Hanover Care Limited

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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?	Requires improvement

Overall summary

We inspected Hanover Care on the 9 November 2015 and it was an announced inspection. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. Hanover Care is a domiciliary care agency providing personal care to a range of people living in their own homes. These included people living with dementia, older people, people with a physical disability and people with a learning disability. At the time of our inspection, the service was supporting up to 47 people and employed 22 members of staff.

A registered manager was 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, relatives and care workers spoke highly of the service. One care worker told us, "I feel part of the team. It's a friendly atmosphere and if you have a problem they are always on the end of the phone or will come and find you." One person told us, "One of the best carers that I've had, a very nice carer, very jolly, keeps me on my toes." Relatives and people told us they would recommend Hanover Care to a friend.

Summary of findings

Systems were in place to review, monitor and assess the delivery of care and support. These included spot checks, satisfaction surveys and reviews. However these were not consistently robust or consistently recorded. For example, the provider was not recording their own internal audits, therefore they were unable to demonstrate how they monitored and identified where standards were falling. In the absence of a formal quality assurance framework, the provider was unable to demonstrate how improvements to MAR (Medicine Administration Records) charts were made when they were completed incorrectly and when care workers were arriving to care calls without wearing appropriate uniform. We have made a recommendation for improvement in this area.

Systems were in place to protect people from abuse and harm and staff knew how to use them. Care workers understood the needs of the people they were supporting and had received training on safeguarding adults.

People were assured that care workers had been appropriately recruited as their employment procedures protected people by employing care workers that were suited to the job. There were sufficient numbers of care workers that had the skills they needed to provide people with safe care and support.

There was an open culture and the management team demonstrated good leadership skills. Care workers spoke highly of the registered manager. One care worker told us, “The manager is lovely, really nice and laid back and he’d let you know if anything was wrong.”

Care workers received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. The management team undertook unannounced spot checks to ensure training was embedded into practice.

People confirmed staff respected their privacy and dignity. Care workers had a firm understanding of respecting people within their own home and providing them with choice and control. One person told us, “They always cover me up when giving me a wash.” With compassion, care workers spoke about the people they supported. One care worker told us, “This is a wonderful job. I am on the go all the time visiting some fabulous characters.”

People said the service met their needs and encouraged them to be as independent as possible. People were asked for their views of the service and said they knew how to make a complaint about the service if they needed to.

Care workers recognised the importance of leaving people’s properties secure at the end of a care call. People confirmed they felt safe with the care workers entering their home. One person told us, “They always lock the door after themselves, I feel very safe when they leave.”

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?

Good

Hanover Care was safe. People told us they felt safe when receiving care and support from care workers. There were appropriate staffing levels to meet the needs of people who used the service. Care workers were given sufficient travelling time in-between each care call and people confirmed they were notified if the care worker was running late.

There were safe and robust recruitment procedures to help ensure that people received their support from care workers of suitable character.

There were appropriate arrangements for the safe handling of medicines.

Is the service effective?

Good

Hanover Care was effective. Care workers understood people's health needs and acted quickly when those needs changed.

People felt confident in the skills and abilities of the care workers. A programme of essential training was in place and care workers received regular supervision and were subject to unannounced spot checks in the field.

People were supported to eat and drink according to their plan of care.

Is the service caring?

Good

Hanover Care was caring. Care workers demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

People had been involved in designing their care plan and people felt care workers made the time to sit and chat with them.

Care workers involved and treated people with compassion, kindness, and respect.

Is the service responsive?

Good

Hanover Care was responsive. There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

People had been assessed and their care and support needs identified. Mechanisms were in place to assess the effectiveness and responsiveness of care plans and packages of care.

People confirmed they could change the timings of care calls easily and requests for additional care calls or emergency care calls were met by the provider.

Summary of findings

Is the service well-led?

Hanover Care was not consistently well-led. Further work was required to ensure a robust quality assurance framework was in place.

People, care workers and relatives spoke highly of management. Systems were in place to obtain the views of people. The provider operated in a culture of honesty and transparency. Care workers recognised the strengths of the service and the management team were committed to making further improvements to the running of the service.

Requires improvement 

Hanover Care 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.

