run as usual, despite the reduced staffing levels. One person said; "Weekends are fine. I have never noticed a difference". One staff member we spoke with said; "I have a really lovely run of visits. I have plenty of time and it works out perfectly".

Staff told us they were usually able to arrive at each visit at the booked time. Sometimes they might run late due to traffic or staying longer at a visit if someone was unwell. People's comments in relation to timings were variable. Comments included; "Timings can be off, but we don't mind"; "They are sometimes late, but I understand why. You don't know what has happened at the visit before" and "I go out on Mondays and they know I can't be late. They have it in the records and they are always on time".

Staff told us they advised the office if they were running late. Staff said the office passed these messages onto people. Most people we spoke with confirmed this was the case. Comments included; "[Staff] do tell us if they are going to be late"; "The times can vary a bit. They will ring me and let me know if they are going to be late"; "They always ring and let us know if they are running late" and "They will ring to let me know if they are going to be late so I don't worry". We reviewed the service's missed visits. We found that these happened infrequently. Where visits had been missed we were told that this was due to new staff who had made an error or office staff making a change to the rota but not informing field staff. People we spoke with either told us they had never experienced a missed visit, or that if they had, there had been a genuine mistake. One staff member told us; "Missed visits are really very rare".

People's care records contained details of any health issues they experienced. One care record we looked at contained a document called; "My health journey". This provided a useful outline of the person's condition and how it might affect them. This helped staff understand the person's needs more effectively. Where people were supported with eating and drinking, their records contained nutritional risk assessments which were linked to the person's care plan with guidance and information for staff about how to meet their needs.

People were supported by staff who had received training in order to carry out their role effectively. The

service employed two training coordinators. We reviewed the training records held by the service and found that staff were up to date with training and there was a system in place to remind them when it was due to be renewed or refreshed. Staff had received training in subjects identified by the provider as being mandatory such as moving and handling, infection control and the Mental Capacity Act (MCA). Staff also had access to a programme of e-learning in a range of subjects relevant to their role. New staff underwent the Care Certificate training. The care certificate is a set of standards aimed to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff received a thorough induction when they commenced employment with the service. This included training and familiarisation with the service's policies and procedures. New staff shadowed more experienced staff until they felt confident to work alone. Staff were supported with an ongoing programme of supervision, competency checks and an annual appraisal.

We found the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack mental capacity to make particular decisions for themselves. We saw evidence in one person's care records that the legal implications of locking a person's door to keep them safe had been considered by the agency and that they had sought the assistance of external care professionals in relation to this matter. Discussions with staff confirmed they had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible.

## Is the service caring?

### Our findings

People and their relatives told us the service was caring. Comments included; "[Carer's name] is just missing a halo and a pair of wings"; "The staff are lovely, all very helpful"; "The carers are lovely"; "I think the carers are absolutely fine, very good at their jobs and friendly"; "I am delighted with them. I don't have any complaints at all" and "[The staff] are absolutely marvellous, I have no complaints whatsoever. I would congratulate them on the care they provide". Relative's told us; "The carers are really lovely and show respect to my mum" and "[My relative] gets on with them really well. [My relative] thinks the world of them if I am honest."

People told us that interactions with staff were warm, kind and compassionate. People told us staff were cheerful, shared appropriate humour and brightened their day. One person said; "We have a really good laugh together and I appreciate that so very much" another person said; "The staff are fine. We can have a bit of fun with them". People told us they received care from a consistent group or carers. This continuity helped ensure people received care in the way they preferred. One person said; "The carers are consistent. I know them well".

Staff respected people's wishes and provided care and support in the way they preferred. People told us staff always checked if they needed any other help before they left their home at the end of a visit. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left such as telephones and call bells. One staff member confirmed; "Before I leave I say, is there anything else I can do?" Care plans directed staff to respect people's choices and decisions and the daily care records recorded details of when care had been offered but refused by the person. For example one person's care plan said; "Please ask me if I would like to..." and the associated daily care records showed when the offered support had been accepted or declined. Comments from people included; "They always check I am happy with what they are doing"; "I can be quite bossy and I am in charge. I know what I want and they do it" and "They do what I want of them".

People told us staff treated them with respect and maintained their dignity. One staff member told us; "I am always mindful of people's dignity. It's little things. If there are two of us on a visit, I make sure one staff member helps the person with personal care and if possible and the other leaves the room. It's much more dignified". Comments from relative included; "They will shut the curtains and act to ensure [relative's name] privacy" and "[My relative] can decline care even when I had specifically requested it. It shows they are sensitive to [My relatives] needs and choices". Staff were aware of how to protect people's confidentiality. During the office visit we found that people's personal information was securely stored in locked filing cabinets.

Office staff expressed clear concern for the people the service supported. During the inspection we heard office staff contacting one person to check on their welfare. The staff member who had provided the morning visit had reported that the person was not feeling well and office staff had contacted the person to offer an additional care visit later in the day.

People told us there were occasions when staff would go the extra mile to support them. One person said; "They always go the extra mile. They are all lovely people". Comments from staff included; "If a person is feeling down I will spend extra time with them"; "I have taken one person out for a drive around the village for a change of scenery" and "I know [person's name] likes fish and chips, so if I pass the fish and chip shop on my way to see him, I ring and ask if he'd like something".

