

Hannah's Homecare Ltd

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Inspection report

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Tel: 07778590434

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 29 January 2018 and was unannounced. The service was rated Good at the last inspection in October 2015

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection the service was supporting 16 people.

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.

At this inspection we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not ensure that they sourced adequate information about the people whom they employed prior to them commencing work.

You can see what action we have asked the provider to take at the end of this report.

We spoke with three people who used the service and two relatives who all gave positive feedback about the service and the staff who worked in it.

Staff spoken with and records seen confirmed training had been provided to enable them to support people with their specific needs. We found staff were knowledgeable about the support needs of the people that used the service. The registered manager needed to improve how the training information was recorded.

The staff understood the requirements of the Mental Capacity Act 2005 (MCA). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected. However, we did note that improvements were needed as to how this information was recorded.

Care plans were person centred and developed with the people who used the service. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

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.

The service did not source adequate personal information and work histories prior to staff commencing work.

Risk assessments were clear and detailed how people needed to be cared for particularly in relation to their moving and handling needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Improvements were needed to the way that training and support for staff documentation was managed.

Improvements were needed to the audit trails in relation to how information was kept relating to people's ability to consent to their care.

Requires Improvement ●

Is the service caring?

The service was caring.

Feedback about the manager and staff was very positive from everyone we spoke with.

Information relating to people's care needs was stored confidentially.

Good ●

Is the service responsive?

The service was responsive.

Clear, detailed care records were maintained for each person who used the service and these were regularly reviewed.

Complaints were handling well at the service as they were thoroughly investigated and responded to.

Good ●

Is the service well-led?

Requires Improvement ●

The service needed to improve to be described as well-led.

The service needed to improve their audit systems to ensure that their records were correctly maintained.

The service had a registered manager who was committed to making improvements to the service.

The service sent notifications to CQC when these were required.

Hannah's Homecare Ltd

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.

The inspection took place on 29 January 2018 and was unannounced. It was carried out by an adult social care inspection manager.

Before the inspection we contacted Warrington Borough Council Contracts department. They told us that they had some concerns about the service in relation to staff recruitment and record keeping. We looked at all of the information that CQC had received about and from the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we spoke with the registered manager, care coordinator, and two other staff members. We spoke with three people who used the service and two relatives. We looked at medication records. We looked at staff rotas and training records. We looked at care records for three people who had accessed the service.

Is the service safe?

Our findings

We spoke to two people who used the service and they told us that the service was good and they were happy with the care provided. One person said "They do what I want them to do so I am happy with that."

We spoke with a relative who told us "They come on time at the time we've asked for so I've no complaints about that."

We looked at how the service recruited staff and the processes that they followed. We looked at three staff files and found concerns with two of them. The local authority had also informed us that they had found issues with the agencies recruitment procedures. We saw that the service did not always obtain full employment histories and that references were not always sourced from the person's previous employer.

We saw in one file that the reference was from the previous employer but there was no indication of what that previous employment was, as the records were incomplete. We also saw that the dates on the reference did not tally with the employment start date.

This is a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We spoke with the registered manager and they told us that they would make immediate improvements to the way in which they recruited staff.

Records showed that all staff had completed training about safeguarding adults and the provider had a policy about safeguarding that had recently been updated. Staff we spoke to were aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary. There had been no safeguarding concerns at the service since the last inspection.

Risks to people's safety and well-being had been identified and plans put in place to minimise risk. Risk assessments had been completed with regard to moving and handling, the environment, people's personal care and medication needs. We saw that the risk assessments relating to moving and handling were particularly good and clearly detailed how to support people to mobilise safely.

We looked at how the service supported people with their medication. People who required support with medication were encouraged to use blister packs and those people who self-medicated were identified through their risk assessments. Staff had received training in medication administration and the service had a medication policy and procedure and the registered manager told us that they regularly observed medication administration practice. We suggested that in future they recorded this as there were no records to demonstrate this.

We saw that personal protective equipment such as gloves and aprons were available to staff and were in plentiful supply when they were needed.

We looked at how accidents and incidents were managed and we saw that good practice was demonstrated. We could see that the service had taken action in response to accidents to minimise future occurrences and had also made referrals to appropriate professionals as and when required.

Is the service effective?

Our findings

We asked people about the support that they received. One person told us that generally it was good but that they had on occasions had to speak to the carers about the way they cooked food for them. They told us "I spoke to them about the food and they listened and they cook it how I like it now so it's all good."