The inspection began with a visit to the services office which took place on 9 November 2015 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. We then contacted people and their relatives by telephone on the 9 and 10 November 2015 to obtain their views and feedback. We also visited two people in their own homes after the inspection on the 9 November 2015.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience helped us with the telephone calls to get feedback from people and their relatives.

We spoke with 15 people and relatives by telephone and visited two people. On the day of the office inspection, we spoke with the registered manager, two homecare consultants and five care workers. Over the course of the day we spent time reviewing the records of the service. We looked at six staff files, complaints recording, accident/ incident and safeguarding recording, rotas and records of audit, quality control and feedback from people and care workers. We also reviewed seven care plans and other relevant documentation to support our findings.

Before our inspection we reviewed the information we held about the service. We considered information which had been shared from the local authority, and looked at safeguarding concerns that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Hanover Care was last inspected in January 2014 where we had no concerns.

Before the inspection, the provider completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We utilised the PIR to help us focus on specific areas of practice during the inspection. As part of the PIR, questionnaires were sent out to people who used the service, their relatives, care workers and healthcare professionals. We received responses from 16 people receiving care, two care workers and three relatives. We have included their feedback within the body of the report.

Good

Is the service safe?

Our findings

Everyone we spoke with said that they felt very safe in the hands of Hanover Care and the care workers who supported them. One person told us, "I feel safe and comfortable with the care workers." People confirmed care workers left their property secure at the end of the care call. One person told us, "They always lock the door after themselves." Management recognised the importance of sufficient staffing levels. They commented, "We provide a good service. We don't overcrowd our carers with calls and they all get travelling time." Feedback from questionnaires found that 94% of people felt safe from harm and abuse.

There were sufficient numbers of care workers available to keep people safe. Rotas were planned on a weekly basis and care workers were informed of their shifts four days in advance. A member of the management team told us, "I send out the rotas four days in advance and this enables the care workers to come back with any queries or identify if I need to make changes." With pride, the registered manager and management team told us how they ensured care workers had the same care calls every week. Set care calls also empowered people to have continuity of care workers. A member of the management team told us, "I would say that 98% of our calls have an allocated worker." On a weekly basis, care calls with an allocated worker were organised and the management team then worked around any calls without an allocated care worker or where the care worker may be off. A member of the management team told us, "If a care worker is off, we then ascertain who's working in that area and has availability. We also consider if the care worker has been to the person or not."

When considering new packages of care, the management team took into consideration the number of hours of care already provided, the number of care workers employed and if they would have sufficient availability. A member of the management team told us, "We are realistic over what we can provide. If we can't safely cover the care calls, we won't accept the package of care." Another member of the management team told us, "We quite comfortably cover who we provide care for. We can't have staff running ragged and clients not getting the time they need."

People felt that care workers had sufficient time to deliver their care and that care workers stayed the allocated time with them. One person told us that their care workers always arrived on time or a few minutes early and stayed the allotted time. They commented, "She does everything that needs to be done." One care worker told us, "We have sufficient time to do our jobs and listening and chatting is a huge part of it." Care workers were provided with 15 minutes travelling time in-between each care call. This decreased the risk of care workers not being able to make the agreed visit times. When care workers needed to stay longer than anticipated they would inform the office who would contact their next person or make alternative arrangements to cover their calls. People and their relatives confirmed that if the care workers were running late, they were informed.

Risks to people's safety were assessed and risk assessment developed. The provider recognised the impact of providing care to people in their own homes and as part of the delivery of care considered the home environment and any possible risks. For example, the provider considered COSHH (Control of Substances Hazardous to Health, gas and electrical safety and whether any pets were in the home. The risk assessment also considered lighting around the home and any safety issues accessing the home. For example, one risk assessment identified the need for care workers to be careful when walking on the person's drive-way. It also identified that the relatives would need to de-ice the drive way to reduce any risk of falling. Where people had restricted mobility, a moving and handling risk assessment was in place. This considered if the person was weight bearing, their sitting and standing balance and any relevant medical history. The risk assessment also identified if any equipment was required to safely move and transfer someone, such as a slide sheet or mobility aid. One person was bed bound and the risk assessment identified the need for two care workers to assist with change of position in the bed with the use of a slide sheet. Training schedules confirmed care workers had received both theory and practical training in moving and handling.

