Hartlepool Care Services Limited

Hartlepool Care Services Limited

Inspection report

12-14 Church Street
Hartlepool
Cleveland
TS24 7DJ
Tel: 01429 857206

Date of inspection visit: 8, 16 and 22 December 2014
Date of publication: 06/03/2015

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

Overall summary

This inspection took place on 8, 16 and 22 December 2014 and was announced. We gave the provider 48 hours notice of the inspection.

Hartlepool Care Services Limited is a large domiciliary care service. Hartlepool Care Services Limited provides personal care and support to people living in their own homes. At the last inspection on 12 December 2014 we found the provider was meeting all the regulations we inspected.

The service 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 found the provider had breached Regulations 13 and 23 of the Health and Social Care Act 2008 (Regulated

Summary of findings

Activities) Regulations 2010. We found improvements were required to the management of medicines. Medicines were not always managed safely for people. Records had not been completed correctly and the current audit systems were ineffective in identifying gaps in medicines records.

Staff were not receiving regular one to one supervision with their line manager. One staff member said, "There is not enough of those [supervision], I have not had one for nearly four years. Feels like if and when." Another staff member said, "Supervision, not very often." Most staff we spoke with said they felt supported and confirmed there training was up to date.

You can see what action we told the provider to take at the back of the full version of the report.

Most people said they felt safe with the care workers who came into their home. However, two out of eight family members we spoke with told us they were not totally reassured to leave their relative.

People said they were not always told which care workers would be calling. They also said they were not told in advance of the frequent changes to their care workers or the time of their call. People and staff told us care staff were not allocated travelling time between calls. One person said, "Too much change." Other people's comments included, "They don't stick to the rota", "They send different ones", and, "They don't ring you to tell you if a different person is coming."

The provider had undertaken recruitment checks on prospective new staff to ensure they were suitable to care for and support vulnerable adults.

People and family members were happy with the skills of the care staff. They also said the care staff were caring. Comments included, "Can't fault them [staff]", and, "Very good, like friends." Another person said, "Staff know what they are doing", and, "Can't complain about [care worker's name]. Another person said, "My carers are the best in the world." People told us staff asked them for permission before delivering any care. One person said, "[Staff] always say what do you want?" Another person said, "[Staff] make me whatever I want."

People were supported to make sure they had enough to eat and drink and to attend their health appointments. One person said, "[Staff] always have a meal ready at tea-time." Staff told us about the support people they cared for needed with eating and drinking.

Staff had a good understanding of safeguarding and whistle-blowing procedures. They also knew how to report concerns. One staff member said, "I think the manager would be straight on to it." Another staff member said, "The manager is good with things. She would deal with them."

The provider undertook routine risk assessments which were generic to all people. Additional risk assessments were carried out where specific risks had been identified. This included risks to the person receiving care and environmental risks relating to the person's home.

Most people who used the service had capacity to make their own decisions. For the very small number of people where there were doubts about capacity, the provider followed the requirements of the Mental Capacity Act (2005) (MCA).

People were asked about any particular preferences they had to maintain their dignity and these were respected. People confirmed staff treated them with dignity and respect. One person said staff, "Know exactly what to do for me."

People had their needs assessed when they started using the service. The assessment was used to develop an action plan for each person. Action plans did not contain personalised information about how people wanted their care to be delivered. However, some people had a personal profile which included details of their preferences.

People told us they knew who to contact if they were not happy. One person said, "I ring the office if I am unhappy." Another person said, "I know where to go if I'm not happy." Most people we spoke with said they had contacted the office and found they had responded well.

People had opportunities to give their views about the provider and their care, including completing a survey or questionnaire. Other people had visits from a supervisor. They said, "Managers come and see if I am still satisfied." Another person said, "The supervisor comes every fortnight to check how things are."

Summary of findings

Staff told us the registered manager was approachable. One staff member commented, “Brilliant, any problem I just phone straight up.” Another staff member said, “Really good, I have phone numbers and can ring anytime.” Some people told us the supervisor comes to introduce new staff. Others said this sometimes happens but not always.

There were systems in place to check on the quality of care being delivered. This included questionnaires, telephone reviews and spot checks. We found these were used to improve the quality of the care people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicines were not always managed safely for people and records had not been completed correctly.

People said they were not always told who which care workers would be calling. They also said they were not told in advance of the frequent changes to their care workers or the time of their call. People and staff told us care staff were not allocated travelling time between calls.

