

Connor Associates Limited

# Holywell Domiciliary Care Services

## 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?

Good ●

# Summary of findings

## Overall summary

This inspection of Holywell Domiciliary Care Service Limited took place on 31 October and 3 November 2016. We last inspected this service in April 2014. At that inspection we found the agency was meeting all the regulations assessed.

Holywell Domiciliary Care Services provides care and support to people in their own homes. The domiciliary care service provides assistance with practical and personal support. The agency works with people who have a range of mental health, learning and physical disabilities. Holywell, which forms part of a company that has two other services, has its office based in Preston.

The agency has 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 agency told us this was a reliable and well-run agency. They told us they knew how to raise concerns and complaints but all those we spoke with said they had not needed to complain formally. They told us they felt confident talking to the registered manager about anything that bothered them. They had been asked for their opinions and views and if they were happy with the services they received. Relatives we spoke with were aware of how to raise concerns or complaints.

People we spoke with who used the agency told us that they felt the staff had a good understanding of their needs and preferences. They told us they felt safe whilst receiving support from staff at the service.

Staff we spoke with had a good understanding of possible indicators of abuse and told us what action would be taken should they become aware of any concerns. We saw that the provider had taken action to act on any concerns and minimise individual risks to people.

The agency followed the requirements of the Mental Capacity Act 2005 Code of practice and staff had training on this and a range of training relevant to their roles. We saw that people were supported to maintain their independence and control over their way of life as much as possible. Risk assessments were in place to allow people to keep their independence in their homes in ways that mattered to them. We have made a recommendation that the registered manager considered ways to make the information on Powers of Attorney clearer for staff.

People told us that staff were caring and friendly. People had been involved in planning their care and people were able to tell staff on a daily basis how they wanted their care delivered. People told us that their care needs and preferences had been reviewed with them but we saw that care plans were not always updated following a review to reflect the person's current needs.

Agency staff who administered medicines had received training in safe medicine administration. We have

made a recommendation that the registered manager found out about the current guidance on care planning for people who were taking controlled drugs.

Staff told us they felt well supported in their role and were able to seek advice at any time of the day. There were systems in place for staff to feedback any concerns or changes in care needs to the registered manager.

The staff we spoke to knew about the people they were supporting and the choices they had made about their care and daily lives and respected their wishes. People using the agency felt the staff had a good understanding of their needs and preferences.

There was a recruitment system in place that helped the employer make safe and appropriate recruitment decisions when taking on new staff. We have made a recommendation about the need for the registered manager to reinstate a system to formally record checks on driving documentation so this can be monitored.

We saw new staff had received a structured induction and essential training at the beginning of their employment

## 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.

Effective recruitment checks had been completed with staff before they started work for the agency. There were enough staff to provide the support people required

People received their medication as prescribed and the records we saw were up to date.

Staff had received training on recognising signs of abuse and those we spoke with were aware of safeguarding procedures and when to report any concerns.

### Is the service effective?

Good ●

The service was effective.

Training had been provided for staff to help make sure they could meet people's needs.

New care staff had received an induction that included working alongside experienced members of staff. Staff had received supervision from a senior member of staff.

Staff had received basic food hygiene training to help make sure food was prepared safely.

### Is the service caring?

Good ●

The service was caring.

People who used the agency liked the care staff that supported them and felt comfortable with them.

Staff demonstrated good knowledge about the people they were supporting.

People who used the agency told us the staff listened to them and respected their wishes and supported them in a friendly and caring manner.

### Is the service responsive?

Good 

The service was responsive.

Care plans were in place outlining people's care and support needs.

People had been encouraged to be involved in planning their care.

There was a system in place to receive and handle any complaints or concerns raised. People told us they felt able to make suggestions, put forward ideas and raise any concerns with the management.

### Is the service well-led?

Good 

The service was well led

People and their relatives were happy with how the service was managed and staff told us they felt supported in their role.

The registered provider had systems to monitor the quality of the service provided.

# Holywell Domiciliary Care Services

## **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.

We carried out this inspection between 31 October and 3 November 2016. The inspection was announced. The registered provider was given 48 hours' notice because the agency management team may also provide care and we needed to be sure that the appropriate people would be in the office.

