Calderdale Home 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

Summary of findings

Overall summary

We inspected Calderdale Home Care Limited on 28 July 2016. The registered manager was contacted the day prior to the inspection to advise them of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available.

The last full inspection took place on 21 November 2013, when we found the service was meeting the regulations we looked at. A further inspection took place on 12 February 2014 because we had received information telling us complaints were not being taken seriously. We found the director of the company had fully investigated the concerns and responded appropriately to the complainant.

Calderdale Home Care Limited is a domiciliary care agency which provides care services to people in their own homes. On the day of our visit 95 people were receiving a personal care service. The agency can provide a service to adults, older people, people living with dementia and people with physical disabilities.

There was a registered manager 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 who used the service told us they felt safe with the care they received. We found there were appropriate systems in place to protect people from risk of harm.

There were policies and procedures in place in relation to the Mental Capacity Act 2005..

We found that people were provided with care and support by staff who had the appropriate knowledge and training to meet their needs. Robust recruitment processes were in place and followed, with appropriate checks undertaken prior to staff working at the service. This included obtaining references from the person's previous employer as well as checks to show staff were safe to work with vulnerable adults.

Staff had opportunities for on-going development and the registered manager ensured they received induction, supervision, annual appraisals and training relevant to their role.

The staff we spoke with were able to describe how individual people preferred their care and support delivered and the importance of treating people with respect in their own homes.

People using the service and relatives told us staff were caring and respectful of their privacy and dignity.

Care plans were in place and people and/or their relatives had been involved in developing these. Staff told us care plans were reviewed annually unless people's needs changed in the interim. People had control over

their care packages and some choose to pursue leisure opportunities supported by staff.

Medicines management systems were in place to ensure people received their medicines at the right times. When necessary staff involved district nurses, GP's or the emergency services to make sure people's health care needs were met.

People's individual dietary needs and preferences were being planned for and met.

People had information about how to make a complaint and we saw complaints had been dealt with by the registered manager.

We found there were some effective auditing systems in place. However, the systems in place for checking staff had arrived at a visit were not robust and needed to be improved so any late calls could be picked up and arrangements made to cover.

People using the service were asked for their views every two months and annually through satisfaction surveys.

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 procedures for staff to follow if an emergency arose and staff understood how to keep people safe.

Safe recruitment procedures were in place, which ensured that only staff who were suitable to work in the service were employed.There were enough skilled and experienced staff to support people and meet their needs.

Staff made sure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received training appropriate to their job role, which was kept up to date. This meant they had the skills and knowledge to meet people's needs.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People told us staff were caring and respected their privacy and dignity.

Staff used their knowledge of people to deliver person centred care.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and care plans were

reviewed annually, unless people's needs changed before this.

There was a complaints procedure in place, which people were made aware of and had used.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems to ensure any late or missed calls were picked up by the management team were not operating effectively.

We saw some effective quality systems were in place and others, which had recently been introduced, needed time to become established.

Calderdale Home 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 visit to the provider's office was made on 28 July 2016. The inspection was announced. We spoke with the registered manager the day prior to the inspection to make sure they would be available. The inspection was carried out by one 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.

At the time of inspection the service was providing personal care and support to 95 people.

During the visit to the provider's office we looked at the care records for six people who used the service, staff recruitment files, training records and other records relating to the day to day running of the service.

During the visit we spoke with three care coordinators, four care workers, the employment engagement officer, the registered manager and operations manager. The expert by experience carried out telephone interviews with 17 people who used the service and four relatives on 19 July 2016 and 20 July 2016. On 1 August 2016 an inspector spoke on the telephone with a care supervisor and a care assistant.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the local authority contracts and safeguarding teams.

We also asked the provider to complete 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. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Good

Is the service safe?

Our findings

People who used the service told us generally care staff turned up at the right times, however, some expressed concerns that they were not told when carers were going to be late. For example, one person said, "They [the carers] are usually on time but this morning they are usually here by 10am but I had to go out at 11am and they hadn't been, they didn't ring me, but I managed." Another person told us, "The poor girl was late this morning and I said 'why didn't you ring me to let me know' and she said they were not allowed to make calls, they have a new office manager and they aren't allowed to, well that's no good is it."

We asked the registered manager about letting people know if staff were going to be late for a call. They told us if a carer was going to be more than 15 minutes late to a call, the procedure was they had to ring the office and then one of the care co-ordinators would contact the person using the service. This procedure was in place so late calls could be monitored and also if another member of staff needed to be deployed to cover the call, this could be arranged.

