

Mrs Caroline McMenamy

Haydock Community Care

Inspection report

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Date of inspection visit:
22 August 2018
23 August 2018

Date of publication:
24 September 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on the 22 and 23 August 2018.

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 there were 33 people being supported.

The registered manager of the service was also the registered provider. They had been registered with the CQC for a number of years. 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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question, well led to at least good. This was because we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to relevant information not being recorded in relation to the authentication of references, staff training and people's care records. At this inspection we found that the necessary improvements had been made.

Audit systems were in place to monitor the quality of the service being provided. These consisted of spot checks, reviews of people's care and surveys. Where improvements were required action had been taken to address these.

People informed us that they usually received care and support from the same staff and that they turned up on time. The registered provider had an electronic monitoring system that required staff to log in and out when they attended a call. Where staff did not attend on time or missed a call, office staff followed up on this to identify the reasons why.

People each had a personalised care record in place. These contained relevant information regarding people's likes, dislikes, the level of support they required from staff and any important details relating their physical and mental health needs. These had been reviewed to ensure information stayed up-to-date. This ensured staff had access to relevant and up-to-date information.

Risk assessments were in place which assessed risk factors posed by people's needs and any action that needed to be taken to mitigate these risks. This included risks relating to people's skin integrity and their risk of falls. Where people had been deemed to be at risk, appropriate action had been taken to address this.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and they had a good knowledge of how to identify and report any concerns they may have.

Recruitment processes were safe and ensure people were supported by staff who were of suitable character. Staff had been required to provide two references, one of which was from their most recent employer. They had also been subject to a check by the Disclosure and Barring Service (DBS) to ensure they were not barred from working with vulnerable groups of people.

Positive relationships had been developed between people and staff who used the service. People spoke highly of staff telling us that they were kind, respectful and treated them with dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to meet people's needs. Staff attended calls in a timely manner, staying for the correct amount of time.

Recruitment processes ensured staff were of suitable character and protected people from the risk of abuse.

Staff had received training in safeguarding vulnerable adults and knew how to report any concerns they may have.

Is the service effective?

Good ●

The service was effective.

Staff had received the training they needed to carry out their roles effectively.

People's rights and liberties were being maintained in line with the requirements of the Mental Capacity Act 2005.

People commented that where staff prepared food for them, this was done in a hygienic manner.

Is the service caring?

Good ●

The service was caring.

Positive relationships had been developed between staff and people who used the service.

People told us that staff treated them with dignity and respect.

People's confidentiality was maintained through the secure storage of personal information.

Is the service responsive?

Good ●

The service was responsive.

Personalised care records were in place which clearly outlined

people's needs.

Information in care records had been reviewed to ensure it was kept up-to-date.

There was a complaints process in place which people confirmed they would use if they felt they needed to.

Is the service well-led?

Good ●

The service was well led.

There were quality monitoring systems in place to ensure the quality of the service was being maintained.

People's views on the service were being sought through surveys.

The registered provider was notifying the CQC of specific events that occurred within the service as required by law.

Haydock Community Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was announced and carried out by one adult social care inspector.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we asked the local authority if they had any concerns about the service. They did not raise any issues.

During the inspection we visited two people in their own homes, spoke with one person's relative and spoke to two people over the phone regarding the care they received. We looked at the care records for three people using the service. We spoke with three members of staff and the registered provider. We looked at the recruitment records for three members of staff. We looked at quality monitoring processes, the electronic monitoring system and other records relating to the day to-day-running of the service.

Is the service safe?

Our findings

People told us that they felt safe and well looked after by staff. Their comments included, "Yes, I feel safe", "I feel comfortable with them coming into my home" and "I don't have any concerns about my safety when [staff] are here".

We spoke with staff who had a good understanding of safeguarding procedures and what they would do if they suspected someone was at risk of abuse. The registered provider had a safeguarding policy in place which was available to staff. People did not report any concerns regarding the care they received, commenting that they felt safe in the company of staff.

There had been no recent accidents or incidents within the service. However, risk assessments had been carried out to ensure that staff were aware of any risk-related factors and to help mitigate the risk of harm or injury to people using the service. For example risk assessments had been completed in relation to falls and pressure ulcers. Where these areas had been identified as risks, appropriate action had been taken to involve the relevant health and social care professionals. This helped keep people safe.

