Hafod Care Organisation Limited

Hafod Care in the Community

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Hafod Care in the Community is a domiciliary care service providing personal care to people with a mixture of needs including dementia, physical disabilities and sensory impairments. People are supported in their own homes, at the time of this inspection19 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
At our last inspection the registered manager had failed to ensure staff rota planning was effective in supporting staff to carry out their duties, staff training was not planned effectively to support staff involvement, and the auditing systems did not identify the support staff required to carry out and develop their roles effectively. At this inspection we found these issues had not been addressed.

Safeguarding concerns, incidents and accidents were not investigated. Not all of people's risks were assessed or mitigated. People told us they were involved in care planning but care plans were not up to date and did not demonstrate that people had been involved in planning their care. Care plan reviews did not explore people's outcomes of the service provided or record their views.

Staff understood their responsibilities in relation to mental capacity and gained consent from people before supporting them.

Although people were not always supported to have maximum choice and control of their lives, staff supported them in the least restrictive way possible and in their best interests; the policies in the service supported this practice, although the processes did not.

Staff worked in partnership with external health care professionals. Referrals to health care professionals were not followed up by the service and outcomes were not always recorded. Therefore, care plans did not always have the most up to date information and people were at risk of not receiving the care they needed.

People said they were well treated and cared for by staff but the providers systems did not always support this. People were at risk of their equality and diversity not being supported. People were not always supported to express their views or make decisions about their care.

People's care plans did not always set out which methods of communication would be effective or people's preferred method of communication. The provider had a complaints policy in place and understood their responsibilities in relation to their duty of candour.

The providers governance systems were not effectively operated, therefore failed to identify multiple areas of concern identified at this inspection, or mitigate risk. The lack of quality assurance meant opportunities to identify areas for improvement within the service, was lost.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 19 September 2017).

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence the provider needs to make significant improvements. Please see all the sections of this full report. Following this inspection the provider has taken some action to mitigate the risks identified at this inspection. You can see what action we have asked the provider to take at the end of this full report.

The overall rating for this service has changed for Good to Requires Improvement.

Enforcement
We have identified breaches in relation to relation to risk management, staff training, and good governance, at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider, to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Hafod Care in the Community

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and one assistant inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 January 2020 and ended on 28 January 2020. We visited the office location on 25 and 26 January 2020.

What we did before the inspection
We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-
We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff, including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at updated care plans and risk assessments carried out by the registered manager as a result of this inspection.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Moving and handling risk assessments did not consider how people's other risks, such as communication needs or distressed behaviours, could impact on the safety of people and staff during moving and handling activities. Care notes recorded that a person who needed support with communication and distressed behaviours had panicked whilst being hoisted, potentially placing them and the staff members at risk. The provider had not assessed how this person's communication or behaviour needs impacted on the safety of moving and handling. This placed people at risk of unsafe moving and handling.
- Risks associated with people's behaviours and medical conditions had not been risk assessed. This meant risks had not been mitigated and staff did not have guidance on how to support people safely. This placed people at risk of potential harm. Inspectors asked staff how they identified risks and they said, "Risk assessments would be useful".
- Accidents were not fully recorded or investigated. For example, where people were involved in accidents, the information was added to a list but there was not a record of what injuries were sustained, on what part of the body, who witnessed it or how it happened. Near miss accidents were not recorded. The registered manager told us of a person who had experienced a fall. There was no record of this, and the registered manager was unable to tell inspectors when the fall had happened. The lack of accident reporting and recording, left people at potential risk of further harm as there was no opportunity for lessons to be learnt, so the risk of reoccurrence could be minimised.
- People did not always receive their medications at the right time. Staff told us and we saw in records that people's medication requirements were not taken account of in the visiting schedules. For example, one person had time specific medication and did not received care visits at the times they needed, so they didn't have their medication at the right time.
- Medication administration records were incomplete with insufficient information to determine if the manufacturers recommendations were being followed. For example, Body map records for pain relief patches did not always record the name of the person, or the name and strength of the medication. Printing of Body Maps was of a poor quality, it was not always possible to see the location of where the patch had been applied, or if manufacturers patch rotation guidelines were being followed. This left people at potential risk of harm.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and Recruitment

- The registered manager did not effectively support staff to deliver the service, or ensure enough staff were

on duty. There was not a system in place to capture staff working hours, if people's calls were on time or if calls were missed. The registered manager told inspectors a system to monitor this information had been purchased but was not yet in use and there was not a plan for implementation.

●We viewed rota information and spoke with staff. We found staff did not have enough rota information to effectively meet people's needs. Staff rotas did not set out the planned time of arrival for each visit or provide for dedicated travel time between visits. We also found rostered visit durations did not always match the planned duration times. Staff said, "The rota does not show the allocated times, but we know the proper times, we do not have time for travel so it can't be done, we have to start at 6am to make it work and get to the lunches on time." Another staff member said, "Length of calls aren't accurate, there are times we have gone over, we don't get travel time." Staff discussed with inspectors how this made them feel, one said, "It is such a responsibility, you just have to come in and cover." This meant people were at potential risk of their needs not being met due to not enough staff or staff not having enough time to meet their needs.