Nearly everyone we spoke with told us they did not always know which carers were coming. These were examples of what people told us, "It would be nice to have a roster again, we used to but I think so many people have left they can't do it anymore, but I would like to know who is coming and when." "They fall down on the rota's though, they've gone a bit wrong with that, they come on time more or less." "They [the carers] come on time within quarter hour or so, we had rota's once but not now."

We spoke to the registered manager about people receiving the rota's so they would know which carers were going to be making their visits. They made arrangements for this to be done whilst we were at the office base.

The registered manager told us that sufficient care staff were employed for operational purposes. They also told us they would not offer a service to any new customers until they had enough staff in place to cover the visits. We spoke with the three care co-ordinators who all told us if they received a request to provide a new care package they looked at the existing carers rotas to see if additional calls could be fitted in and at what times. They all told us they would not offer a service unless there were enough staff to provide it. Our review of records, discussions with people who used the service and staff, led us to conclude there were sufficient staff to ensure people's needs were met.

We spoke with the employment engagement officer, who took a lead role in the recruitment of staff. They explained recruitment was on going and the selection process had been made more robust so only people who really wanted to work in a caring role were recruited.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. The staff we spoke with told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

We saw when necessary the registered manager had used the service's disciplinary procedures to ensure staff were working safely and in line with policies and procedures.

Safeguarding procedures were in place. The registered manager demonstrated a good understanding of safeguarding and how to identify and act on concerns. They had made appropriate referrals to the safeguarding team when any concerns had been raised. Staff had received safeguarding training. The staff we spoke with had a thorough understanding of how to identify and respond to any suspected abuse or concerns they had about people's wellbeing. People who used the service were regularly asked if they had any concerns about the service through quality assurance questionnaires and spot checks. This provided people with opportunities to report any concerns they had. This demonstrated that the provider had appropriate arrangements in place to help reduce the likelihood of abuse going unnoticed and help protect people from the risk of abuse.

We saw financial transactions sheets were in place if the staff spent money on behalf of people who used the service. We saw staff entered the amount of money they had taken, the cost of what had been purchased and the amount of money returned, attaching receipts where possible. The registered manager confirmed that once completed these were returned to the office for audit purposes.

One person who used the service told us, "They [the carers] do wear gloves and aprons when they should." Staff told us they had received infection prevention training and we saw staff collecting gloves and aprons from the office base.

Risks to people's health and safety were assessed. For example, moving and handling risk assessments were put in place to guide staff on how to safely assist with moving and handling tasks. Care records also demonstrated staff took action to follow risk assessments in order to reduce potential risks.

We saw detailed environmental risk assessments in relation to people's home were in place to ensure the safety of the individual and staff. The staff we spoke with told us if they noticed any areas of risk they took immediate action to minimise the risk and informed one of the care co-ordinators or registered manager who arranged for a risk assessment to be carried out and the care plan updated. This meant people were safe.

The registered manager told us there were emergency plans in place for bad weather. For example, when parts of Calderdale were flooded on Boxing Day 2015 they worked with another home care provider in one of the affected areas to make sure people received a service.

Two members of staff told us emergency procedures were in place. For example, if they could not gain entry into someone's home they would try shouting through the letter box, knocking on the window, asking neighbours if they had seen anything and ringing the next of kin. Both care workers said they would not leave until they knew the person was safe.

Some of the people we spoke with told us staff assisted them with their medicines. The provider had policies and procedures relating to the safe administration of medicines in people's own homes which gave guidance to staff on their roles and responsibilities. Staff we spoke with confirmed they had received training and had been observed administering medicines to ensure they were competent. We saw the training and competency check also covered medicines which needed to be given before food and Warfarin, where the dose may vary depending on blood test results. One member of staff told us, "[Names] warfarin had changed yesterday when I checked their blood results (INR). I rang the office and they sent a text message to all the other carers to let them know." Another member of staff told us, "The care plans tell you

exactly what support people need with their medication but if ever I was unsure I would ring the office." We saw the medication records clearly showed which medicines were in the 'dossett boxes' and any separate medicines. A member of staff told us about the checking procedures and said on one occasion they found more tablets in the 'dossett box' than there should have been, because the pharmacist had made an error. This showed us staff were following the procedures and medicines were being managed safely.

Good

Is the service effective?