We looked at three recruitment records for three members of staff and found that safe recruitment practices were in place. Staff had been asked to provide a minimum of two references, one of which needed to be from a previous employer. In one example we observed that whilst a reference had been requested it had not been received. We asked that the registered provider follow up on this or request an additional reference option which they did. New staff had also been subject to a check by the Disclosure and Barring Service (DBS). The DBS checks whether applicants are barred from working with specific groups of people and helps employers make informed employment decisions.

People we spoke to reported that staff turned up on time and spent the required amount of time with them. We looked at rotas which showed that there were enough staff in place to meet people's needs. Rotas also gave appropriate consideration to the distance staff would need to travel between calls to ensure they arrived in a timely manner.

People told us that they received their medication as prescribed. We looked at Medication Administration Records (MARs) which showed staff were signing these after supporting people with their medicines. Staff had all received training in the safe administration of medicines and their competency to do so safely had been checked.

People reported that staff carried out good infection control procedures. One person commented that staff "always used gloves" whilst another commented, "They always leave the place clean and tidy after they're done." Another person told us that staff had good hygiene in the kitchen when preparing food for them.

Is the service effective?

Our findings

People we spoke with told us that staff had the necessary skills and that they felt safe being supported by them. Their comments included, "Staff do their job well and make me feel comfortable" and "Staff are skilled at what they do". Training records showed that staff had received the training they required to carry out their work effectively. For example, staff had completed training in first aid, moving and handling, infection control and safeguarding. Training was delivered by in house trainers who had completed the relevant training themselves to be able to deliver this.

New staff were required to undertake an induction period prior to starting their role. This included carrying out training and shadowing experienced members of staff. The induction period was carried out in line with the Care Certificate. The Care Certificate is a national qualification which sets out standards which care staff are expected to meet.

Records showed that staff were receiving supervision and appraisals with management. Supervisions allow staff the opportunity to discuss any training and development needs they may have and also allow management to discuss any performance related issues.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In community based settings, any restrictions placed on people need to be authorised by the Court of Protection (CoP). At the time of the inspection the service was not supporting anyone who was subject to a restriction that required the intervention of the CoP.

People's care records contained details of their cognitive ability and their consent was being sought where required. People confirmed that staff asked their preferences and offered them choice, for example what clothing they would like to wear for the day and/or what meal they would like preparing at lunch time. This showed that the service was delivering care in line with the requirements of the MCA.

People told us that staff practiced safe food handling techniques when preparing meals for them. One person commented, "Yes they're (staff) hygienic in the kitchen. I've no worries about that". Another person told us that staff left the kitchen clean and tidy after they had used it.

Where people experienced a decline in their physical or mental health needs staff had supported people to access help from the relevant health or social care professional. In one example the manager had been in contact with the local authority to express concern about one person's level of need. A plan had been put in place to support this person maintain their safety within their own home.

Is the service caring?

Our findings

The registered provider had measures in place to ensure that information was accessible to people. For example, care records were available in large print so that people could access these more easily. The manager confirmed that staff took the time to go through care records with people where they had a sensory impairment to ensure they were happy with the information recorded.

The registered provider confirmed that they did not have any specific measures in place to promote the service as LGBT (Lesbian, Gay, Bisexual and Transgender) friendly. However, during the inspection they updated their statement of purpose to reflect that the service was inclusive and welcoming of all people. The manager told us they would explore ways of ensuring that people felt comfortable to openly express themselves without fear of discrimination.

Positive relationships had been developed between staff and people using the service. A majority of people confirmed that they knew the staff who supported them because they consistently attended their call. Where people reported a lack of consistency with staff, we raised this with the registered provider for this to be looked into. However, everyone we spoke to gave positive feedback about the standard of care that was provided to them. Their comments included, "Staff are always respectful, friendly and happy to talk", "I find all of the staff good", "They (staff) are good mates. We get on fine" and "They (staff) are almost like my children we get on so well."

Where new staff attended people's calls, people confirmed that they were introduced by an experienced member of staff who they were familiar with. People told us that this helped them to feel more comfortable and at ease when being supported by someone new.

People confirmed that staff treated them with dignity and respect. One person told us, "They (staff) are very kind and respectful" whilst another person told us, "Staff are respectful towards me. I can't say a bad word against them." Throughout the inspection we overheard staff and management discussing people and their needs. They spoke with kindness and respect when referring to people.

People told us that staff were respectful of their homes and tidied up after themselves, leaving the place clean and tidy. One person told us, "Staff leave the house tidy after they've been" whilst another person commented, "Oh yes, they leave the place spotless. Sometimes they even leave it cleaner than when they came." This showed that staff were mindful and respectful of people's personal space.