Systems were also in place to assess wider risk and respond to emergencies. We were told by the registered manager that the service operated an out of hour's on-call facility within the organisation, which people and care workers could ring for any support and guidance needed. There was a business continuity plan, which instructed staff and management on what to in the event of the service not being able to function normally. A member of the

Good

Is the service safe?

management team told us, “At the end of every day, we have a handover with the on-call, advising of any concerns during the day or anything that may occur during the night.”

Care workers recognised the importance of leaving people’s property secure at the end of a care call. People expressed confidence in the care workers abilities to leave their home secure. One person told us how the care worker always locked the back door for them. Care workers told us how they us how they made sure people were safe before they left by double checking that everything was turned off, the person was settled and had everything they needed and that the key was returned to its safe. The registered manager told us, “Key safe codes are never sent out with the person’s address, they are either told over the phone or emailed separately.”

Care workers received training in safeguarding adults and knew how to keep people safe. The service had a policy and procedures for safeguarding adults from abuse and training schedules confirmed care workers had received training. As care workers attended care calls where children were in the household, the registered manager also confirmed that care workers had received child protection training. Care workers told us if they had any concerns for a person’s safety they would report their concerns urgently to the management team or registered manager. Appropriate procedures were in place to account for people’s money when care workers bought shopping for them. For example care workers recorded the amount of money taken and initialled to confirm this was the amount they had received. Once returning from the shopping, care workers then documented how much had been returned and initialled to confirm this. We saw these were followed, so people were protected from the risk of financial abuse.

There were effective recruitment and selection processes in place. Care workers had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services

People were supported to receive their medicines safely. One person told us how their care worker was required to remove their elastic stocking, wash their leg, apply cream and put on a clean stocking. They commented, “She knows what she’s doing. She checks the label on the cream to ensure it’s up to date.” Another person told us, “The carer hands me my blister pack. I also have a steroid cream which needs to be kept in the fridge. She is religious about returning it to the fridge.” All care workers had received training in the safe handling of medicines and care worker’s competency with medicine administration was assessed through spot checks. Individual medicine administration risk assessments were in place which considered the level of support required to safely administer medicines. The risk assessment identified where medicines were kept, who will order repeat prescriptions, how the administration will be recorded and who will administer the medicines.

Good

Is the service effective?

Our findings

People told us they felt the care workers had the right attitude, skills and experience to meet their needs. People confirmed they felt care workers were sufficiently trained. One person told us, "The ones (carers) I have here know what they're doing." Another person told us how care workers were skilled in facilitating them to transfer from armchair to wheelchair, by positioning the wheelchair correctly. They commented, "They know what they're doing." Feedback from the questionnaires found that 94% of people felt that the care workers had the skills and knowledge to give them the care and support they needed.

People were supported by care workers that had the knowledge and skill to carry out their roles and responsibilities. The provider operated an effective induction programme. Following recruitment, care workers received an induction whereby they received essential training and shadowed more experienced care workers until they were assessed as competent to work alone. New care workers were also completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with care workers in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. As part of the care workers induction, feedback was obtained from people and the care workers shadowing them. The registered manager told us, "It's important we obtain feedback and listen to it. It helps us identify any training needs and also see what people think."

A programme of essential training was provided to care workers, which included food hygiene, first aid, record keeping, and moving and handling. Additional training was also in the process of being implemented which included person centred care, equality and diversity and dementia awareness. The registered manager told us, "Care workers will have completed this by next week." Additional specialist training was also provided. One care worker told us how they had completed a 12 week distance learning course in dementia. Another care worker told us how they had done additional training in stroke care and another on supporting those with limited sight. The management team acknowledged they would like to offer more additional specialist training but identified the training was not paid for and care workers had to take time off to undertake the training.

Care workers received regular unannounced spot checks and competency checks while in people's own homes. This was to ensure care workers were delivering care in line with the training provided and the quality of care was in line with best practice. One care worker told us, "We have regular checks on our work. These should be done as otherwise they don't know how well we do things." Spot checks covered areas such as uniform, use of personal protective equipment, record keeping and approach. Any issues identified were then subsequently followed up in supervision and further spot checks.