The inspection was carried out by an adult social care lead inspector over two days. Before the inspection we gathered information from a number of sources and reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law.

We spoke with three care staff as they visited the office and a team leader, the training coordinator, a care coordinator and the registered manager. We visited three people in their own homes to speak with them and three of their relatives and checked the records held there. We also spoke with 10 people who used the service on the telephone and three relatives. We looked at eight written records of care and the policies and records that related to the service including quality monitoring documents. We also looked at records relating to how complaints were managed. We checked recruitment records for ten new care staff that had joined the agency since they were last inspected.

We looked at the information received about the agency including any complaints about the service and any safeguarding referrals that had been made. We contacted commissioners of the service to ask their opinions about the service provided.

Before the inspection, we 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. They provided this information in good time.

We planned the inspection using all of this information.

# Is the service safe?

## Our findings

People we spoke with who used the agency and their relatives made positive comments about their experiences of using the agency. Comments from people using the agency included "I always feel safe, they are good workers" and also "I can rely on them and trust them, they know what they are supposed to do and get on with it". We were also told that staff were "Very reliable" and "polite and cheerful".

Relative's comments included "I have nothing but praise for them all, it's a hard job" and "New staff seem to form a bond quite quickly, so far it's been very good and easy". Another relative told us "They are a good agency, I would recommend them."

People who used the agency told us that enough staff came to provide the care they required. We were told that if two carers were needed then they had always had two come to help them. People told us that occasionally staff could be late but not by a long time. They told us that the office would let them know if there was going to be a wait and that there had always been good reasons for being late such as traffic or an emergency at the previous call.

The registered manager said there were enough staff employed to meet the needs of the people being supported by the agency. People who used the service raised no concerns about how the agency was staffed. Care staff said they felt there was enough staff to meet people's needs. The agency monitored the time staff spent in people's homes providing the agreed support using an electronic logging system on entry and exit. Staff told us they also used a group 'WhatsApp' messaging service to keep each other informed whilst on visits. For example, asking a colleague calling later in the day to get some milk on the way.

Policies and procedures were in place regarding keeping people safe from abuse and reporting any incidents appropriately. Records showed that safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) appropriately. Staff we spoke with could tell us about safeguarding people and could identify the signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received training in this subject during their induction period, followed by updates. This was confirmed in the training records we looked at.

We saw that each person who used the agency had assessments in place that identified risks that they faced and planned ways to reduce them. This included risks around providing personal care, skin care, falls, mobility, equipment in use and the environment people lived in that might affect the safety of staff who visited. We saw that there were records in place to monitor areas where people might be at a higher risk, such as handling specific medications and how to move people safely. The plans explained what action staff needed to take to protect people and promote safe practices. We saw these plans had been reviewed regularly and updated to reflect changes in people's preferences and personal care needs. All agency staff had mobile phones to keep the office updated.

We saw in the care records that as part of the service's initial assessment process an environmental safety risk assessment had been carried out. This helped the registered manager to identify any potential risks in



the person's home that might affect the person using the service or staff coming to their home to support them. One staff member told us "It's a good service to work for, they don't cut corners".

Recruitment records, and staff comments, indicated that a satisfactory recruitment and selection process was in place. The agency employed a recruitment consultant to actively recruit and check new staff to make sure there were sufficient suitable staff as the agency grew. We checked ten staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, one being from their previous employer, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring checks on individuals who intend to work with children and/or adults who may be vulnerable due to their circumstances. This helps employers to make informed and safe recruitment decisions.

Staff told us they had been asked to provide references and had attended face to face interviews. One recently recruited care worker commented, "I could not start work until all the checks were back and then I did induction". The registered manager told us that future plans for the service included providing support to more people but they were unwilling to do this until more staff were employed.

Staff told us that the registered manager carried out checks on their driving licence and to make sure they had insurance and that their cars were road worthy. We could not see that this was being formally recorded at the time of the inspection although there had been a formal system used previously to monitor the information. We raised this with the registered manager. We recommend that they consider reinstating the formal system they used previously to record these checks.