People commented that staff adapted to meet their needs, providing care that was person-centred. One person commented, "Staff adapt to my needs and how I'm feeling on the day. Sometimes I'm able to do more on one day than I can on another." Another person also told us that the service made the effort to re-arrange their calls if their daily routine changed, for example if they were planning to go out for the day. This person told us, "The standard of care is high and flexibility is high which is what we want".

People's confidentiality was protected. Information about people was stored securely in a central office in

locked cabinets. Where information was stored electronically this was password protected to prevent unauthorised individuals from accessing this.

Is the service responsive?

Our findings

People each had a personalised care record in place which contained information about their likes, dislikes and preferred daily routine. For example, one person's care record outlined their preferred shower gel and their preference for using a sponge during personal care. These also adopted a strengths-based approach, outlining positive characteristics about people. For example, "[Name] has a fantastic sense of humour and is always laughing and joking".

Care records provided clear instruction to staff on what time the call should start and what support should be provided. Important information regarding people's specific needs was also included, for example one person's care record outlined specific actions that staff needed to take to maintain their safety. In another example care records outlined the person's vulnerability to developing pressure ulcers and required staff to check on these whilst personal care was being provided.

Daily notes were completed by staff which outlined people's general presentation and wellbeing, the support they had received. This showed that people's needs were continuously being monitored and evaluated.

Information within care records was reviewed to ensure it stayed up-to-date. Reviews took place on a routine basis, however they were also carried out as required, for example if there were changes to a person's level of need. This meant that staff had access to up-to-date information regarding people's needs.

People confirmed that the service was "flexible" and met their needs. Staff turned up to calls on time, or where they were going to be late the person was informed by office staff, however people confirmed this did not happen often. People commented that if they needed to make changes to the usual call times, the service made an effort to accommodate this. This showed that the service being delivered was person-centred.

At the time of the inspection there was no one being supported who was at the end of their life. However, a number of compliments had been received by the service from people's relatives, expressing gratitude for the support that had been given. Comments included, "Many thanks for looking after [my relative] over their last days. I will remember you all forever" and "I would like to thank you all for the care and kindness you have to [my relative]. We managed to provide them with a comfortable and pleasant quality of life". This showed that the service had met the needs of people at the end stages of their life.

There was a complaints process in place and people confirmed that they would feel comfortable making a complaint if they needed to. At the time of the inspection no complaints had been received by the service.

Is the service well-led?

Our findings

The registered provider of the service was also the registered manager and had been in post for a number of years. The day-to-day running of the service was carried out by a member of the management team because of their expertise in working within social care organisations.

At the last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because recording systems within the service were not robust enough. At this inspection we found that the required improvements had been made.

Audit processes were in place to monitor the quality of the service being provided. This included the production of a report for the local authority which showed that a majority of people received care from the same staff, and that staff arrived on time. The registered provider had an electronic monitoring system in place which required staff to log in and out of calls. Where staff were late, or had not turned up to a call this was identified by the system and action was taken by office staff to follow up on this.

Reviews of people's care needs were carried out which included oversight of people's medication, care records and people's satisfaction with the care being provided. Where issues were identified action was taken to address this. In one example it had been identified that a member of staff was making frequent medication errors. Appropriate action had been taken to address this through offering additional training and support.

Whilst audits were being carried out and it was evident that changes were being made in response to these, there was no record being maintained regarding areas of improvement that had been identified and acted upon. We raised this with the registered provider and during the inspection a document was produced for use in future reviews. This would enable a more robust and transparent audit process.

The management team frequently supported care staff with attending people's calls. This meant that they were able to observe staff practice and identify any concerns, or areas of good practice that were being carried out. This also meant there was a good level of familiarity regarding people's needs at all levels within the service. People commented that they found management to be accessible and felt that any concerns they did have would be addressed in a timely manner.

Spot checks took place during which staff were observed to ensure the care being provided was in line with best practice. This enabled management to identify and work towards areas of improvement.

Surveys had been completed by people using the service and their relatives. These were sent out to people on a six-monthly basis. The most recent survey had seen a response from seven out of 33 people using the service. The responses had shown people were happy with the care being provided.

Staff meetings took place during which information could be cascaded to staff from management, for example reminders to ensure records were appropriately signed when giving medication. Staff told us they

felt able to contribute to discussions about the service and the ways in which it could be improved.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we reviewed this information and found that this was being done.