On-going support was provided to care workers. Supervisions were held on a regular basis. Supervision is a formal meeting where training needs, objectives and progress for the year were discussed. These provided care workers with the forum to discuss any concerns, practice issues, training needs and also how they are doing. One care worker told us, "Supervision covers everything and you can raise anything with them." Another care worker told us, "Supervision is worthwhile and we get feedback from clients and the office." Care workers confirmed they felt supported and valued as employees.

Where required, care workers supported people to eat and drink and maintain a healthy diet. People confirmed care workers supported them with meal preparation and always asked them what they would like to eat or drink. One person told us how the care worker told them their options of what they could eat and they then made a decision. Another person told us, "I make a suggestion and they're very accommodating, it's appetising." Care plans provided information about whether the person required any support with eating and drinking along with any dietary likes and dislikes. For example, one person's care plan identified that they liked black coffee with two sweeteners along with cheese and onion sandwich left on the side for later. Care workers also demonstrated a firm understanding of people's dietary requirements, likes and preferences. One care worker told us how they supported a person to prepare a special wheat free meal. Any specialist diets were catered to and care plans identified if a person was diabetic. Where required care workers kept fluid and food charts, these enabled care workers to record how much the

Good

Is the service effective?

person was eating and drinking. These provided an oversight of the person's nutritional intake and raise any further concerns if the person was not eating and drinking sufficiently.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. Care workers understood the importance of monitoring people's health and wellbeing. Care workers commented how on a daily basis they monitored people and reported any changes or concerns regarding people's health. One care worker told us, "If we are concerned about someone we always report it to the office and tell the family." One person told us, "They're very, very good, I've got a lovely carer and she does everything for me. She's absolutely wonderful, in three years; I've got so much better. I had a little black mark and (the carer) told me 'when the Nurse comes in, ask her to have a look at it because I'm not happy about it." Where people required urgent medical attention, care workers acted promptly and sought advice. One care worker told us, "I found a lady on the floor. I checked her over, pressed her care link to call the ambulance and covered her over with a blanket and stayed with her till they came. I rang the office so they could ring my next clients as the client where you are is your main priority."

The management team kept an overview of when people received any medical advice, the outcome of any GP or district nurse visit. A member of the management team told us, "This enables us to monitor any outcomes of professionals visit and ensure we take any action if needed."

Training schedules confirmed care workers had not received specific Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training, but these topics were covered under safeguarding and would also be covered under dementia awareness training. The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make specific decisions. Policies and procedures were also available to care workers on the MCA and Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Although DoLS does not apply in a domiciliary care or supported living setting, the principles apply, but any authorisations for restrictions would go through the Court of Protection. The registered manager was aware that locking someone in their own home would be an unlawful Deprivation of Liberty.

Care workers' understanding of MCA 2005 and DoLS was limited but care workers recognised the importance of obtaining consent before providing any care. One care worker told us, "We treat everyone as individuals. We ask their permission to do anything but no is no and we respect that, just move on and don't push anyone." Another care worker told us, "You can't say 'you must'. We are a guest in these people's houses and we abide by their rules." People and their relatives also confirmed care workers always obtained their consent before providing care. One relative told us how their loved one's mood changed but the carer coped well with this. They confirmed the care worker respected their loved one, talked to them about what they were doing and asked for permission before doing anything. One person told us that the care workers always asked what they would like them to do.

Good

Is the service caring?

Our findings

People had high praise for the care workers. One person told us, "One of the best carers that I've had, a very nice carer, very jolly, keeps me on my toes." Another person told us, "She explains things to me and she's very honest, she knows exactly what to do, it's the same girl all the time." Feedback from the questionnaires found that 94% of people agreed that their care worker respected their privacy and dignity.

