

Hartlepool Care Services Limited

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Inspection report

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07 March 2016

09 March 2016

13 April 2016

21 April 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 7 and 9 March 2016 and 13, 21 April 2016 and was announced. We last inspected the service on 22 September 2015 and found the registered provider met the regulations we inspected against.

Hartlepool Care Services provides domiciliary care and support to people in their own homes. At the time of our inspection the service provided support to over 300 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.'

People told us they received their care from kind staff who treated them with dignity and respect. One person commented, "They are worth their weight in gold, I have regular carers and they are wonderful." Another person said, "They are very kind when they are here. The regulars are excellent, they stay as long as they should. I have a regular care worker who comes to take me out, she's very good."

Care workers had a good understanding of safeguarding adults including how to report concerns. They were also aware of the whistle blowing procedure and said they would not hesitate to use the procedure if they had concerns.

People received their medicines from trained staff. Medicines administration records (MARs) we viewed were accurate and fully completed. Regular checks were carried out to help ensure people received the medicines they needed in a timely manner.

People were cared for by well trained and knowledgeable staff. Staff said they were supported to carry out their role. One staff member said, "We have supervision every three months. [Manager] is approachable, she would help."

The registered provider followed the requirements of the Mental Capacity Act (MCA). Information was available to guide staff as to how to support people who lacked capacity with making day to day choices. People received the care they had consented to. One person commented, "They are very nice to me, they do what I want."

Most people told us they received an inconsistent service due to frequent last minute changes to rotas. In particular, people said staff often turned up at different times and sometimes different care workers to those they expected to see.

New care workers were only employed following the completion of an effective recruitment process,

including receiving references and checks with the disclosure and barring service (DBS).

Care worker supported people to meet their nutritional needs. One person told us, "They make my breakfast and see that I get a snack lunchtime, I make my own tea but it's in the oven so I time it for when they come so they can put it on the tray." Another person said, "They do my meals, I buy microwave meals and they do them for me."

People's needs were assessed shortly after they started using the service. However, assessments were generic and did not capture details of people's specific needs and preferences. People had care plans and service user profiles in place which detailed the care and support they wanted from the service.

There was a complaints procedure for people to access if they had concerns. People told us they knew how to complain and would do so if they had concerns. One person told us, "I would just ring the office if anything was wrong." The complaints log showed individual complaints had been investigated and action had been taken.

The registered provider had a range of checks in place to check on the quality of people's care. People were sent questionnaires in order to provide feedback about their care. Most feedback received was positive.

We found the inconsistency of staffing was a feature throughout our inspection as negative feedback about this was apparent in complaints, service user reviews and consultation. The registered provider was in the process of re-structuring the service to improve the consistency of people's care. This included developing new teams based around a particular locality.

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. People said the care service they received was sometimes inconsistent due to the current structure of the rotas. An effective recruitment process was in place.

Medicines records and procedures supported the safe administration of medicines.

Staff had a good knowledge of safeguarding and whistle blowing, including how to report concerns.

Requires Improvement ●

Is the service effective?

The service was effective. Staff received regular supervision, appraisal and training to help them fulfil their caring role.

People were asked for permission before receiving care. The registered provider was following the requirements of the Mental Capacity Act (MCA).

People were supported to make sure they had enough to eat and drink.

Good ●

Is the service caring?

The service was caring. People gave us positive feedback about the care they receive from Hartlepool Care Services.

People told us the care workers were kind and considerate.

People were treated with dignity and respect.

Good ●

Is the service responsive?

The service was responsive. A standard assessment was carried out when people started using the service.

Staff had access to care plans and additional information to help them understand people's care needs.

There was a complaints procedure available to people if they

Good ●

had concerns. Previous complaints had been investigated and dealt with.

Is the service well-led?

Good 

The service was well led. There was a registered manager in post.

There were quality checks in place and action was taken where issues had been identified.

People were consulted about their care service.

The registered provider was re-structuring the service to address people's concerns about staffing rotas.

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 7 and 9 March 2016 and 13, 21 April 2016 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 was carried out by an adult social care inspector 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 care 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 spoke with 17 people who used the service and four family members. We also spoke with the owner, registered manager and three care workers. We looked at the care records for six people who used the service, medicines records for six people and recruitment records for four staff.

Is the service safe?