We looked at staff training and could see that staff had received training but this was not always recorded as well as it could be. The training matrix shows gaps but then we found other evidence that staff had received the training in these areas. For example, the training matrix showed that no staff had received food handling training but we saw that this formed part of the staff induction programme and staff had received some training. The registered manager told us that they would make improvements to the way the information was recorded.

We saw that staff had received training in the required areas and the registered manager showed us that they had changed training provider to allow more face to face training to take place. We could see that the service had its own training facilities with equipment to deliver moving and handling practical training.

From discussions with the registered manager and staff we could see that supervision and support took place regularly. The registered manager worked alongside staff regularly on calls that required two people so worked alongside the staff to ensure that they were supported to do their jobs effectively. However, we noted that the recording of this support needed to be improved. We discussed this with the registered manager who agreed that they needed to improve this.

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 looked at how the service supported people with this. We could see that consent and capacity was considered but was not always clearly documented. Staff could fully describe how they needed to support people but the audit trail of the action being taken was not always clear and capacity assessments were not always documented. However we could find no impact of this on the care being provided. We spoke with the registered manager and they told us that they would take action to improve the documentation in relation to this.

We saw that the service supported people with meal and drinks preparation. No one we spoke to reported any concerns in this area. We saw that the service supported one person who had diabetes and they worked closely with the district nurses involved in this person's care.

Is the service caring?

Our findings

Everyone we spoke to said positive things about the registered manager and the carers who worked for the service. Comments we received included "They provide good care when I want it" and "They are kind and care for me in the way that I want them to." One relative told us that they were "Quite happy really. The manager sorts out any problems straight away so we know that Mum gets well looked after."

We also reviewed a number of compliments that had been written to the service. These included "The carers are extremely respectful and are very friendly, they take the time to talk to my mother who adores the manager and her staff."

Hannah's Homecare service user guide in place that gave people a good range of generic information regarding the service that was provided including policies about confidentiality, risk taking and risk management and equal opportunities. The service had added information regarding their own philosophy of care and their own principles and values.

The registered manager told us about how she worked hard to maintain a caring culture in her organisation. She told us and we saw evidence of how she supported the staff when they are finding it challenging to provide quality care for the person that they were providing. This was achieved by her attending complex calls with the staff member and role modelling how to provide care in a respectful and dignified way. We saw a number of examples of this.

We observed that confidential information was kept secure whilst we were in attendance in the office because we saw that records were kept locked and only accessed by staff. The office was in a building with other offices but it was secure and was accessed only by Hannah's Homecare staff.

Is the service responsive?

Our findings

We asked people if the service was responsive to their needs and the responses were overwhelmingly positive. Comments included "They are very reliable and we need that. They review things regularly and change to what we need."

Before people started to use the services of Hannah's Homecare Ltd their needs were assessed to make sure the agency could meet their identified needs.

Individual care files were in place for the people accessing the service and we looked at three of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. There was clear person centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. Some files had clearer information than others. We discussed this with the registered manager and they agreed that their old format was more informative about people than the new format they had adopted.

We saw that the service reviewed their care plans regularly with the person and their relative if required. These reviews were documented and included in the care files that we looked at.

We saw that there was a complaints procedure in place. We looked at the complaints log and saw that there had been some complaints since the last inspection. We saw that the registered manager took complaints very seriously and had thoroughly investigated every complaint and then provided a detailed response to the complainant. We saw that every effort was made to resolve complaints.

We did speak to one person who had used the service but had moved to another provider. They told us that there had been a "personality clash" with the service so they felt it best to go elsewhere for care and support. They told us that they had not made their complaint formal and did not wish to do so.

Is the service well-led?

Our findings

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. The service had a registered manager who had been registered since the service registered with CQC. The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. Hannah's Homecare were displaying their ratings appropriately in a clear and accessible format, on the notice board in the office.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks care records and medicines. The service needed to introduce additional systems as the concerns we found on the inspection had not been identified by the registered manager. For example, an audit of the recruitment files would have highlighted that the information was incomplete and did not meet the required standard. We also discussed the need to improve how training information was recorded and how the application of the MCA was documented in the care files for people who used the service.

We spoke with the registered manager and they told us that they had recognised that they could not cover all of the requirements for the service themselves and still provide quality care. In order to address this they had created the post of a care arranger. We met the new care arranger who had commenced in post on the day of our inspection. The registered manager told us about their plans to improve the quality of their record keeping with the care arranger's support. The registered manager demonstrated to us that they were committed to making improvements to the service.

We saw that surveys had been carried out and the people who used the service had the opportunity to give feedback about the staff and the care that they received. We looked at the most recent surveys that had been completed in October and November 2017 and the feedback was all very positive.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not always follow safe recruitment processes.