Our findings

We asked people using the service and relatives if they felt staff had the right skills and experience to provide them with care and support. These were the comments people made; "They seem well enough trained, some are better than others of course." "They seem to know what they are doing, some better than others or the new ones that are learning." "They don't seem to know the basics, some can't even make a bed properly." "The girls are well trained." "They seem to know what they are doing."

The registered manger told us staff completed induction training and new staff completed 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. Staff were then able to progress though other care or management qualifications to further their career opportunities.

Staff we spoke with told us the training was good and provided them with the knowledge and skills they needed to deliver care and support. They also told us if any of their training needed to be updated they were automatically enrolled on the relevant course and this was then scheduled into their rota. One member of staff told us they could ask for any training they felt they needed. This showed us there was a good system in place to make sure people's training needs were kept up to date.

The employment engagement officer explained following their induction training new members of staff 'shadowed' an experienced carer and following this they would received supervision to see if they felt confident to work alone. If they did feel confident after a week another supervision meeting was held to provide them with support.

The registered manager told us once care workers had successfully completed their probation period, supervision was arranged every three months. The registered manager also explained if care workers needed additional support they could contact one of the care co-ordinators or themselves at any time. A system was also in place to make sure staff received an annual appraisal of their performance. In addition to this 'spot checks' were made on care workers to make sure they were applying their learning to practice in people's own homes. One member of staff told us that all new staff had spot checks twice weekly throughout their induction period or until they were assessed as competent in their role.

Staff we spoke with told us they felt supported by the care co-ordinators and registered manager. One care worker said, "I've come in for supervision today. [Name of registered manager] and the co-ordinators are all approachable." Another member of staff said, "It's a good staff team and I feel supported." A care supervisor told us, "I tell all new staff to speak to the managers if they need help. All the managers are really good and really helpful." This showed us staff were receiving appropriate training and were being supported in their roles.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA.

We saw evidence people's individual dietary needs and preferences were being planned for and met. There was information within people's care records which detailed people's dietary needs, preferences, likes and dislikes.

One member of staff told us, they had received comprehensive training in nutrition and knew the importance of recording intake for people who were nutritionally at risk. Staff had a good knowledge of people's dietary preferences and the level of nutritional support people required. They said they sought opportunities to encourage people to retain independence over this aspect of their life where ever possible. For example, one carer told us they showed the person using the service the frozen meals which were on offer, so they could make an informed choice.

When we spoke with staff about people's health care needs they told us in an emergency they would call for an ambulance. Two staff gave us examples of when they had needed to do this. If there were other concerns about a persons health they told us they would call the GP, district nurse or seek advice from one of the care co-ordinators or registered manager. This showed us staff knew what action to take to make sure people's healthcare needs were met.

Good

Is the service caring?

Our findings

Everyone we spoke with were perfectly satisfied and happy with the care workers who provided their care and support. People using the service and relatives told us, "They are very nice to me." "I can't fault the carers, they are so good to me." "The carers are very good usually, very nice, very caring." "The carers are very good mind you, very nice indeed." "The girls that come are so nice (named several), they are very good, I have no complaints." "They are right nice girls, no complaints at all." "They are so nice, always anxious to do everything they can and be kind to you, I can't fault that." "I can't fault the girls that come here, they are excellent and so caring. They have been fantastic."

We looked at six care plans and all of them contained information about people's life history and their personal preferences. Staff we spoke with had a good knowledge about the people they cared for and the way they liked things to be done.

We saw a compliment from a social worker as staff had put photographs of carers and their names in a book, for someone who was living with dementia, as they were forgetting who people were.

One person we spoke with gave an example of how staff preserved their dignity when they were delivering personal care. Another person told us they always found staff polite and helpful. When we spoke with staff they told how they made sure people's dignity was maintained, for example, making sure doors, windows and curtains were closed when they were delivering personal care.

The registered manager explained most of the people they support were in control of their own care packages and could use the support time flexibly, to include leisure activities. One care worker told us they supported one person to go to bingo every week and out for lunch once a week. The registered manager told us other people had been on trips to Blackpool, the Trafford Centre and one person was being supported to attend an art class.

Care plans contained information about what people could do for themselves and what support they needed from staff. Staff we spoke with understood the importance of keeping people as independent as possible and gave us examples of how they did this in their everyday work.

We saw there was a policy regarding confidentiality and staff signed to confirm they had understood this during their induction. The registered manager told us staff were reminded about their responsibilities at staff meetings. This showed us people could be assured personal information would be held securely.

Good

Is the service responsive?