Our findings

Most people we spoke with told us the staffing arrangements were inconsistent and this had a negative impact on their impression of the service. One person said, "It could be better, they turn up at all sorts of times and so many different people. I have a rota but it changes." Another person told us, "I have a rota but it's changed a lot don't know who I am going to get two days in a row, they are a bit late but sometimes they ring me." A third person commented, "The rota gets changed nearly every day, they don't ring unless they are going to be really late, I had to ring the other day as it was 10 o'clock and the morning carers hadn't come. And they had to send someone who was already on their way home." A fourth person said, "The rota I had this week is the first one I have had in weeks and there isn't a chance it will be what you get. I am a bit different as no one can come if they are at all unwell and I have had to remind them time and time again, you ring up the office and it's 'oh we weren't aware of that' and I say 'of course you are you've been coming for five years.' The Supervisor who left had it all sorted out but it's slipped back again. I don't know who is coming from one day to the other and that's not nice." A fifth person told us, "I've got a couple of issues, I've got to get onto the manager again. My calls are all over the place again, the girls just told me my teatime call isn't till 5pm tomorrow and that's no good, I have three calls a day and we had it sorted out nicely but it's going off again." Care workers confirmed there had been problems with rotas, particularly due to unexpected staff sickness. One care worker said rotas were "fine" when there was no sickness.

Although most people told us they received an inconsistent service, some people said they had regular care staff visiting. One person said, "We used to have all sorts coming but I have the same regular carers now." Another person commented, "I have regular carers now and they are wonderful." A third person commented, "We have a regular carer and she is very good, they have got [my relative] settled down now." At the time of our inspection the registered provider was implementing a re-structure of the service to address the issue people had raised about staff rotas.

People told us they felt safe. One person said, "They [staff] lock up when they go." Another person told us, "I know who is coming and when." Staff confirmed they felt the service was safe.

Staff showed a good understanding of safeguarding adults, including how to report concerns. Care workers said they would go straight to the manager if they had any concerns. One staff member said, "I would phone my next in line and speak with [manager]." The safeguarding log confirmed five safeguarding concerns had been recorded. These had been dealt with in line with the agreed safeguarding procedure including a referral to the local authority safeguarding team. The safeguarding file contained a 'safeguarding checklist' for staff to refer to. This was a step by step guide to ensure staff followed the correct safeguarding process.

Staff were aware of the registered provider's whistle blowing procedure. They said they felt able to raise concerns and some staff had done so in the past. One person told us when they had used the procedure previously their concerns were dealt with "very good, they were dealt with appropriately".

Medicines records we viewed supported the safe administration of medicines. The registered provider had a check-in procedure for all new people to clarify which medicines the person took. All medicines

administration records (MARs) had been completed accurately with the details of medicines care workers had given to people. Where medicines hadn't been given, codes were used to identify the reason for non-administration. Medicines records were checked each week by senior care workers to ensure they were filled in correctly. The registered manager carried out a further check each month. These checks had been effective in identifying concerns with medicines records, such as missing signatures. Regular assessments were carried out to check staff administering medicines were competent to do so. These were up to date at the time of our inspection. The registered provider had recently held a specific meeting to remind staff of the correct medicines procedures. Topics discussed included MARs, the different levels of support people received with medicines and a reminder for staff to make sure they supervise people taking their medicines.

Effective systems were in place to check newly recruited care workers were suitable to work with vulnerable adults. We viewed the recruitment records for four recently recruited care workers. These confirmed pre-employment checks had been carried out, including requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

The registered provider kept a log of incidents and accidents. There had been no incidents logged involving people using the service.

Is the service effective?

Our findings

Most people felt the care staff were well trained and knew what they were doing. One person commented, "They [staff] seem well trained. If there is someone new, they come with a Supervisor till they know what to do." Another person said, "I have a regular girl Sat to Tues and then whoever but they are all very nice. They know what they are doing." One family member told us, "They seem to be very well trained." Another family member said, "[My relative] will only take to certain people, so it's regular carers we have. They all seem very well trained." Staff confirmed the registered provider was pro-active about training. One staff member said, "There is plenty of training for anybody who wants it." Training records confirmed training the registered provider identified as essential was up to date.

Staff said they were well supported to carry out their role. One staff member said, "We have supervision every three months. [Manager] is approachable, she would help." Another staff member told us, "90% supported, things are usually dealt with." Records confirmed staff received regular supervision and appraisal which were up to date at the time of our inspection.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Most people using the service had capacity to make their own decisions. Where people lacked capacity, an assessment had been carried out as to their communication needs to provide staff with an understanding of how to support the person with decision making. For example, people had been assessed as having the ability to understand verbal communication and were able to make daily living choices with support from staff.