Staff had a good understanding of safeguarding and whistle blowing procedures. They knew how to report concerns. Where risks had been identified the provider undertook risk assessments which detailed the measures required to manage the risk.

Is the service effective?

Requires Improvement

The service was not always effective. Staff were not receiving regular one to one supervision with their line manager. However, most staff said they felt supported and told us their training was up to date.

People were supported to make sure they had enough to eat and drink and to attend their health appointments.

Most people who used the service had capacity to make their own decisions. For the very small number of people where there were doubts about capacity, the provider followed the requirements of MCA.

Is the service caring?

Good

The service was caring. People and family members we spoke with gave us very positive feedback about their care workers and told us they were caring. We observed staff were considerate and caring towards the people they cared for.

People said they were treated with dignity and respect. Staff told us how they aimed to provide care in a respectful way whilst promoting people's independence.

People were asked about any particular preferences they had to maintain their dignity and these were respected. Staff had information to refer to about how people wanted their care to be delivered.

Is the service responsive?

Requires Improvement

The service was responsive. People had their needs assessed when they started using the service. The assessment was used to develop an action plan for each person. Action plans did not contain personalised information about how people wanted their care to be delivered. However, some people had a personal profile which included details of their preferences.

Summary of findings

People told us they knew who to contact if they were not happy. The provider had systems to log and investigate complaints received about the service.

People had opportunities to give their views about the provider and their care, including completing a survey or questionnaire and visits from a supervisor.

Is the service well-led?

Requires Improvement

The service was not always well-led. The service had a registered manager. The systems in place to check on the quality of medicines records were ineffective.

Staff told us the registered manager was approachable. Some people told us the supervisor comes to introduce new staff. Others said this sometimes happens but not always.

There were systems in place to check on the quality of care being delivered including questionnaires, telephone reviews and spot checks. We found these were used to improve the quality of the care people received.

Hartlepool Care Services Limited

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 8, 16 and 22 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of an adult social care inspector and an expert-by-experience with experience of this type of service.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service, local health watch and the Clinical Commissioning Group (CCG). We did not receive any information of concern from the people we contacted.

We spoke on the telephone with six people who used the service and eight family members. We also visited five people in their homes. We spoke with the registered manager, one senior care assistant and six care workers. We looked at a range of care records. These included care records for nine people who used the service, seven people's medicines records and recruitment records for five staff.

Requires Improvement

Is the service safe?

Our findings

Medicines were not managed safely or recorded properly. This was because records relating to medicines were not completed correctly placing people at risk of medicines errors. Three out of seven people, whose care records we viewed, had been assessed as requiring support from care staff with taking their medicines. We viewed the medicines administration records (MARs) for these three people. We found they had not been completed in line with the provider's 'Medication Policy' (issued July 2014). This stated, 'The MAR must be completed in full each time medication is taken or given, or should indicate why a medication has not been taken or given. The Medication Administration Record contains codes which must be used when recording medication.' We found gaps in records for all three people dating from June 2014. These showed some medicines had not been signed for to confirm they had been given or a non-administration reason code recorded where they hadn't been given. This meant the provider did not have accurate records to support the safe administration of medicines.

The Medication Policy went on to state, 'There will be times when incidents occur, which must be reported by Care and Support Workers. These can include recording error (eg. Medication administered but not recorded on MAR). If a medication error occurs the Care and Support Worker must report it to the Field Care Supervisor or the registered manager immediately and must record the error on the MAR and the visit sheet.' We found staff had not followed this procedure. We found no evidence these gaps had been reported to a manager to be investigated. We discussed our findings with the registered manager. They told us they were unaware of the gaps. This meant the provider did not have effective systems in place to ensure gaps in medicines records were identified and investigated quickly.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Where a person had been assessed as requiring support with taking their medicines, the support they required was included in their support plan. Care records contained a brief medical history and information about which medicines people took. Medicines were only administered by trained and competent staff.

Most people said they felt safe with the care workers who came into their home. However, two family members told us they were not totally reassured to leave their relative. One family member told us they were reluctant to leave their relative alone. They said they were not confident their relative was safe, as on one occasion a care worker had failed to turn up. Another family member said they were not confident all of their relative's care staff knew what to look for when they were ill. For this reason they said they needed to be there when the care workers came.

Staff had a good understanding of safeguarding and knew how to report concerns. They said they would report concerns to their supervisor. Staff we spoke with told us they had completed training in safeguarding adults. The provider had notified CQC of all safeguarding concerns and the outcome including the action taken to prevent the situation from happening again. Staff were also aware of the provider's whistle blowing procedure. They said they would report concerns straight away. One staff member said, "I think the manager would be straight on to it." Another staff member said, "The manager is good with things. She would deal with them."