We looked at how the agency managed medicines in people's homes and the policies and procedural guidance in place for staff to follow. The staff we spoke with told us that they had received medication training so if they visited someone who needed this they could safely carry out the task. Care files contained a Medication Administration Record (MAR) which staff used to record the medicines they had either administered or prompted people to take. The care coordinator monitored the administration of controlled medicines [these are medicines that may be misused]. We noted that a care plan for a person receiving a controlled drug did not have information on the reason for use and potential side effects for care staff to be aware of this. We recommend that the registered manager finds out about the current guidance on this and update their practice accordingly.

We found that care staff received the support, training and guidance they needed to handle medicines safely. The training records and discussions with the training coordinator and care workers indicated that care staff had been trained in the administration of medicines and that their competency had been assessed. One person using the service told us "I get my tablets on time, they're [care coordinators] always checking and making sure it's all locked away."

## Is the service effective?

### Our findings

The people we spoke with who used the agency told us that the agency staff workers knew what they were doing and seemed to them to be trained and competent in their work. One person told us that the care provided to them had been "brilliant" and that the agency staff, "Really help me and have made a big difference for me". Relatives we spoke with also praised the support their relatives received from the agency.

People we spoke with who used the agency confirmed that they had consented to the care they received. They told us that care workers and senior staff checked with them on a regular basis that they were happy with support being provided.

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 Mental Capacity Act.

We saw that people's care files included consent to receive various aspects of care and support, such as medication. We saw that care plans referenced the importance of offering people choices and involving people in decision making. Where they could people had signed and agreed their plans of care and we could see in some cases that people had been very clear about what they wanted from the agency. Families had also had input into care planning where appropriate.

We noted that information was not always available in people's care plans for staff to refer to about who had a power of attorney in place (PoA). A power of attorney is a legal instrument in which an individual appoints another person or persons to act on his or her behalf. Different types of PoA serve different purposes and delegate different types of authority. A power of attorney can be used to authorize another person to make medical decisions on someone's behalf or to only manage their finances. Information in care plans did not make clear for staff if a power of attorney was in place for someone they were supporting and did not make clear what type it was. This information helps to make sure that a person's wishes are made clear to those supporting them and respected and that their individual rights are upheld when decisions are being made. We recommend that the registered manager take advice from a reputable source regarding making PoA's clearer in care records to help make sure care staff knew which people had the legal authority to be involved in decisions on finances and/or care and treatment for someone else.

The registered manager was knowledgeable about the Mental Capacity Act 2005 and about their responsibility to protect the rights of people who could not make important decisions about their lives. We saw policies and procedures on these subjects were in place Care files contained information and assessments of capacity about specific matters. Care records showed that people's capacity to make decisions was considered and recorded within the assessment and care planning process.

Staff we spoke with told us how people made their daily decisions and one told us, "We assume they have the ability to retain control". People told us that staff offered them choices in their daily care and comments from the people we spoke with included, "What they [agency staff] do is my choice" and "They [agency staff] always ask my permission, it's down to me". We were also told, "They always ask what I want doing and the office check to make sure everything is still how I want it".

We looked at training records and the training structure for the year. We saw that staff had received training relevant to their roles and the needs of the people they supported. This included moving and handling, medication administration, safeguarding people, food hygiene, health and safety and mental capacity. Staff we spoke with told us that they had training updates and received supervision from the registered manager and had their practices checked. All the staff we spoke with said that they felt they were being supported by the registered manager and the care coordinators.

Supervision consisted of individual one to one sessions and group staff meetings. The training records and records of spot checks on agency staff supported this. Staff we spoke with confirmed they had received induction training when they had started work and had training updates throughout the year. Staff told us that after induction they 'shadowed' more experienced staff to support them

We spoke with the training coordinator for the agency, who was also the services dementia and safeguarding champion, about their role. Part of their role was making sure training was up to date for staff and checking staff understanding. Different approaches were used to suit different topics and learning styles. Some training was face to face and some was on line. Some staff had done additional training, such as in dementia awareness if they needed this to support a person's particular care need. The training coordinator was introducing training for specific needs and this included stoma care and catheter care to help make sure staff practices reflected best practice. The training coordinator told us that they were being well supported by the registered provider and registered manager to develop and deliver appropriate training to staff.