People were asked for permission before receiving any care or support. One person said, "it's very good, it works for me, they are lovely, they do everything I ask them to, they are very nice to me." Another person commented, "They are very nice to me, they do what I want."

People told us new staff were always supervised by experienced staff before working independently. One person said, "It's usually the regular girls who come. The Supervisor was out last week with a new one [care worker]." Another person commented, "If there is a new one [carer] they come with a Supervisor at first and they are always nervous but that's to be expected, some are very good but others are just 'I don't know how to do that'."

People were supported with their nutritional needs. One person told us, "They make me cups of tea." Another person said, "They do my meals, I buy microwave meals and they do them for me." A third person

told us, "They do my meals; well they can't make a meal in half an hour so I start it and they finish it off." A fourth person told us, "They make my breakfast and see that I get a snack lunchtime, I make my own tea but it's in the oven so I time it for when they come so they can put it on the tray."

Some people felt some care workers had cookery limited skills. One person said, "I do my meals with help and they do them if am very ill but the young girls can't cook, so it's egg on toast." Another person commented, "Some are good but some are well, they can't even boil an egg." One person told us the registered provider had responded by running a "course on quick nutritious meals".

Is the service caring?

Our findings

People told us they received their care from kind and caring staff. One person commented, "They are worth their weight in gold, I have regular carers and they are wonderful." Another person said, "They are very kind when they are here. The regulars are excellent, they stay as long as they should. I have a regular care worker who comes to take me out, she's very good." A third person told us, "The girls are lovely, it's not their fault they get no travel time." A fourth person commented, "The girls are very good, very kind, they do everything I ask them to." A fifth person said, "They are very good, I couldn't manage without them, they are very nice." One family member said, "[Care worker's names] are in particular, very good. It's been marvellous."

People described how staff members aimed to meet their needs. One person said, "They have everything down to a fine art, if I am a bit poorly they'll stop and chat and fetch me a cup of tea." Another person told us, "They are alright they have a bit chat with me, they are company." A third person commented, "We have a laugh with the girls, they couldn't be nicer, one even brought me an electric can opener whilst I can't use my arm properly." A family member said, "The sitter is marvellous, they sit and chat and watch [my relative's] favourite cowboy movies, I think he has her brainwashed."

People said they were treated with dignity and respect. One person said, "I didn't want help really, and it took me a long while to accept help in the shower and things, I was so embarrassed, but I have come round to it and the girls are so good, they help me make it private, so it's alright." Another person commented, "They are polite enough, it's OK." A third person told us, "The girls are very good, they are very nice to me, they do everything for me." A fourth person said, "They are nice though, very polite and kind." One family member told us, "[Care worker] assists [my relative] to the toilet and makes [my relative] a drink, it works very well, it suits us." Care workers described how they provided care in a respectful and dignified manner. For example, talking to the person and building trust to make them feel relaxed.

People described positive relationships between people and staff members. One person said, "The girls are very good, I work with them and they work with me." Another person commented, "I've had this service a long time, lots of people have come and left but I like to see them all." One family member commented, "The girls are very good with [my relative], [my relative] won't do things for me but [my relative will] do it for them."

Staff demonstrated a good understanding of the importance of promoting people's independence. One care worker said, "We know [people's] needs, what they can and can't do." They went on to tell us how they would ask people if they wanted to do things themselves first, such as eating and helping with the washing up.

Is the service responsive?

Our findings

People's needs had been assessed both before and after they started using the service. For local authority commissioned services the registered provider was sent detailed information about people's needs when they were referred to the service. Care workers then carried out a further assessment to determine the care and support each person required. This included completing a 'Lifestyle discussion/preferences' document. This contained a series of standard statements which were ticked depending on what people identified as being important to them. For example, 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. People were also asked about what they wanted to change about their care and any 'key issues' in how they wanted their care provided. For example, 'to be valued and treated with respect' or 'to be treated as a person'. However, due to the generic nature of the assessment most people's assessments were similar and lacked personalised information about what these statements meant to each individual person.