Where a potential risk had been identified a specific risk assessment had been undertaken. The assessment included details of the controls in place to manage the risk. For example, for one person who was at risk of skin damage the controls were for the district nurse to visit to cleanse, moisturise and apply dressings. The provider also undertook a range of standard assessments such as a moving and handling assessment. When the service started the provider undertook a health and safety assessment of the person's home to help protect them and the care staff. The provider had systems in place to log and investigate incidents and accidents.

Most people we spoke with said deployment of staffing needed to be improved. People said they were not told in advance if care workers were changed. They also said a number of different care staff came into their homes, with new ones often coming with no introduction. One person said, "Too much change." Other people's comments included, "They don't stick to the rota", "They send different ones", and, "They don't ring you to tell you if a different person is coming." However, one person told us they had had the same care workers for the past ten years. They said it was important to have consistency to maintain dignity and respect due to their relative's health condition. One

Requires Improvement

Is the service safe?

person said about the regular care workers, "They know just what to do for you, whereas with the new ones, it's a bit strange." They went on to say they did not like not knowing. They gave the example of the coming weekend, "I have no idea who is coming."

People told us staff did not get time allocated to travel between calls. One person said staff were "galloping from one house to another." Another person said staff had "no walking time." Another person said their evening call "was often delayed and they were not informed." People told us the office never informed them if care workers were going to be late. Another person said their morning call was sometimes late and their lunchtime call early. They were then too close together so they were often not hungry at lunchtime. This also affected them taking their medicines. Another person told us they had asked for a morning call at 7am but sometimes the care workers came at 6am. Another person said they had the time of their morning call changed without any consultation. This meant staff may be late or stay less than the allocated time.

People did not always know in advance which care workers would be visiting. One person said, "I don't know who is coming." Some people told us they had been given a rota, whilst other said they hadn't. One person told me they had been offered a rota but didn't want it. Another person said they would like a rota but had been told that the provider had stopped that system. Most people we spoke with said they would prefer to know who was coming. One family member said rotas frequently changed. They gave an example of one week when their relative had five different rotas with different care workers identified. They also said rotas had been changed at the last minute. This meant that consultation with people about which staff would be calling was inconsistent.

Staff told us they did not have enough time to deal with the calls they were given. They told us they had a lot of calls to cover. One staff member said, "Time is a big concern. We get new rotas through the door, different rotas every night of the week. It feels as though you have to rob [time] off each person to get to the next one. Clients are not getting their full care." Another staff member said, "We are not always given travelling time." Another staff member said, "We could do with more travelling time. We sometimes need to leave calls early." Another staff member said, "You get different rotas every day, I never know what the rotas are going to be." Staff told us the problem was a high level of sickness and staff shortages.

We discussed these issues with the registered manager. She accepted that staff did not always get travelling time. She explained that this was due to a shortage of staff and she had plans to recruit additional staff to reduce the pressure on the existing staff.

The provider had recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults. We viewed the recruitment records for five recently recruited staff. We found the provider had requested and received references including one from their most recent employment. A disclosure and barring service (DBS) check had been carried out before confirming any staff appointments. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

Requires Improvement

Is the service effective?

Our findings

Staff were not receiving regular one to one supervision with their line manager. Supervision is important so staff have an opportunity to discuss the support, training and development they need

to fulfil their caring role. Staff we spoke with said they didn't get regular one to one supervision. One staff member said, "There is not enough of those [supervision], I have not had one for nearly four years. Feels like if and when." Another staff member said, Supervision, not very often." The registered manager told us staff should receive one to one supervision with their supervisor every three months. We checked the supervision records for five care staff. We found that all five had not received supervision in line with the registered manager's advice. For example, for two care staff there was no record of any supervision discussions since they started their employment in 2013. For another staff member the last supervision record in their file was dated 14 July 2011. The registered manager told us that there had been problems keeping up to date with supervisions due to a reduced number of supervisors.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Most staff we spoke with said they felt supported. One staff member said, "Really supportive, we help each other out." Staff said the provider was pro-active about sending staff on training courses. One staff member said, "I have done every training going." Another staff member said, "[Training] I am happy with that." Another staff member said the provider was, "Very good with training." Staff gave us examples of training they had completed including dementia awareness and end of life care. We found from viewing records most staff had an appraisal in the last 12 months.