People were matched with care workers with whom they were compatible with. A member of the management team told us, "When taking on new packages of care, we always try and match the person with a care worker they get on with." Another member of the management team told us, "No client has more than three different carers providing their support. Our ethos is to keep the same care worker with the same client." When matching care workers to people, the management team considered personality, likes, and the person's preference. The management team identified that some people like happy jolly care workers whereas other people prefer a male care worker. Where people had expressed a preference for a male or female care worker, this was upheld and respected. One person told us how they had the same care worker in the morning and evening and described the care worker, "Fantastic, very caring and a lovely lady." They commented that they often had a male care worker at lunchtime but said the agency was aware they didn't want a male care worker in the morning or evening. People also advised that if they didn't like the care worker they could request another care worker and this was respected.

Care workers expressed a commitment to making time and chatting with people. One care worker told us, "We have sufficient time to do our jobs and listening and chatting is a huge part of it." Another care worker told us, "We always have time to chat. That's our priority." People confirmed they get along with the care workers and care workers spent time talking and chatting throughout the care call. With compassion, care workers spoke about the people they supported. One care worker told us, "This is a wonderful job. I am on the go all the time visiting some fabulous characters." Another care worker told us, "I like my job as I like to help people and give to those in need." A third care worker told us how they enjoyed attending swimming sessions with one person and a fourth care worker told us, "We treat people as you would like your mother to be treated, giving them as much time and attention as you can."

For older people, independence is about exercising choice and control. People confirmed they felt care workers enabled them to have choice and control whilst promoting their independence. One person told us they would 'tell the care worker off' if they didn't respect their independence. Another person told us, "They let me do what I can." A third person told us, "I've got to do a lot of things for myself, they will help me if I need it, they do what I ask." Care workers understood the importance of empowering people to be as independent as possible. One care worker told us, "I always explain what I am doing and encourage them to be independent. I don't like them giving up." Care plans included directions for care workers on which tasks people could manage independently. For example 'They can wash all the parts of their body they can reach'.

The principles of privacy and dignity were understood by care workers. Care workers were able to describe how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering and making sure doors and curtains were closed and the person was covered when assisting them with personal care. Care plans also provided guidance on how a person's privacy could be respected. For example, one care plan recorded, 'The carer should stay behind the shower curtain for (person's) privacy and when they are ready, the carer should wash their back and feet'. People confirmed that care workers respected and upheld their privacy and dignity. One person told us, "Very much so." Another person told us, "She's very kind; I can't stand anyone else doing it. She covers me up and she's only going in the next room. Ten out of ten."

People told us their care and support was provided in the way they wanted it to be. People advised they were aware of their care plan which the management team regularly spoke to them about. One person told us, "The care plan was agreed with me." Another person told us, "Yes, it's a very detailed plan – they discussed it with me and we've looked at it since." When visiting people, care workers checked the care plan for any updates or changes in how

Good

Is the service caring?

the care should be delivered. One person told us, "The carer looks at it every day." A third person told us how their care plan was reviewed last week and they were offered more help.

People's confidentiality was respected. Care workers understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. A couple of people raised concerns over care workers breaching confidentiality. For example, one person told us, "One (care worker) does incessantly (talk about other people) and it's very boring, but she's a lovely carer so I put up with it." We therefore brought this to the attention of the Registered Manager who advised they would remind all care workers of the importance of confidentiality. However, the majority of people confirmed confidentiality was respected.

Good

Is the service responsive?

Our findings

People received care that responded to their individual needs and wishes. People confirmed they could change the timings of their care calls easily and could also request additional care calls when required. One person told us, "Really good, I only have to ring the office and it's sorted." Another person told us how additional care was organised "immediately." Feedback from the questionnaires found that 81% of people agreed they knew how to make a complaint.

People received personalised care that was responsive to their needs. Each person had their own care plan which considered their level of mobility, medical history, continence, falls, medication and dental and foot care. Care plans also detailed information on the care and support that people required from care workers at each care call. For example, one person had a 45 minute morning, 30 minute lunch call and 30 minute evening call. The care plan provided an outline of the tasks required to be done at each care call. During the morning call, support with personal care, making the bed, application of topical cream, support with breakfast and making a hot drink. This provided the care workers with a clear overview of the level of support and tasks required at each care call.