Following completion of the initial assessments an action plan was developed. This was a short summary of the person's needs, agreed outcomes and how they could be achieved. We found action plans were similar for each person and lacked details of people's preferences. The registered provider was aware of the limited information the current format allowed and was implementing 'service user' profiles to supplement the action plans. These contained personalised information specific to each person. We viewed an example of a completed service user profile. This had been written jointly with the person and family members and contained a step by step guide as to how the person wanted their care provided. The registered manager told us, "Most people have a service user profile." One family member commented, "We did all the care plans with them, we would know who to ring." One care worker said, "We are doing profiles now for care plans." This meant staff had access to personalised information about each person to enable them to provide the care people wanted.

People confirmed the service was responsive to their needs. One person told us about how care staff had observed they may need additional assistance. They said, "They [care staff] have spotted I need a different chair as they say I look uncomfortable, so that will be the OT." Another person said, "[My family member] wasn't so well today, so I rang and cancelled the call, no problem, you just ring them." A third person commented, "I go out with my carer in my wheelchair for a couple of hours. Sometimes we go by taxi somewhere, it's very good that."

People knew how to complain and felt able to do so if they had concerns. One person told us, "I would just ring the office if anything was wrong." Another person said, "If I had a complaint I would just ring the office." A third person commented, "If I had a complaint I would just ring [care worker] and speak to her, but I have never needed to." One person told us a recent complaint they had made had been dealt with appropriately. They said, "I had to make a complaint recently, I don't like to but this carer did something I thought was not acceptable, so I rang. The carer hasn't been back since."

We viewed the registered provider's complaints log, which showed 19 complaints in the past 12 months had been logged and dealt with. Most complaints related to issues with care staff rotas, such as care workers

arriving late and the number of different care workers. The registered provider was taking action to improve the consistency of staff rotas.

Is the service well-led?

Our findings

People told us they were able to contact head office and speak with approachable staff members. One person said, "The office are very nice, very polite on the phone." Another person told us, "If you ring the office, what I like is that the receptionists always tell you their name, identifying who they are."

Staff said the registered manager was approachable. One staff member said, "I can go to the manager and get things sorted out. The manager is very approachable, she listens to what we say." The registered provider had developed links with an external support service for staff to access to discuss any issues they may be experiencing. Regular staff open days were held including a recent event to disseminate details of the restructure programme. Regular memos were issued to staff to raise awareness of important issues. For example, a memo was circulated about the impact of staff sickness on the service.

People felt the organisation of the service could be improved. One person said, "On the whole it works but it has its problems. There are girls travelling all over town and back again when they could divide it up better." Another person commented, "The Supervisor is out often, she comes if someone doesn't turn up. They've shifted my times again, they don't coordinate people." At the time of the inspection the registered provider was in the middle of a full re-structuring programme to improve the experience of people using the service. The re-structure included developing consistent teams of care workers based around a location, the development of quality officer roles to drive improvement and the development of champion roles to raise staff awareness of specialist areas of care, such as dementia, learning disabilities and mental health.

Most people commented that the registered provider carried out regular checks to help ensure they received good care. One person said, "There was a Supervisor out here last week from the office, they come out and ask questions and check." A second person told us, "They were here from the office about six weeks ago to check." A third person commented, "I had a visit a few months back from a Supervisor, I used to get a visit every year then it didn't sort of happen, so I told her and she sorted out my book and said she would check on everything." A fourth person said, "They come and check sometimes and see I am alright." Family members confirmed these reviews took place. One family member told us, "They have been out to check on things." Another family member commented, "We have a yearly review." A third family member said, "We have a regular review every 3-4 months, a Supervisor comes out." We viewed examples of previously completed checks. This included checking people's care plans were still appropriate. People's views were also recorded. For example, one person had commented they were 'happy with all the carers, times are fine and everything is going ok'. The only negative feedback given was about the inconsistency of staff rotas.

People had more formal opportunities to give feedback about the care they received. For example, questionnaires were sent to people each year to gather their views. People we spoke with confirmed they had received these questionnaires. One person said, "I do get questionnaires and things sometimes, it's OK I suppose, it does what it needs to." We viewed the feedback from the most recent consultation. 84 people had responded and feedback was mostly positive. People were asked to rate the service as either: 'excellent'; 'average' or 'poor' across a range of areas, including privacy and dignity, punctuality, promoting independence and the overall quality of the service. We found 73% of people had rated the service as

excellent with nobody giving a poor rating. Where people had given negative comments these were consistent with our own findings in relation to care staff rotas.

A range of audits and checks were in place to help ensure people received good care. These included checks of medicines, record keeping and care plans. These had been pro-active in identifying issues and taking appropriate action. A quality assurance self audit identified the service lacked a system of care records audits. We found these were in place at the time of our inspection.