

Hartley Home Care

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Hartley Home Care is a domiciliary care service that provides personal care and support to people living in their own homes in the community. When we inspected the service was providing the regulated activity, personal care, to approximately 170 people in the Camelford, Bodmin, Bude, Launceston, Liskeard and surrounding areas in Cornwall.

People's experience of using this service and what we found

At our last inspection people were at risk of harm because visit times were inconsistent and sometimes missed. Systems to record people's agreed times were not robust and rotas were not effectively managed. People did not always receive the care and support they needed at the agreed times or have consistent staff teams.

At this inspection people told us they received their visits at the agreed times. No one reported having had a missed visit. People told us issues that had concerned them at the last inspection, such as inconsistent visits, had been resolved and the service had improved. People told us they were happy with the service they received and had regular staff who arrived on time. Comments included, "I know what time they are coming", "Very happy with the service", "The rota seems to work for me and my relative, they asked us what times we needed and worked it out with us" and "They turn up okay and stay for the right time. They let me know if they're going to be late."

The service had introduced new electronic rostering, call monitoring and care planning systems and this together with the more clearly defined management and office staff structure had improved the reliability and running of the service.

Staff told us rotas had improved, were available on their phones, and any changes were communicated to them in a timely manner. Some staff commented that travel time was not always included in their rotas. The manager said rotas were being reviewed to plan the appropriate amount of travel time between each visit, as it varied between areas.

Care plans were in place for everyone using the service. The service used an electronic care planning system and staff accessed this on their mobile phones. The information generated by this system was accurate, timely and gave staff enough detail to provide the right care and support for people.

Staff were recruited safely. The service had continued to recruit throughout the COVID-19 pandemic, to ensure there were enough staff to cover for sickness or for staff who needed to shield or self-isolate. Where the service had started to work in a new geographical area enough staff, local to that area, had been recruited.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems were in place to ensure the effective management of medicines. Staff who were administering medication had been trained and had their competencies checked to ensure correct procedures were followed.

Staff were aware of the government guidance on the use of personal protective equipment (PPE) such as masks, gloves and aprons.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement. (Report published on 10 May 2019) and there were two breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was carried out to follow up on the action we told the provider to take at the last inspection. As a result, we carried out this focused inspection to review the key questions of Safe, Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hartley Home Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Hartley Home Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and two Experts 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.

Service and service type

Hartley Home Care is a domiciliary care service that provides personal care and support to people living in their own homes in the community. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

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

The inspection was announced. We announced the inspection a few days in advance to ensure appropriate management would be available to participate in the inspection process and to make arrangements for information to be shared with the Commission before the site visit.

Inspection activity started on 8 April 2021 and ended on 16 April 2021. We visited the office location on 13 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the information we had requested when the inspection was announced.

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.

During the inspection

We spoke with 25 people who used the service and 12 relatives. We received feedback from 24 staff. We sought feedback from a social care professional who had regularly worked with the service.

We visited the service's office and spoke with the registered and service managers and five members of the management team who were responsible for specific areas of the running of the service. We looked at a range of care records in relation to people who used the service, staff recruitment and training records, quality assurance records and information related to the running of the service.

After the inspection visit

We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the registered manager prior and during the site visit.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection people were put at risk of harm, because visit times were inconsistent. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection people were at risk of harm because visit times were inconsistent and sometimes missed. People did not always receive the care and support they needed at the agreed times or have consistent staff teams. Rotas were not organised to take into account the times people needed, and the rota system did not always accurately record people's assessed times.
- At this inspection we found the electronic rota system was used effectively and consistently, which resulted in people receiving safe and timely care. Templates were set up, in the rota system, for each person with their agreed times and staff were allocated to each visit. This meant, apart from staff leave and sickness, rotas were automatically generated with people's agreed times and with regular staff.
- People told us they received their visits at the agreed time and they were kept informed if staff were running late. No one reported a missed visit and where two workers were needed, two always arrived. Comments from people included, "They stay for the time agreed and do what's required. They let us know if the carer is going to be late because of a breakdown or something like that", "I know what time they are coming", "They do whatever I ask, they're never pushed for time" and "There are six in total, I'm familiar with all the staff. I need two staff and two always come."
- People confirmed that they were able to phone the office to change the visit times, if needed, and the office would re-arrange this for them. People told us they received a response out of hours when necessary. Staff also confirmed they were able to contact management out of hours for support and guidance.
- Care plans contained appropriate risk assessments that guided and directed staff on how to reduce assessed risks. For example, how many staff and what specific equipment was to be used to move a person safely. Staff were advised of any risks regarding the access to people's homes.
- Any changes to people's care needs, or risks in their homes, were updated in care plans and staff were alerted to the changes as these occurred on the live system, accessed on their phones.