People were happy with the skills of the staff delivering their care. One person commented, "Can't fault them [staff]", and, "Very good, like friends." Another person said, "Staff know what they are doing", and, "Can't complain about [care worker's name]." Another person said, "My carers are the best in the world." Family members also gave us positive feedback about the care workers. One family member said, "[My relative] likes them and they [staff] like her." Most people thought the care workers had enough training. Some people and family members felt staff training was basic and would like to see care staff better trained. For example, one person said some care workers lacked cooking skills and one family member said staff were unable to deal with their relative's specific medical condition.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' The registered manager told us that for most people who used the service there were no issues with capacity and they were able to make their own decisions. For the very small number of people where there were doubts arrangements were in place with relevant health professionals or social workers to ensure decisions were made in their best interests. This meant the provider was following the requirements of MCA.

People told us staff asked them for permission before delivering any care. One person said, [Staff] always say what do you want?" Another person said, "[Staff] make me whatever I want." Staff also confirmed they would always ask for permission first before providing care. They told us they would respect a person's right to refuse care. One staff member said, "I wouldn't force anybody." They said if somebody refused care they would talk with them to try and find out why, document the refusal and speak with the registered manager. We saw people had signed various documents including action plans and a contract to give formal consent to their care.

People were supported to make sure they had enough to eat and drink. One person said, "[Staff] always have a meal ready at tea-time." Staff told us about the support people they cared for needed with eating and drinking. This included healthy eating advice, prompts and encouragement.

Staff said they supported people to attend appointments if required, such as GPs and chiropodists. Staff also said they contacted family members to inform them of any changes in their relative's needs, such as if they were ill. For example, one person told us staff supported them to get ready to attend regular hospital appointments each week.

Good

Is the service caring?

Our findings

People and family members we spoke with gave us very positive feedback about their care workers and told us they were caring. People commented: "The girls are very nice. I can't fault them"; "They're a godsend. Very caring"; "They're doing their best. They're all nice lasses. Absolutely fine at the minute"; "They do care"; "Brilliant. Couldn't ask for more. Can't praise them enough. Very patient and understanding"; "Carers are all very nice"; and, "One is an angel."

People told us the care workers did not rush and have time to chat while they do their tasks. One person said, "Staff sit and talk with me." Another person said, "Great rapport. Works out lovely. Quite happy." Another person said the staff were, "Very patient and understanding." Family members also confirmed staff gave people the time they needed. One family member said, "They have a bit patter [chat] with her. They're like part of the furniture".

During our inspection we visited people in their homes to talk with them about the care they received from the provider. Care staff were present during some of these visits. We observed staff were considerate and caring towards the people they cared for. People told us the staff treated them with respect. One person said staff treated them "very well." Another person said the staff were, "All nice girls." Another person said, "All of the carers are very nice, dedicated to their work."

People were asked about any particular preferences they had to maintain their dignity and these were recorded. For example, we saw that some people had requested a particular gender of care worker. The provider also recorded whether they had been able to meet the person's wishes. We saw from viewing the records that all wishes had been met. We asked staff how they knew about people's preferences including their likes and dislikes. They said family members had told them what their relative liked and disliked. They also said they could look in people's care plans. One person said staff, "Know exactly what to do for me."

Staff had a good understanding of the importance of maintaining people's dignity and treating them with respect. They gave us practical examples as to how they delivered care to achieve this aim. For example, shutting doors and keeping people covered when providing personal care, offering people a sponge to wash themselves, being discreet, talking to people and explaining what they were doing. One staff member commented, "Doing only what they [the person] want you to do."

Staff told us how they promoted people's independence. They said if the person had the skills to do things for themselves they would help them through providing prompts and encouragement. One staff member said, "If [the person] is able to do it we try and help them to do it." For example, staff said they would offer the sponge to the person when supporting them to have a bath.

Staff were aware of the provider's confidentiality policy and procedures. They told us that they were advised not to discuss things with anybody else unless it was something they had a duty to report. The provider told us they had established links with local advocacy and support groups for those people who required independent advice and assistance.

Staff spoke positively about the care they delivered. We asked them to tell us what was best about the care the provider offered. They said, "Giving people the opportunity to live independently and the freedom to decide what they want to do", "A lot of really good care workers", and, "We do the best we can in the little time we have."

Requires Improvement

Is the service responsive?

Our findings

People told us they had a copy of their care plan and said it was reviewed at least annually. Care records we viewed contained background information about each person. This included information about their preferred name, occupation, religion, preferred method of communication and GP details. Staff also had information to refer to about people's next of kin and other important people in the person's life. This was important so that staff can better understand the needs of the people in their care.

