

Heywood Carers Limited







Heywood Carers

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?	Outstanding	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 17 March 2015 and was announced.

Heywood Carers is a family-owned domiciliary care service that works primarily in the village of Cranleigh in Surrey. It was established in 1994. The service has the aim of supporting people to maintain or increase their independence. They work with older people who are independently mobile but may require assistance with tasks such as washing, dressing and food preparation. Alternatively, people may be able to carry out personal

care tasks independently but find reassurance in the fact that a care worker is on hand should they require assistance, for example, whilst having a bath. At the time of our visit, the service was supporting 40 people with personal care and employed 12 care workers.

The owner is also the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were full of praise for the service. One person told us, "They couldn't be a finer lot, they are magnificent. All delightful and all hardworking. They work as a team. I can't speak too highly of them". A nurse who worked closely with the service said, "They're very reliable, experienced, trustworthy and cheerful". Staff spoke positively about their work. One said, "It's a lovely job, I really do enjoy it". Another told us, "I'm very taken with it. I wouldn't care to work for another care agency".

The provider worked in a focused geographical area and provided a reliable service. Staff had worked with the service for many years and people enjoyed a consistently high level of support from care workers who they knew well. People were involved in determining the care that they received and were encouraged to pursue their independence. This aim was supported by the recommendation for hour-long visits if personal care was to be delivered. One person said,

"I'm very happy with the care I receive and enjoy the company of my carers". Feedback received by the provider was testament to the fact that the service had enabled people to continue to live in their own homes. Some people had discontinued the service once they could manage again without support.

People received a safe service. Before people began to receive support, a thorough assessment was conducted. This involved assessing risks to the person such as of falling. The areas where support was agreed were developed into a care plan which was reviewed whenever changes occurred. There were enough staff to cover the calls and ensure that people received the support they had agreed. The service had a waiting list of people and was recruiting for care workers and a second manager in order to increase the number of people they could support.

Staff received training to support them in their roles and their performance was reviewed by a process of annual appraisal. Staff assisted people with tasks including washing, dressing, preparing meals or drinks and prompting of medication. Where people could benefit from additional support, referrals were made to other healthcare professionals such as the occupational therapist or community nurses. Staff understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse.

People spoke enthusiastically about the staff. They told us that they were, "delightful" and that they would miss them if they no longer came. They said that they were treated with dignity and respect and that any decisions relating to their support were made in agreement with them.

The registered manager was well respected by people and staff alike. One member of staff told us,

"She's a very good boss, always at the end of the phone. She's very organised too". Staff were supported by the registered manager who they told us responded quickly if they needed assistance or noticed that changes were needed in the support people received. People felt able to contact the registered manager if they had concerns and said that they received prompt attention. People told us that they understood how to complain but had not needed to. No written complaints had been received by the service.

The registered manager monitored the quality of the service by maintaining regular contact with people and staff and through a series of spot checks to ensure that the service delivered was of a consistently high standard. One person told us, "It's a very good service. I think they're one of the best".

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?

The service was safe.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

There were enough staff to cover calls and ensure people received a reliable service.

Risk assessments were in place and reviewed to help protect people from harm.

People were prompted to take their medicines by staff. This was managed safely.

Good



Is the service effective?

The service was effective.

People's care had been planned and reviewed to ensure that it met their needs.

Staff understood how consent should be considered and people were consulted as to the care they received.

People were offered a choice of food and drink and given appropriate support to prepare it if required.

The provider made contact with health care professionals to support people in maintaining good health.

Good



Is the service caring?

The service was caring.

People received person-centred care from staff who knew them well and cared about them.

People were fully involved in making decisions relating to their care.

There was a strong focus on enabling people to pursue their independence.

People were treated with dignity and respect.

Outstanding



Is the service responsive?

The service was responsive.

People received personalised care that met their needs.

People and staff were able to share their experiences and were assured of a swift response to any concerns.

Good



Is the service well-led?

The service was well-led.

The service had a clear aim and this underpinned the way that it was delivered.

Good



Summary of findings

Staff were proud to work for the Heywood Carers. They told us that the registered manager was a good boss and that they would not want to work anywhere else.

The service placed a strong emphasis on striving to improve and assessing their own practice. The registered manager kept in regular contact with people who used the service and used spot checks to monitor the delivery of care and ensure that it was consistently of a high standard.

The service had a very positive reputation in the surrounding community and among professionals

Heywood Carers

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 17 March 2015 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.

One inspector undertook this inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This 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. It included the responses from 21 people and three relatives who had

responded to the Commission's survey regarding Heywood Carers. We reviewed the Provider Information Return (PIR). This helped us to understand the vision of the service and enabled us to ensure we were addressing any potential areas of concern.