●There was not a process for establishing how many staff numbers were required to meet people's needs. Inspectors saw, from rotas, some staff were working seven days a week, covering morning, lunch, tea and bed calls. The registered manager told inspectors staff wanted to work these hours. One staff member said, "Probably not enough staff, there is a shortfall of full-time workers." Another staff member said, "We need more staff, if staff are off, we have to cover and do not get days off".

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The provider had a recruitment policy and safe recruitment processes in place. We viewed one recruitment file and saw appropriate checks, including checks from the disclosure and barring service (DBS) and references were in place and staff confirmed this. This helped to ensure staff suitability to work.

Systems and processes to safeguard people from the risk of abuse

● The registered manager failed to ensure processes were established, and operating effectively, to investigate incidents of potential abuse or improper treatment. For example, one person had experienced unexplained injuries and the cause was not investigated. As a result, people were potentially left exposed to the risk of harm.

Preventing and controlling infection

● We heard from staff they were not provided with uniforms and considered wearing their own clothes impacted on the standard of infection prevention. Staff had access to gloves and aprons to minimise the risk of infections spreading. One person told us, "I don't know about gloves, but they do have aprons." A relative said, "They wear gloves and aprons." A staff member said, "I wear aprons and gloves and also use hand wash." Another staff member said they felt under pressure to work when they had a cold. This meant people were not always protected from the risk of infection.

Learning lessons when things go wrong

●The registered manager did not have oversight of potential safeguarding concerns, accidents or incidents, so the opportunity to learn lessons was lost. The registered manager told inspectors that lessons would be learned if things went wrong but could not provide examples. The registered manager said, "That is something you would do at the time, it might be that someone needs more training."

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

● Not all staff had been trained to meet the specific needs of the people they provided personal care to. One staff member said, "I have had catheter training a couple of years ago, but I have not had training in Diabetes or Parkinson's." Other staff we spoke to wanted to know more about people's specific conditions and needs. This meant some people were at risk of not having their needs appropriately met.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities). Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs and risk were not always assessed. This meant care plans did not always record people's needs.

●How people made choices, or what their choices were, was not recorded. This meant staff may not know how to support people to make choices and placed people at risk of not receiving their service s in the way they preferred.

●People's equality and diversity was not considered as part of the care planning and risk assessment processes. This meant people's equality and diversity was at risk of not being respected.

Supporting people to eat and drink enough to maintain a balanced diet

●People were supported by staff to eat and drink. One person said, "They [the staff] do everything, they bring the food tray with all the things". One relative said, "If [Person] wont drink their tea they will encourage them."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

●We viewed records that showed staff made referrals to the district nursing service where this was required, for example, one person had sustained a skin tear and the district nurse had been informed. The registered manager said, "We contact district nurses, sometimes you have to phone social workers, occupational therapists and doctors. Carers write it in their notes. If we've tried to get hold of the district nurses but can't, then I do it."

●Records showed that referrals to health care professionals were not followed up by the registered manager and outcomes were not recorded. This meant the registered manager could not be sure that people received a timely response or what the outcome was.

Ensuring consent to care and treatment in line with law and guidance
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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●Care planning and reviewing processes and records lacked information to support staff to ensure decisions taken on behalf of people, in care delivery, was in the persons best interest.
●Staff asked for people's consent prior to supporting them. One person said, "They [staff] do ask, but we are in a routine and they know what I like". We heard from staff they always asked people's permission, prior to supporting them.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

● People and their relatives were not always involved in care planning. Records did not record that people and their relatives had been involved in the care planning process, however one person told us they were involved in the care planning process, this person said, "They involve you in the care plan".

●People's views of the service they received were not always considered as part of the review process. We saw from records that reviews were conducted by telephone with relatives and records did not reflect people's or relative's contribution to the review process. This meant some people may be at risk of their equality, diversity, preferences and choices not being known or respected by staff.

Ensuring people are well treated and supported; respecting equality and diversity

●While people felt that individual staff were kind and caring, the systems that the provider implemented meant that people were not always cared for.

●People and their relatives told us that they were well treated. One person said, "They are chatty, just like friends, they get to know you". A relative told us, "They are very good mature ladies clearly doing the job for some time, quietly firm but caring and confident."

●Peoples equality and diversity information and views were not captured or included in the service assessments or care plans. This meant that staff had insufficient information to ensure people's equality and diversity was respected.

Respecting and promoting people's privacy, dignity and independence

●People's independence was promoted and their dignity and privacy respected. One person told us about how privacy was respected, "They always use the door buzzer, that lets me know they are coming, and I can unlock the door". Another person told us how their independence was supported, "I have microwavable food, I can do it myself, but they help me if I want them to." A staff member told us, "I protect people's dignity by shutting curtains during personal care and using towels to cover people."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

●There was not a system in place to gather information about the things that were important to people, to enable staff to provide person centred care. People were not always involved in decisions about their care, treatment and support. Where they were included, it was not always in a meaningful way. Their care was often task-focused and did not consider their whole life needs.