Staffing and recruitment

- There were sufficient staff employed to meet the needs of the people who used the service. The service had continued to recruit throughout the COVID-19 pandemic to ensure there were enough staff to cover staff

sickness and for staff who needed to shield or self-isolate.

- Staff were recruited to and worked in small teams, in specific geographical areas, with a manager allocated to oversee and support each team.
- Where the service had started to work in a new geographical area, enough local staff had been recruited. One relative told us, "To start with there were some hiccups as they had trouble covering if staff were sick. However, things are much better now and they seem to have recruited enough staff in the area."
- Staff told us rotas were now well managed and any changes were communicated to them in a timely manner. However, half of the staff we spoke with said they were not always given enough travel time in their rota. The registered manager said rotas were being reviewed to plan the right amount of travel time between each visit, as it varied between areas. Staff confirmed they were aware that travel time was being reviewed.
- New staff were safely recruited. Disclosure and Barring Service (DBS) checks and references were received before staff were able to visit people alone.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. The provider had raised safeguarding concerns appropriately to the Local Authority.
- People told us they felt safe using the service. People said they felt able to speak to staff or managers about any concerns as they would be listened to and were confident action would be taken.
- People told us, "It's alright, they're very good and I feel safe" and "I feel safe, they're good, like friends coming into the house."

Using medicines safely

- People told us they were supported with their medicines and received them on time.
- Staff had received medicine training. Spot checks were carried out regularly to help ensure staff competency.
- Medicine administration records (MAR) were completed electronically by staff and the system alerted management if there were gaps in these records.

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective clothing (PPE), such as aprons, masks and gloves to reduce cross infection risks.
- People told us, "They come in with their PPE already on" and "They do wear the PPE and the manager checks on that."
- The office held stocks of PPE for staff to collect as needed. Hand sanitiser was available for visitors in reception.

Learning lessons when things go wrong

- All incidents and accidents had been documented and investigated by the registered manager. Any areas of learning identified were shared appropriately with staff to improve safety.

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 remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

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

- Before agreeing to start a new package of care, the service ensured they had as much information as possible from the person, their family and/or the funding authority.
- At the time of this inspection it was not possible for the service to complete their assessment before the service started. However, an experienced worker would carry out the first visit and an assessment at the same time.
- Assessments of people's needs detailed the care and support people needed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Comments from people about staff included, "They're very good, very attentive", "They treat him with respect and dignity and have a good laugh", "They are first class carers, they're well trained, they know their job, some have been with the company for years" and "The carers are wonderful. They do everything right, come with their masks on and knock before they come in."
- Staff felt supported and had regular supervision and an annual appraisal to discuss their further development and any training needs. Meetings were currently conducted on video calls and would return to face-to-face as soon as it was safe to do so. Staff commented, "A good place to work, give you opportunities to progress" and "The career progression and training opportunities are endless and you are made to feel like anything is possible. I was signed up to the NVQ 3. I hope once this is finished to do my NVQ 5 which the management team have encouraged."
- Staff had access to regular training and this had been kept up-to-date throughout the pandemic. Normally training was a mixture of online and face-to-face sessions. However, because of the pandemic all training was completed online. Some staff said they had found this more difficult because they had to complete the training at home. Management recognised this approach was less supportive for staff. The service hoped to return to facilitating group training sessions, and giving staff office space for online training, as soon as government guidelines permitted.
- Regular spot checks were also carried out to check staff competency and practices.
- Newly employed staff completed an induction comprising of training in a range of areas and a period of shadowing more experienced staff.

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

- Some people needed support with meal preparation and people told us staff were competent in preparing food.