People's needs were assessed and care and support was planned and delivered to reflect their individual care plan. Mechanisms were in place to review and assess the effectiveness and responsiveness of the care plan and package of care. Every three months (or sooner), the provider held individual reviews with people and their relatives to ascertain how things were going. The three month review considered whether people were happy with the standard of care and if people were happy with the overall service. The review also considered if any changes to the care plan was required or if the package of care was no longer meeting the person's needs. One person's care plan review identified the need for care workers to commence a food chart and to also apply topical cream to the individual's legs. People confirmed that a representative from the service regularly visited them to see how everything was going and if they remained satisfied with the service. One person told us, "The Supervisor comes round every few months and reviews it with me."

In addition to formal reviews people told us the service was very responsive to any changes or amendments they may want to make. One person told us how care workers covered at short notice when their main carer was away. Another person told us how they had recently changed the day of their care call through the office and confirmed this went smoothly. A member of the management team told us, "Our staffing levels enable us to pick up any emergency care calls people may need or be able to meet requests when people ask for additional care calls."

The provider understood the importance of working in partnership with healthcare professionals and Social Services to ensure the best delivery of care. A member of the management team told us, "We work closely with Social Services, they are very, very helpful and are always supportive about increasing the care package if need be." Another member of the management told us, "We've built a really good rapport with Social Services which is important." Documentation was readily available when the management team had been contact with Social Services and the outcome of the contact. Care plans included details on the person's allocated Social Worker and Social Workers were regularly involved in reviews of packages of care.

People confirmed they felt able to express their views, opinions or raise any concerns. One person told us that if they had concerns they would talk to, "(person) in the office." Another person told us, "They're very prompt to answer the phone and are always very willing to listen." A third person told us that in the past they had been, "very receptive and understood immediately" when they had raised a concern and commented that the concern was promptly resolved. Information on how to make a complaint was provided to people when they first started receiving care and people confirmed they felt any complaint would be dealt with and acted upon. The complaints policy was also accessible to people within their homes, within their care plan. The policy set out the timescales that the organisation would respond, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have.

In the past year, the provider had received five complaints. Each complaint had been investigated with feedback provided to the complainant. Learning was also derived

Good

Is the service responsive?

from complaints. For example, one complaint had identified the need for further food hygiene training. Care workers confirmed they would support people to raise a complaint if someone approached them with a concern. Care workers had confidence that the registered manager took any complaint seriously.

Requires improvement

Is the service well-led?

Our findings

People and care workers spoke highly of the leadership of the service. One care worker told us, "The manager is a good boss. If you tell him anything he will act on it." Another care worker told us, "He (the manager) is a good listener and you can approach him with any problems and any ideas for the business. He will speak to you in a way you can understand about his reasons why he said yes or no." People confirmed they would recommend Hanover Care to a friend. One person told us, "I haven't had any dealings with any other agency but I have recommended Hanover." One relative told us, "Would recommend, I think they're very good." Despite people's high praise for Hanover Care, we found certain aspects of the service were not consistently well-led.

The provider completed a quarterly audit for the local authority which considered training, management, complaints, missed, early and late calls along with staff development. The provider also sought feedback from people, relatives and care workers. Spot checks were also completed along with surveys, supervisions and call monitoring logs. However, a robust quality assurance framework was not in place as the provider was not always recording quality assurance checks they were making. For example, the provider was not completing any internal audits. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people. Alongside not completing internal audits, there were no formal mechanisms in place for the service to scrutinise themselves and identify areas for improvement.

We looked at a sample of MAR Charts (Medicine Administration Records). We found scenarios where the MAR chart included several months (such as July, August and September 2015) on one MAR chart instead of a new MAR chart being commenced at the beginning of each month. The absence of a formal recorded MAR chart audit meant the provider had not identified that MAR charts had multiple months recorded on one chart. The absence of a MAR chart audit also meant the provider had not identified that these records had not been signed by the care workers creating them nor had they been checked and signed by a second person for accuracy against the prescribed instructions. This meant there was the risk that that people may not have received their medicines as prescribed and there was no system to check for accuracy or errors.