● Not all people were given choice. We received conflicting views from people and staff about people having choice in how their needs were met. Care plans had limited information in how people made their choices or what their choices were. Care plans did not contain guidance for staff on how to support people to make choices. This meant people were at risk of not being given choice. For example, one care plan stated the person could express choice at times, but did not explain further what this meant. One person said, "I just have what they give me, I can put a choice in and they would be agreeable, they change things over from day to day". This meant that people were not consistently receiving personal care in a way that suited them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●Information was not provided to people in alternative formats to meet individual communication needs. The registered manager told us that this would be provided if the person required it. At the time of this inspection this had not been considered for people with hearing, sight or memory needs.

●People's care plans did not always set out which methods of communication would be effective or people's preferred methods of communication. For example, one person's communication assessment stated, "Is very deaf, also has dementia, understands most things at the time". Another assessment for the same person stated, "Can communicate understands at the time most things, short term memory". This meant that staff did not have enough information to ensure people received effective support with their communication.

Improving care quality in response to complaints or concerns

●There was a complaints process in place and people knew how to use it. Complaint records were not available at the time of this inspection. One person said, "I haven't got any complaints, I can phone them up at any time, for example if they are late and they tell me they are on the way." Another person said, "If I didn't like something, I would tell them. If I had a complaint, I would phone the manager."

End of life care and support

● At the time of inspection, end of life care was not required. There were no records of end of life care being considered as part of the planning process. The registered manager told us they would work in partnership with the district nursing service to deliver end of life care.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider had a governance system. The registered manager failed to effectively operate the providers governance system, and therefore failed to identify multiple areas of concern identified at this inspection or mitigate risk to people. The registered manager told inspectors routine quality assurance work was not being completed. The lack of quality assurance meant opportunities to identify areas for improvement within the service, were lost.
- The providers governance systems had not identified staff rotas did not provide staff with the information they needed. This meant staff may not have enough scheduled time to meet people's needs and people were at risk of not getting their needs met at the right time, for example time specific medication. The registered manager explained a new electronic rostering system would be introduced, but although the system had been purchased, work to populate it with the relevant information had not yet started and an implementation date had not been set. We will review the effectiveness of this at the next inspection.
- The providers governance systems had not identified staff had not received training in people's specific conditions such as Parkinson's. This meant staff were reliant on people and their relatives to explain to staff how care and support should be delivered.
- The providers governance systems had not identified that safeguarding, accident and incident events were not being effectively recorded and acted upon. This left people at risk of repeated and ongoing harm.
- The providers governance system had not identified information in medication records was incomplete and printed medication forms were of poor-quality, making accuracy of recording difficult particularly on body maps.
- The providers governance system had not identified pre assessment information lacked detail and was not updated as part of the review process, or that review records lacked detail and failed to record people's preferences, choices or views on the service.
- Opportunities to engage with the service were limited. Survey activity had not been analysed, there was not an action plan and people had not been provided with feedback. Staff attended meetings four times a year, the minutes reflected the message from the management to staff but did not capture staff contribution to the meeting.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Following this inspection, the registered manager said, "We did have an overview of the service but what has happened the admin use to do that and they have left". The registered manager agreed to address the concerns found at this inspection and reinstate auditing of the service and quality assurance work.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

●Staff we spoke to were concerned about the culture of the organisation. Staff comments included, "We are put under pressure and treated with contempt", and "Only having one evening off per week is ludicrous, we do not have holidays, we can't plan holidays just told to take a day here and there". Rota's showed some staff worked in the morning, at lunch time, tea time and at bed time, with just one evening a week off. Staff told inspectors that they attended meetings and raised issues, but nothing ever changed. We saw that records of staff meetings didn't evidence that staff were involved in contributing to the agenda.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

●The registered manager did not have oversight of potential safeguarding issues, accidents or incidents and this meant they could not always be open and honest with people when things went wrong. The registered manager explained that duty of candour formed part of the complaints process.

Working in partnership with others

● The registered manager told inspectors, "We work with district nurses, social workers, occupational therapists and doctors." The registered manager did not have a process in place to capture the outcomes or update care plans, following activities by external health care professionals, where they impacted on how personal care is delivered. The registered manager agreed to address this at the time of inspection and to put a process in place. We will review this at the next inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to the health and safety of service users, of receiving personal care, was not assessed or mitigated to ensure safe care and treatment. Medicines were not administered at suitable times and medication records were incomplete, placing people at risk of harm.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems and processes were not operated effectively and did not identify where quality and safety were compromised.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Service users were at risk of their needs not being met, due to not enough staff or staff not having enough time to meet their needs. Staff were not trained to meet the specific needs of some service users.