We visited the office where we met with the registered manager. We looked at four care records, two staff files, two files for staff currently being recruited, staff training and appraisal records, the staff handbook, information given to clients, quality feedback surveys and staff rotas. We met with two care workers and visited four people in their homes. We met with one relative. The following week we telephoned a further four people, three care workers, a nurse and a GP who had involvement with the service to ask for their views and experiences.

This was the first inspection of Heywood Carers since there had been a change in the provider's registration in May 2013.

Is the service safe?

Our findings

People and relatives told us that Heywood Carers provided a safe service. They told us they had no concerns for their safety when receiving support. Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff said they felt able to approach the registered manager with any concerns. They also told us that contact details for other organisations were listed in their staff handbook should they wish to raise their concerns externally. The registered manager knew what actions to take in the event that any safeguarding concerns were brought to her attention.

Staff confirmed there was a whistleblowing policy and they were aware of its contents. This policy encouraged staff to raise concerns about poor practice and to inform the registered manager without fear of reprisals. Staff said they would be confident in raising concerns and felt sure the registered manager would take appropriate action to investigate any concerns.

Before the service began to provide care for a person who needed support, the registered manager carried out a thorough risk assessment. Risks including falls, pressure areas, medication and security of the person's premises had been assessed. Where appropriate the registered manager made recommendations for aids such as shower stools or grab handles in order to reduce the risks to people and promote their independence. These recommendations had been followed up through referrals to occupational therapy services or by people purchasing their own equipment. Care plans had been drawn up detailing people's needs and any measures in place, for example a frame for walking, to reduce risks insofar as possible. These had been reviewed when there were changes in a person's support needs. In addition to risks related to personal care, the assessment considered the home environment, such as rugs which may be a trip hazard and whether there were any pets. This helped to ensure that the person received safe and appropriate care and that staff were not put at risk.

Staff understood what action to take in the event of an emergency. Emergency contact telephone numbers were included in the visit record book people had in their

homes. It was also detailed in the care plan. One member of staff said, "We have the care plans, it tells us what their needs are, who their doctor is, their next of kin, everything we'd need to know in an emergency".

There were enough staff to cover calls and ensure that people received support which met their needs. People told us that the staff were reliable and that they arrived on time. One person said, "I don't think they've ever been more than five minutes late". Another told us, "When (the registered manager) says they'll be with you in ten minutes, they are with you in ten minutes". Most people who received support lived in Cranleigh, Surrey. This meant that the distance care workers needed to travel between calls was limited.

We looked at the staff rota for the week prior to our visit. All calls had been allocated to named care workers. There was also a member of staff assigned as 'on call'. This built in extra capacity to cover any unexpected emergencies or changes in the rota. A nurse who worked closely with the service told us, "(The registered manager) has always got a carer on standby so if someone is sick or their car packs up she can send someone in minutes. She's very reliable".

Staff recruitment practices were robust and thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. In addition, two or three references were obtained including from current and past employers. This helped to ensure that new staff were safe to work with adults at risk. The registered manager was currently recruiting. She told us, "The door is always open to recruitment. We're quite fussy and it works. Most staff have been with me ten years plus". One person told us that staff were, "Very nice, they're the sort of people you are happy to welcome into your home".

People received support with their medicines in the form of prompting or assistance with general support tasks, such as opening packaging. One person told us, "They're completely reliable. They come and make sure I take my tablets. They check up". Medicine management was part of the assessment carried out at the start of a person's support. A form was kept in their home describing whether they managed their medicines independently or if staff were to prompt them. Care workers did not administer

Is the service safe?

medicines to people. The registered manager told us, “If there are two or more pills a day I insist on a nomad pack if we are to be involved in medication”. A nomad pack is a pre-prepared pack where each day’s tablets are packaged by the pharmacy. This made it easier for staff to see that all prescribed medicines had been taken. As care workers

were not responsible for administering medicines, Medication Administration Records (MAR) were not kept. Instead, care workers recorded that people had been prompted to take their medicines as part of their visit record.

Is the service effective?

Our findings

People had confidence in the staff who supported them. One said, “I’ve got no concerns about their training”. Another told us, “They’re very capable. That’s important but more important that they’re nice people and very approachable”. Staff received training to help them carry out their roles effectively. An annual training day was organised for all staff which covered topics such as first aid, food handling and hygiene, health and safety, safeguarding, dignity, respect, the Mental Capacity Act 2005, confidentiality and medication. Additional topics such as catheter care, stoma care and the use of bathing aids had been incorporated and staff told us they were invited to suggest areas they would like to cover in future training. Induction training for new staff and any specific learning needs for individual staff members was provided on a one to one basis by the registered manager. More than half of the staff had completed National Vocational Qualifications in Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff were satisfied with the training they had received and told us that it was appropriate to the tasks that they were expected to carry out.