- Staff completed food hygiene safety training.
- Where necessary care plans included details of people's dietary needs and preferences.

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

- The service worked with other agencies, such as GPs and community nurses, to help ensure people's health needs were met. When staff recognised changes in people's health or wellbeing this was reported to managers. Records showed appropriate and timely referrals had been made to health professionals for assistance.
- People, and their relatives, told us the service had responded appropriately if people felt unwell and had either arranged appointments or informed a relative. Comments included, "They've been very good. They pointed out that my relative had a problem with his catheter and suggested I call the GP. They know what they're doing" and "They contact the doctor straight away, and then let me know that they have done so."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. 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.

- People told us staff always asked for their consent before completing any care tasks.
- Where people lacked capacity, care plans contained details of specific decisions they might need help to make. There was guidance for staff about how to support people to be as involved as possible in making these decisions.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. The service recorded when people had power of attorney arrangements in place.
- Staff received training on the Mental Capacity Act and demonstrated a good understanding of the underlying principles.

Is the service well-led?

Our findings

Well-Led – this means 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found concerns about the management of rotas, inaccurate records about the times of people's visits and insufficient action taken to improve rota systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection rotas were not well managed and people did not receive a reliable service. While the provider had identified concerns with the rotas, at that time, insufficient action had been taken to improve the situation and protect people from the risk of harm.
- At this inspection we found a new electronic rostering and call monitoring system had been introduced. In addition, the roles and responsibilities of the management and office staff had been more clearly defined and put into practice, including the role of writing the rotas. The combination of these changes had improved the reliability and running of the service.
- Effective management of the rota system had significantly reduced the number of late and missed visits experienced by some people. Auditing of visits times showed that 95% of visits were on time in February and March and so far in April 98% were on time. There had only been two missed visits since February and on both occasions the rota was correct, but the care worker had mis-read their work. However, the system had alerted the office to the missed visit and it was covered by another worker.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Information generated from the electronic care plan and rota system was accurate, timely and detailed. The registered manager monitored and analysed data covering all aspects of the service provided to people.
- Most people and their families were positive about how the service was managed. Positive comments included, "Management seems good, it's easy to contact them", "The office is good, they always return my calls", "I think the service is well run", "I have confidence in the way the service is run" and "The company is the best I have had so far."
- Staff were positive about working for the service and how they were supported in their work. They commented, "I have found it a good place to work, the office staff have been brilliant helping me when I

have needed it", "Hartley Home Care is a great company to work for, I have always enjoyed my job especially meeting client's needs. I have great support from the office staff and if there are problems, they sort them out immediately", "Management are easy to talk to" and "The care plans are in people's homes and updated."

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

- People and relatives said there was a positive culture in the staff team and staff confirmed they were happy working for the service. Everyone we spoke with commented on the improvement of the service over recent months.
- People told us they had their personal preferences and choices respected and supported. If a person raised any objection to a member of staff, for any reason, this was added to the electronic system and that staff members name would not be accepted on to the rota to visit that person in the future.
- Since the last inspection the service had introduced an electronic care planning system and staff accessed this on their mobile phones. The information generated by this system was accurate, timely and gave staff enough detail to provide the right care and support for people.
- When people or staff raised concerns about staff not supporting people to achieve good outcomes the management took action to address these issues.
- Staff were committed to providing the best possible care for people. They demonstrated a thorough understanding of people's individual needs and preferences.

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 management team promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.
- The local authority told us the provider had always been open and honest and responded well to recommendations.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us communication with management and office staff was good. Staff worked in small local teams and were well supported by their local manager, who often worked alongside them. While face-to-face staff meetings had not taken place during the pandemic, video meetings had taken place with each team and senior management. Staff felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People and their relatives were asked for their views of the service through questionnaires and weekly calls from management. People and families told us they knew how to complain and would be comfortable doing so if they needed to. They told us, "The office staff always listen if I make a complaint and resolve my concerns", "I've got the office number and could complain if necessary."
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The service had worked closely with the local authority to bring about improvements in the monitoring of actual visit times against planned times. The quality assurance team at the local authority had completed

and closed their action plan with Hartley Home Care as they were satisfied that required improvements had been made.

- Systems used to plan rotas and monitor the service provision were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.

- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.