Some of the people we spoke with did not require support with eating or drinking. We saw that some people needed support with making their meals and what they wanted was written in their care plan. People who required this support were supported at mealtimes to access food and drink of their choice and when required this was recorded for monitoring. Where it was identified that a person needed additional help appropriate referrals were made to obtain this. Training records indicated that care staff had received training on supporting people to maintain adequate nutrition and hydration. Staff told us they had food hygiene training and the training records recorded when this had been done. People who used the agency we spoke with told us that the staff checked they were comfortable and has access to their drinks and food before leaving.

The agency branch office had recently been extended to provide more administrative space. The office had suitable telephone and computer equipment to help make sure the business ran smoothly. There was separate office space for different aspects of the management and administration of the agency. There was a separate room that could be used for training, supervision and small meetings.

## Is the service caring?

### Our findings

Everyone we contacted said that the support they received from the agency helped them to maintain their independence and dignity and to live as they chose. One person using the service told us that staff were "Always cheerful" and "We have a friendly chat and banter, I really appreciate what they do for me". Another person commented, "I am well cared for, they [agency staff] are kind to me and patient. They are nice, friendly people".

Another person said " They [agency staff] are very helpful , I am very pleased with it all, they are very good staff". We were also told, "So far they have never let me down". We were told that their coordinator "Goes the extra mile for us, over and above the job to make sure we are OK". During our visits to people's homes we found that positive, caring relationships had been developed with people. More than one person told us that they would happily recommend the agency.

A relative told us of how care workers had supported their family member. They said, "They know her and she knows them. They [agency staff] come in and it is almost like a friend or concerned neighbour calling in, coming to give her a hand. They understand".

We saw, when visiting people in their homes, that staff interacted positively with people and were attentive, laughing and joking with them and giving reassurance if needed. People who used the service that we spoke with told us that the agency workers were "respectful" of their privacy and tried to maintain their dignity. We were told how agency staff gave people privacy whilst they undertook aspects of personal care but stayed close to maintain the person's safety, for example, if they were at risk of falling.

We looked at cards and letters sent to the agency by people whose relatives had used it. There were positive comments about the support given at the end of life. One comment was "You [agency] made [relative] last days as comfortable as possible" and "Many thanks for all your care and attention, it was much appreciated".

Some of the staff working for the agency had done some training with an accredited training body (NCFE) on end of life care. The training coordinator told us about the training programme they were developing for all agency staff to do on supporting people at the end of their lives. This training was being developed to incorporate the principles of the 'The Six Steps' palliative care programme. This programme was aimed at enhancing end of life care through organisational change and supporting staff to develop their roles.

## Is the service responsive?

### Our findings

People who used the agency and their relatives told us that the service responded appropriately to any changes in their care needs and were flexible if they needed to make changes. People who used the agency spoke well of the way support was provided to them. We were told, "The staff I have had have been very helpful and know what I want doing"

People told us that they were asked about the support they needed and how they wanted their care to be provided. They said that they had a care plan that detailed the support they required and the choices they had made about their care. We were told "The carers do what we agreed and what I want doing". They said their care plans were reviewed regularly and that they were being involved in this process. One person told us how when they had come home from hospital "They got me going again, I really appreciate it".

People who used the agency made comments that indicated the service was responsive to their comments and needs. These comments included, "I'm happy with everything but if I have a problem they get it sorted quickly" and "When I have made a suggestion or asked for something to be done differently the response has been immediate and friendly". We were told that the agency was "flexible" and a relative told us how the agency had responded quickly to their need to make a change at short notice.

The service had a complaints procedure that was available in the service user's guide in the care files in people's homes. Any complaints or concerns raised with the manager or through staff had been logged and records of investigations and correspondence had been kept and the action to monitor. One person we spoke with had made a complaint in the past. They told us "My complaint was listened to and dealt with and the registered manager apologised to me about what went wrong".