Although recruitment was underway, no staff had recently been appointed. The registered manager explained how new staff underwent a period of induction training which included shadowing of experienced staff. This helped them to get to know people and to understand what was expected of them. During the first 12 weeks they completed a nationally recognised programme of induction and were monitored by the registered manager. One member of staff told us, “She (the registered manager) always made absolutely sure I was confident with the client I was going to see”. Ongoing monitoring of staff performance was undertaken through annual staff appraisals. The registered manager had recently introduced ‘supervised practice’ where a care worker would be observed during a call and provided with feedback. We looked at the record of the first supervised practice visit completed in February 2015. This had considered the care delivered by the care worker, their approach, appearance and adherence to policies and procedures such as for hand washing and prompting of

medicines. Staff told us that they felt supported. One said, “She’s (the registered manager) always there at the end of the phone, one feels completely backed up”. Another told us, “We’re appreciated”.

To understand how the person wished to be assisted and to determine whether the agency would be able to provide support, the registered manager carried out an assessment. This involved the person and, with their agreement, a relative. Care workers did not carry out moving and handling tasks, for example hoisting. As such the service required that people were able to mobilise independently, which may include the use of mobility aids. The assessment considered the person’s care needs, detailing whether they were able to manage tasks such as dressing, washing, eating and drinking or preparing meals independently. In the areas where assistance was required, this was developed into a care plan for the person. Care workers were happy with the information they received. One said, “I’m happy with the care plans, it is enough information to go on. (The registered manager) would call if there was an immediate change”. Another told us, “Before you go you know what you are going to do”. Care plans were reviewed when a person’s needs changed.

Staff were knowledgeable about people’s care needs and were able to describe in detail the support they provided. They told us that they had a regular group of people they supported and that they knew them well. We found that the care plans did not always reflect the detail of the support that staff described. For example in one care plan we read, ‘Lives alone – epileptic, controlled with medication’. There was no further information for staff as to what would be expected of them in the event the person had a seizure. We discussed this with the registered manager who said, “The carers that go there know the procedure”. We spoke with two members of staff who supported this person and received consistent responses as to the action they would take. There was no evidence that the lack of recorded information impacted on the care that people received but it would be good practice to ensure that all relevant information is contained in the care plan. We discussed this with the registered manager during our visit who gave assurance that detail would be added.

Staff understood how people’s consent should be considered and people told us that staff consulted them before proceeding with care. People’s capacity to make decisions was considered as part of the assessment

Is the service effective?

process and those who received support from the service had capacity to make decisions relating to their day to day care. We saw that people had signed their initial care plans. They had not signed updated versions of their care plan to demonstrate their agreement but told us that they had been involved in reviewing their care. The records that we looked at included two or three reviews during the previous year. These meetings were documented and included feedback from people regarding the care and support that they wished to received.

Some people's care included support with eating and drinking. This was generally support with preparing meals as people who used the service were able to eat independently. People were happy with the support staff provided. One person who often had 'ready meals' told us, "They cook fresh veg with the food". Another said, "At lunch they come and make me an omelette".

People were supported to maintain good health. Staff had been involved in making referrals to other services such as the chiropodist. The initial assessment carried out by the registered manager included the question, 'Would client benefit from having an occupational therapist (OT) assessment?' This was a prompt to consider whether any mobility or independence aids would assist the person. A GP who was involved with a number of people the service supported told us, 'Heywood Carers are good at contacting GPs directly if there is a concern over one of their clients. If I visit a patient and a Heywood Carer is there at the time, the carer is always helpful and able to fill me in on everything that is happening with that patient'.



Is the service caring?

Our findings

People were delighted with the care that they received. One said, “They couldn’t be a finer lot, they are magnificent. All delightful and all hardworking. They work as a team. I can’t speak too highly of them”. One person explained how they had chosen Heywood Carers based on their impressions of the staff they saw in the village. They told us, “It was the girls in green. They always seemed so friendly”. A member of staff said, “It is a small agency and it is more personal. I have worked for another agency and it is incomparable”. A GP who was involved with a number of people the service supported told us, ‘In my experience, Heywood Carers are a fantastic organisation. The staff employed to care for patients seem to be picked for their care, compassion, empathy, common sense and maturity’.