From talking to people and care workers, we were satisfied that people were receiving their required medicines and MAR charts contained no significant omissions. The registered manager told us that when MAR charts were returned to the office, they were reviewed by the management team to look for any omissions; however, this was not formally recorded. Therefore in the absence of a recorded formal MAR chart audit, the provider could not demonstrate when these shortfalls had been identified and what action had been taken. We brought these concerns to the attention of the Registered Manager who was responsive to our concerns and immediately took action to address our concerns, which included a robust system for monitoring and reviewing MAR charts.

Care plans were not subject to a formal audit, therefore there was no formal mechanism to identify when care plans could be expanded upon. Care plan contained the basic information required to aid the care workers but some care plans lacked personalised information, such as the likes, dislikes and life history of the person. Where people were at high risk of skin breakdown, this was not consistently reflected in the care plan, neither were the actions required to minimise the risk. Such as the application of barrier cream, regular re-positioning, pressure relieving equipment or if the person was receiving any input from the district nursing team. For example, one person was unable to weight bear and therefore at heightened risk of skin breakdown due to reduced mobility. The care plan failed to identify this risk and a risk assessment was not in place. There was also no reference to the pressure relieving equipment that was in situ. Another person had the district nursing team providing input and care workers were required to apply a small dressing. However, the care plan failed to identify the input from the district nursing team and the actions required to minimise the risk of skin breakdown. The management team and care workers were aware of the measures, however, for new care workers, this guidance would not readily be available in the care plan. We brought this to attention of the registered manager who was open to our

Requires improvement

Is the service well-led?

concerns and following the inspection sent us an outline of a care plan audit they would implement which included mechanisms for identifying how to improve and build upon care plans.

The absence of a quality assurance framework also meant the provider had failed to identify that some care workers were arriving to care calls not wearing the appropriate uniform. The registered manager told us, "We expect care workers to either wear the tunic, polo neck shirt along with a name badge. In exceptions, we would allow a plain polo neck shirt to be worn but it is the expectation that the care workers wear the uniform." During visits to people's home, one care worker was observed wearing a shirt and jeans and not the appropriate uniform. Some people also highlighted that care workers did not always wear uniform and one person commented that one care worker arrived wearing another service's uniform. However, on the whole, people commented that care workers always arrived looking neat and tidy. We brought this to the attention of the registered manager who confirmed they would remind care workers of the importance of wearing uniform.

We recommend that the provider considers a more robust quality assurance framework which governs the running of the service.

People and care workers were actively involved in developing the service. Satisfaction surveys were sent out on a yearly basis which enabled the provider to gain feedback on the running of the service. The satisfaction surveys for 2015 had just been sent out, therefore we looked at the results of the 2014 satisfaction surveys. 100% of care workers felt they were supported by the management team and 100% of care workers also felt the management team dealt with them politely and efficiently. Comments from the 2014 people and relative satisfaction survey included, 'I think the staff are fantastic'. 'A remarkable ability to select very good care staff, maybe due to your training programme, your management, leadership or quality of available pool'. The registered manager told us, "We welcome feedback to help us identify where we can make improvements."

The provider operated in a culture of honesty and openness. Care workers described the registered manager and management team as being approachable and operating an open door policy. Care workers noted the strengths of the service as, "Its open door policy," and "The approachable and supportive office staff." Staff meetings were held as a forum to enable care workers to discuss any concerns or raise practice issues. The registered manager acknowledged that staff meetings were not held on a regular basis. The last staff meeting was held in May 2015. The registered manager told us, "We find it hard getting all care workers here together, due to them either working or unavailable due to other commitments." Care workers also commented that staff meetings were very infrequent and some care workers commented they would welcome the opportunity to meet other care workers on a more regular basis. The registered manager and management team commented they were trying to think of innovation ways to get care workers to attend staff meetings. They commented they had even introduced a £10 incentive to attend, but this had little impact on the numbers of care workers attending the meeting. The registered manager advised they would continue to think of ways to improve attendance at staff meetings.

The service demonstrated good management and leadership. There was a manager who was registered with the Care Quality Commission (CQC) who was able to describe the history of the service. The registered manager told us, "Hanover Care started in 2000 and the homecare element of the company is relatively small but a significant element of the company." The service had a strong focus on continuity of care and providing high quality person centred care which was embedded into everyday practice. One care worker described a key strength of the service as, "The quality of the carers who are very caring and dignified and who look after their clients well."