Our findings

People using the service and relatives told us an assessment of their needs had been done before they started using the service. One person said, "They came to see me before they started and asked about what I needed." People also confirmed they had been involved in the initial care plan. However, a number of people could not recall being involved in any review of their care plan. For example, "I haven't had a review that I can remember." "I am very conscious of what I need and make sure I receive it. I haven't had a review, you would think they would do that wouldn't you."

We saw people's needs had been assessed before a service had been offered. A care plan was then formulated with the person and/or their relative so care and support could be provided in line with their wishes. Care workers told us care plans were available in people's own homes and these were up to date. One member of staff told us care plans had been much improved since the registered manager had come into post, they said they were much more detailed than previously.

Care workers told us if people needed more support they would contact one of the care co-ordinators who would make arrangements for them to be reassessed and a new care plan would be put in place. Equally if calls were taking less time, people could accumulate time to get support with a community activity. This showed us staff responded to people's changing needs.

Information within people's daily records provided evidence that care was being delivered in line with their plans of care, for example, in the provision of mealtime support and support with washing and dressing. This was confirmed through our discussions with staff and the people who used the service. Daily records also provided evidence that people received care and support at consistent times each day and the registered manager had a call monitoring system in place which enabled them to monitor that people received support at the time they needed it.

Care plan reviews took place on an annual basis, unless people's needs had changed in the meantime. We concluded this may have been the reason why some people had not yet been involved in a review of their care plan.

We asked people if they felt able to raise any concerns. One relative told us, "I've only had to complain a couple of times to the office about carers and they dealt with it, we had no fall out from it." Other people told us they had not needed to raise any concerns.

A complaints procedure was in place and this was brought to people's attention through the service user guide. We looked at the complaints log and saw three complaints had been received in 2016. One of these was in the process of being investigated, the other two had been fully investigated and 'lessons learnt' actions had been taken. The registered manager was very open and honest about the complaints and had apologised where the service had fallen short of people's expectations. This showed us concerns were taken seriously and complainants were not discriminated against.

Requires Improvement

Is the service well-led?

Our findings

We asked people using the service and relatives about the management of the service. These were some of the comments they made; "When I first had them [agency] three years ago they were awful but the manager left and the new one made such a difference, but we seem to have stopped improving now. Usually the office is very helpful or try to be when you ring, but this morning I got the answer machine, most odd. On the whole it's alright, it could be better though." "It's moderate really, it could be better. The office is OK if you ring, they do try and be helpful, but it's all very 'well if we can,' if you see what I mean, you just feel it ought to be better than that." "I can't say it's excellent but it does, as I say it's not bad but it's not the best either."

We asked staff if they thought the service was well-led. They all told us the registered manager was very approachable and would do their best to sort out any issues which needed to be dealt with.

The registered manager had spent some time away from the service, setting up a branch in another area. They were now back at the Halifax office on a full time basis. A new operations manager had also been appointed and they had been in post for a few weeks at the time of our visit. Both had identified areas where they wished to make improvements.

We spoke to one relative who told us they did not think the 24 hour call monitoring system was effective as it had not alerted staff when staff had missed a call. When staff went to a call they 'logged in' with their telephone and 'logged out' again when they left. If the call was 15 minutes overdue and no one had logged in, an alert was sent to the computers in the office, or a text was sent, out of office hours, to the 'on call' telephone alerting senior staff that the call had not been made. However, at the time of the inspection the text alert facility for the 'on call, telephone had not been working and staff had not seen the 'missed call' alert on the computer. We concluded the systems which were in place to mitigate the risk of missed calls were not being managed effectively.

We found a log of concerns and complaints had only recently been introduced so there had been no system in place to analyse concerns and complaints which had been received to see if there were any common themes or trends.

There were a number of audits taking place which were effective. For example, the registered manager audited staff training to make sure it was up to date. Care files, daily records and medicine administration records were audited and where issues were identified these were discussed with relevant staff or at staff meetings.

Every two months a member of the senior team visited people in their own homes to get their views about the service. This gave people the opportunity to discuss any issues they had with the service.

Satisfaction surveys were sent out in August 2015 and were due to be sent out again soon. These were returned to one of the directors of the company, so they were analysed away from the direct management team. Where people had raised individual issues the registered manager had visited them to discuss how

improvements could be made. This showed us the organisation were actively seeking people's views and acting upon them.

Staff meetings were held and staff told us meetings were held on two different days so as many people as possible could attend. They also told us if they were unable to attend they were given a copy of the minutes so they could see what had been discussed.