Most staff had worked with the service for ten years or more. This, along with the small size of the service and the focused geographical area they covered, meant that there was a high level of continuity and that people had developed strong relationships with the staff who supported them. Feedback to the provider’s questionnaire included comments such as, ‘Wonderful carers, such caring ladies’, ‘I look forward to their arrival’ and, ‘I am always extremely grateful for the work your wonderful ladies do with such kindness and good humour’.

People felt valued and told us that staff treated them with dignity and respect. They explained how staff were reliable and arrived on time. They received a rota in advance so that they knew who to expect and when. On the rare occasions when there was a problem, they told us that they were informed of any changes. One person said, “She’ll (the registered manager) tell you who is coming and at what time”. In the questionnaire we sent to people prior to our visit, the question ‘My care and support workers always treat me with respect and dignity’ received all positive responses, a total of 21. One person told us, “They couldn’t be a nicer lot of people. You can put me down as ‘first class’ because I couldn’t be better looked after”.

People were involved in making decisions about their support. When a person enquired about the service, they received an information pack providing contact details and

a list of charges. There was an initial assessment followed by review meetings. This helped to ensure that the support was meeting people’s needs and expectations. One person told us, “She (the registered manager) keeps us in the picture”. Feedback regarding the initial assessment was positive. In the provider’s questionnaire, one person had written, ‘It was a very helpful and informative meeting’. Another wrote, ‘All our questions were answered and other suggestions made that we had not thought of’. Staff shared examples of how they adapted the support to meet with people’s wishes. One said, “We have a good relationship, if she wants a shower on a different day we just switch it around” and told us, “Sometimes she’ll want vegetables peeling because she wants to make soup. That’s not on my worksheet but it’s something we work out together”.

In planning people’s care, visit durations were arranged to allow time for people to be involved in their care. The minimum recommended duration for a personal care visit was one hour. This allowed time for people to be involved and to carry out tasks for themselves, with the support of staff. This ethos was made clear in the staff handbook where we read, ‘As a care worker you are there to primarily ASSIST and this means supporting and maintaining independence as far as possible’. One member of staff explained that this was the difference between allowing a person to dress rather than simply dressing them, which would be quicker but took away their independence. Not all visits were one hour, if people required assistance to heat up a meal or to put stockings on shorter visits were arranged. In one review we read, ‘Very happy with the service. Still feels half an hour each visit is enough. Continue unchanged’. This demonstrated that people were able to influence the care they received.

People spoke enthusiastically about the support they received. The service aimed to, ‘Promote and help maintain independence and quality of life’. Feedback demonstrated that this was achieved. Responses to the provider’s questionnaires included, ‘I appreciate all the support and care all my carers have given which I’m sure has assisted my recovery’ and, ‘They have been nothing but helpful from the very beginning and now that I am much improved I enjoy their company socially’.

Is the service responsive?

Our findings

People were fully involved in determining the support they wished to receive and were able to make adjustments to suit their preferences and lifestyle. They shared examples of changes they had requested to visit times so as to accommodate other engagements. One person told us, “I speak with (the registered manager) by telephone. We’re very friendly on the phone. She changes the visit time immediately”. In a card of thanks we read, ‘With grateful thanks for all your help and flexibility. It is greatly appreciated’.

Staff knew people well and identified changes in their needs. A nurse who was involved with a number of people the service supported told us, “All of their carers are very thorough. If they find any worries they don’t just tell their manager, they come and tell me as well”. Care plans reflected changes in people’s needs. For example, one person had started to use a wheelchair when out of the house and in the last few months had moved from showering independently to requiring assistance. Staff explained that when they identified changes, “We tell (the registered manager) and she would take it from there. It usually gets sorted out very quickly”. They said that this included discussions to increase the duration of visits if they felt more time was required to maintain a high standard of care. A GP who was involved with a number of people the service supported said, ‘They do their best to accommodate extra patient’s needs at times of crisis or on return from hospital’. If, however, the person required a higher level of support, such as the use of a hoist to transfer, they were supported to find an alternative service provider who could meet their needs.

People told us that they had regular contact with the registered manager, by telephone and also in person when she visited their homes. In addition, the provider carried out an annual satisfaction survey. The most recent survey conducted in autumn 2014 elicited very positive feedback about the service. One person wrote, ‘We are extremely satisfied and know we only have to ask if a problem arises’. Another person told us, “I’ve nothing to complain about with them. (The registered manager) is very good. If my carer goes away she always gets someone else. I know where I am with them”.