People told us "I would just tell the office if I was not happy" and "I do know how to complain, it's easy to speak to them in the office". One person said, "I have never had to make a complaint so far". One person who had used the agency for some years told us "If I had a complaint I would tell [care coordinator], they would make it right".

People who used the agency confirmed that they were given contact details for the office and who to call out of hours. Staff also told us that a senior member of staff was "always available" if they needed "advice or information". We saw that people who used the agency had their own 'hospital passports'. These held information about support they needed and dietary requirements should they need to go into hospital.

We saw that people's care records included information about the things that mattered to them and what they could do themselves as well as the support they wanted. We saw that care plans had been developed with the person and their relatives. People also told us they had been involved in discussions regarding what was in their care plans. With their permission we looked at the care plans people kept in their homes and these were up to date.

We looked at the written records of care for people who used the service. People had signed their files,

where they were able to do so, to indicate that this was what they had agreed they would receive from the agency. When we visited people in their own homes they showed us their own care records that staff had completed. People also had the information provided by the agency about its services and making complaints.

We saw that the registered manager had carried out initial assessments with people and their family carers to help establish their personal care and individual needs. People and their relatives told us that care reviews took place to make sure care provided was still meeting their needs and records indicated they had taken place.

Staff told us that where they were supporting a person with more complex support needs the team leader made the first call with them to give support. We were also told by staff that the management team tried hard to "marry us up properly" with people with complex needs and they tried to make sure they met the people before starting to visit.

People told us that the staff who visited them knew about them and their likes and dislikes. They told us that agency's care coordinators visited or called them by telephone to check that they were happy with their care and make sure it was what they still needed. The staff had been provided with mobile telephones and they sent a text message to notify the office and colleagues of any changes they needed to be aware about. Staff we spoke with were aware of the importance of sharing important information about the person they were supporting with the management team and colleagues who also supported them.

## Is the service well-led?

### Our findings

People who used the agency were positive in their views about how the agency was run and that they were "happy" with the service provided and "very happy with it all". We were told "They come and do checks [care coordinator], they check on me and on them [care staff]" and also a person told us, "We have spot checks and they look at the paperwork, they check I am happy with them". We spoke with one person who was no longer using the service but told us when they had done they had found it to be "well organised " and "I never had any problems with the way things were run".

People and their relatives told us that staff usually arrived on time for a call. Staff were able to tell us action they would take to alert a person if they were going to be late due to unforeseen circumstances. One relative commented that, "They are generally running to time and stay as long as they need to. They let us know if there is a delayed so we don't worry. " We saw that there were formal and established systems in place to monitor the arrival and leaving of staff and to alert people regarding unexpected lateness.

Staff that we spoke with felt supported in their roles and told us they felt able to raise any concerns with their team leader, care coordinator and the registered manager. One staff member said, "The care coordinator monitors the care plans and follows up on any changes and they can just call in and do a check" another said "They're good to work for, the coordinators have it all sorted". Staff told us "I am comfortable feeding back to the coordinators, they're easy to get hold of and good" and also "Any problems I have come across they [coordinators] have sorted it out- very supportive". Care staff also told us, "The manager has done the job themselves, so they know the problems".

Checks or 'audits' were carried out across the agency's activities to monitor their effectiveness and to see if systems needed to be changed. Medication practices and records had been checked for accuracy. Staff training was monitored to make sure people were given the training and updates they needed when they were due. Staff supervision records showed that spot checks had been carried out to monitor the standard of care being provided, check staff competencies, check records and help make sure people were satisfied with the support being given.

Staff told us they met regularly with the registered manager for team meetings, supervisions and could contact the office at "anytime". This allowed staff the chance to discuss practice issues or problems both formally and informally.

We saw that the policies and procedures in use had been subject to review should they require updating in line with changes in best practice. The agency had a lone worker policy to monitor staff locations. We were told by staff, "We log out and if we don't log in at the next visit they check up, some have had accidents so it's important to know where people are".

We saw evidence that the service had attained a nationally recognised award from an independent body for the management systems used at the agency. The Investors in People Standard aims to explore practices and outcomes within an organisation and promote continued development.