## Is the service responsive?

### Our findings

People had detailed, comprehensive care plans in place, which were well organised and easy to navigate. Care plans were personalised to the individual and recorded details about their specific needs and how they liked to be supported. Care plans gave staff clear guidance around how to provide care and support that met people's needs and wishes. One staff member said; "The care plans are informative. I read the care plan before I go to see the person, to get to know them". We found that people's independence was promoted. Care plans clearly detailed not only the person's support needs, but also areas where people could do things for themselves.

We found that personalised information regarding the person's background, history likes and dislikes was detailed in some people's care plans, but minimal in others. We highlighted this to the registered manager who told us that some people did not wish to disclose this information, however this was not recorded in the person's records.

Recommendation: For the service to review their documentation relating to the person's background, history, likes and dislikes to ensure staff are able provide a personalised service to those they support.

People were involved in planning and reviewing their care. One person told me; "Yes I was involved in writing it. Once it was finished I read it and I was able to add bits. Then I signed it to confirm I agreed with it". All of the care records we reviewed contained a care plan which had been signed by the person. A copy of people's care plan was kept in their home. We found care plans in all the homes we visited. There were also comprehensive daily logs, written by the staff at the end of the visit. One person told us; "They fill it out every day". Another person said; "They have a folder here that they write in every day".

The service was flexible to people's changing wishes and requirements. People told us the service responded if they needed additional help or their needs changed. For example providing extra visits if people were unwell and needed more support, or responding in an emergency situation. One person told us; "Last year I was very ill. I had a fall and shattered my hip. The carer arrived just after it happened and made sure everything was switched off and locked up as I had to go to hospital. I had extra visits and support whilst I recovered after the operation". A relative we spoke with told us; "We have done a little list of extra jobs for them to do and they will do them every day in the time they are here".

People told us they knew how to raise a concern or make a complaint. Everybody we spoke with told us they felt confident issues raised would be addressed. The agency had a complaints policy in place which people were aware of. We reviewed complaints that had been raised historically with the service and saw that they had been addressed in a timely manner and the outcome had been to the complainant's satisfaction. One person said; "Oh yes, I know how to make a complaint. I have been with the agency for several years and have only ever had one complaint. There was a particular carer I personally didn't get along with. I raised it and they were never sent here again".

## Is the service well-led?

### Our findings

The service was well led. The registered manager had provided staff with appropriate leadership and support and the staff we spoke with were well motivated. Comments from staff included; "[registered manager and provider's names] are very supportive and approachable"; "Staff pop into the office all the time. It's an open door" and "[registered manager's name] is approachable. I had an issue recently and she dealt with it".

People and relatives told us the service was well led. Comments included; "[The registered manager] comes here from time to time to do the visits"; [registered manager's name] is approachable and would deal with any issues, I'm sure". One relative commented; "Overall we are very pleased and would certainly recommend them" .

There were regular staff meetings which provided an open forum for communication and sharing ideas. Staff told us they felt respected and valued by managers. Staff confirmed they were able to raise suggestions and that these were given consideration by the managers. One staff member said; "I made a suggestion about the planned route for visiting a particular area. They took that on board and we use my idea now. They really do listen". Another staff member said; "If I have problems I raise them. Suggestions are listened to". The service produced a quarterly newsletter for staff to communicate important information and share any achievements.

There were clear lines of responsibility and accountability at the service. The provider was involved in the day-to-day running of agency and worked closely with the registered manager. There were monthly manager's meetings where there was a focus on raising standards at the service. Morale amongst staff was good. Staff told us they were happy in their role, knew what was expected of them, and were committed to providing a good quality service. Comments from staff members included; "I feel so well supported here. I enjoy coming to work"; "Yes, it's a good place to work"; "I am happy with my job, I love it"; "There has been an amazing improvement since CQC were last here it is absolutely and totally different" and "It's just much more cohesive now". Staff were rewarded for good practice. For example, the managers had offered staff incentives such as cinema tickets and small cash rewards for using the call monitoring system correctly.

The service employed a quality assurance officer. Their role was to visit people in their home to complete a feedback questionnaire and also to check that all the necessary documents were in place. We saw that this process was working effectively. For example, one person had not had a care plan, this was identified by the quality assurance officer and promptly dealt with. Comments from the quality assurance officer included; "At the moment people are very happy", "[People] do like to see the same nucleus of six or so carers regularly and that is being delivered at the moment"; "I have not had any complaints" and "any issues are normally requests for minor changes to visit times. Tweaks rather than major issues." Staff at the office told us; "We have a good idea of what is going on".

The registered manager was committed to raising standards and driving improvement at the service. They undertook a range of regular audits associated with the running of the service. These included audits of care

logs, journal entries, training records and care records. Any issues highlighted by the audits were promptly dealt with. The registered manager and provider also attended forums such as the outstanding manager's network in order to share ideas and best practice.

Care staff remotely 'logged in' to the provider's call monitoring system by telephoning when they arrived and left each person's home. The care co-ordinators monitored the system throughout the day to check all planned care visits were provided. Where staff failed to 'log in' to a visit care co-ordinators checked with staff to see if the visit had taken place. This meant the service was alerted to any potential missed or late visits and was able to quickly respond and reallocate another worker if necessary. We noted that staff were consistently failing to use the logging system in one particular geographical area during evening visits. This was highlighted to the registered manager who was aware of the issue and was actively addressing this with staff.