The registered manager knew people well and demonstrated a thorough understanding of their needs. She told us, “We are small and client orientated, the personal side is big for us”. The registered manager was available and readily contactable via telephone or pager. People and staff confirmed that they were able to make contact and that they received a “swift” response. One person said, “(The registered manager) has been out to me three times. She’ll always answer the phone. If I had any problems I wouldn’t hesitate to say something needed to be done”.

There was a complaints policy which was given to people when they began to use the service. People told us that they understood how to make a complaint but said that they had not had cause to. One said, “I could never complain about any of the care given by Heywood Carers”. The registered manager confirmed that they had not received any written complaints.

Is the service well-led?

Our findings

The service had a very clear purpose, a specific client group and worked in a tight geographical area. In the Provider Information Return (PIR) we read, 'Our principle aim is to maintain and where possible improve the individual's independence'. This aim underpinned how the service was delivered. By ensuring suitable visit duration, people were encouraged to pursue their independence and be as involved as possible in their own care and support. The registered manager said, "We don't go in for quick flying visits". She explained, "We have many clients who come to us when they have a reduction in mobility or confidence and once we have helped them to regain this they will no longer require our services". Questionnaires completed by people who no longer used the service were testament to this. One gave the reason for discontinuing as, 'Because I am so much better'.

People's views and wishes were central to the way that the service was delivered. They were involved from the initial assessment, in reviews of their care and by care workers in the visits that were carried out. The service had a loyal group of staff who had developed positive relationships with the people they supported. The service was focused on the village of Cranleigh and had received all their business via recommendation. The localised area helped to provide a reliable service as travel time was kept to a minimum. One person said, "Heywood keep it cosy, it's a sensible distance".

People's experiences of the service were overwhelmingly positive. In feedback received by the provider we read, 'Heywood Carers were able to provide an excellent care service which enabled our aunt to fulfil her wish to stay at her home for as long as possible' and, from another relative, 'With all your help she was able to remain in her own home as she so very much wished to do'. The service was fulfilling its purpose and enabling people to maintain their independence. One member of staff told us, "Heywood Carers is absolutely brilliant. We've got a good reputation. (The registered manager) is excellent at organising, she's compassionate. We work in quite a tight area so it isn't a problem with travel times. If there's any change we know about it. There is always consistency".

The registered manager owned and operated the service. She was respected by people, staff and other professionals. They told us that she was approachable, knowledgeable

and organised. People knew where they were with the service, they could make contact by telephone at any time and any points they raised received prompt attention. In a care review one person had commented, 'You (the registered manager) have a fantastic crew, clearly well led by you. Very grateful for all you do.' Another person told us, "She runs a good business. There's always somebody here. She's very efficient".

Staff said that they would not wish to work for anyone else. There was an open culture and staff felt confident to raise any suggestions or concerns. One said, "I've been happy all the time I've been there. They've never let me down. I can fully trust them". They told us that they could broach any subject with the registered manager. One said, "I don't think one could do better than (the registered manager) really". Another told us, "With her I feel quite safe. I know if I need advice I just have to pick up the phone and there she is". The registered manager was equally positive about the staff team. She told us, "I'm so lucky, I've got such a lovely team" and said, "I have total confidence and trust in my staff".

The service had a waiting list of people who wished to receive support and was advertising for care workers and a second manager to join the team. This was with a view to increasing the number of people the service supported. During our visit to the office, several phone calls from prospective clients were received. The registered manager explained that they were recruiting staff but were careful not to overstretch their resources. A nurse who worked with a number of people who received support from the service told us, "(The registered manager) will never take on what she cannot commit to".

Throughout our visit, people and staff spoke of the reputation the service had. One person told us,

"I don't think you'll find a better service in Cranleigh". Another said, "They're very well thought of around this area". A member of staff shared, "We've got a very sound name. I do wear the uniform with pride".

The registered manager was active in seeking feedback from people with regard to their experiences of the service and used this to drive improvement. This was done through the formal process of care reviews and also informally in the regular contact she maintained. In order to monitor the quality of the service delivered, spot checks were carried out. The registered manager did this by

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visiting clients shortly after the care worker had finished. In this way she told us that the experience was fresh in the mind of the person and she was also able to assess the home environment as the carer had left it. As part of these visits, visit record books had been reviewed and feedback provided to staff if any suggested improvements were noted. A nurse who worked closely with the service said, “(The registered manager) does her assessments properly,

she does random checks to make sure all is well. They are very experienced, and well trained. Unfortunately they’re so popular she doesn’t always have room”. People told us that the service was of a high quality. One said, “It works very well. There is nothing that could realistically be improved”. Another told us, “I don’t like to criticise because I don’t think I could do any better, and that’s quite a yardstick!”