People had their needs assessed when they started using the service. The provider received detailed information about each person from the local authority when they were referred to the service. The provider also carried out its own assessment before starting to deliver care. During the assessment staff completed a document called 'Lifestyle discussion/preferences.' This was a series of standard statements which were ticked depending on what was important for each person. For example, personal cleanliness and appearance, to feel safe and secure, to continue living in their own home as long as possible and to have access to stimulating social and recreational activities. The assessment also covered what the person wanted to change and what the key issues were in relation to how the service was delivered. For instance, to be valued and treated with respect, to be treated as a person and to have a say in services. However, we found there was no personalised information in people's care records. Therefore, it was difficult to know what each of these statements meant to each person, specifically so that they received care in a way that was important to them.

The information gathered during the initial assessment was used to develop an action plan. The action plan contained a summary of the person's needs, the agreed outcomes and how they could be achieved. The action plan itself did not include any information about people's preferences or their likes and dislikes. For example, one person required support with personal care, meal preparation, laundry and support in the community. The action plan specified these would be achieved through two support workers to assist with personal care and shower, prepare and service meals and laundry twice a week. We asked staff how they knew about each person's preferences. They told us they talked to people and asked them. Staff showed a good understanding of the needs of the people they cared for. We saw examples of a personalised service user profile. This contained specific information about each person's preferences for their care. However, not all people we spoke with said they had a service user profile in their home. This meant staff did not always have access to personalised information about each person.

People told us they knew who to contact if they were not happy. One person said, "I ring the office if I am unhappy." Another person said, "I know where to go if I'm not happy." Most people we spoke with said they had contacted the office and found they had responded well. One person also said they had contacted the office about the timing of their evening visit. They said somebody responded and "it's OK for a couple of weeks but then it slips back again." One person told us staff supported them to contact the office when they needed to. We viewed the provider's complaint log which showed that two complaints had been received this year. These had been dealt with and details of the investigation and action taken had been recorded. This included referrals to other agencies and disciplinary action.

People had opportunities to give their views about the provider and their care. Some people said they had been asked to complete a survey or questionnaire. One person had visits from managers. They said, "Managers come and see if I am still satisfied." Another person said, "The supervisor comes every fortnight to check how things are."

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager. Staff told us the registered manager was approachable. One staff member commented, "Brilliant, any problem I just phone straight up." Another staff member said, "Really good, I have phone numbers and can ring anytime." Some people told us the supervisor comes to introduce new staff. Others said this sometimes happens but not always.

The provider had submitted statutory notifications to the Care Quality Commission. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

The provider did not have effective systems in place to assess and monitor the quality of medication records. During our inspection we found gaps in signatures on people's MARs. We asked the manager to tell us what systems were in place for checking the quality of medicines records. She told us the supervisor's carried out a weekly check and completed a specific form for missing signatures. This form should then be sent to the registered manager. We were not provided with any missing signature forms for the gaps we identified in people's MARs. The manager also confirmed that she had not been made aware of the missing signatures.

The provider had systems in place to monitor the quality of care provided. This included surveys, telephone reviews and spot checks on staff member's care practice. We viewed the feedback from the most recent survey in April 2014. We found that there had been 81 responses of which 62 were positive. We found those people who raised any concerns had similar concerns to those of people we spoke with during this inspection. People's comments when we spoke with them included 'rushed care, would like a chat', 'different care workers', 'not informed of new carers', and, 'sometimes late.' The registered manager told us telephone reviews were undertaken approximately every three months. We viewed examples of previously completed reviews and saw positive feedback had been given.

Some people had met the supervisor for a quarterly review of their care. However, for three of the seven people whose records we looked at there was no record of a review. The manager confirmed that reviews must not have taken place. One person told us they had not been told who the supervisor was. They said they would like to know as they had not been told and the supervisor had not been in contact. Supervisors also carried out unannounced observations of staff delivering care. These included the care worker's appearance, how well the care worker communicated with the person and whether they used equipment appropriately. The provider used the findings from the observations to make improvements to the quality of people's care such as additional training for staff.

People told us they could contact the office at any time if they needed to. One person said, "I have an emergency number to ring." They told us they had only rung the number once when a care worker had not turned up for an evening call. They said the provider responded quickly and a supervisor came out straightaway to help them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately.

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The provider did not have suitable arrangements in place to ensure staff were appropriately supported to enable them to deliver care and treatment to people because they were not receiving regular supervision.