

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

About the service

Holywell Domiciliary Care Services is a Domiciliary Care service. At the time of the inspection 80 people were in receipt of care in their own homes.

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

The registered manager confirmed they would ensure records relating to staff performance and disciplinaries were completed in full, we made a recommendation about this. People told us they felt safe. Systems were in place to record and act on any concerns. Visits were allocated on a computerised system. People told us sometimes their visit times were changed, but said they were informed of this. Staff were recruited safely. Medicines were managed well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had undertaken a range of training, which supported them to deliver effective care to people. All people we spoke with told us they were happy with the skills of the staff team. Staff always asked for permission before undertaking any care or activity with them. People told us they were supported with their food and fluids.

All people and relatives we spoke with told us people who used the service received good care from the staff. People were treated with respect, their privacy and dignity was maintained.

Care files contained information about how to support people's individual needs. People we spoke with confirmed they had been involved in their development. People's individual communication needs were generally considered.

Systems to deal with complaints were in place. Positive feedback was seen. The service asked for people's views. We received positive feedback about the registered manager. The registered manager understood the operation and management of 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

The service was rated good at the last inspection (Published on 3 December 2016).

Why we inspected

This was a scheduled inspection based on the previous ratings.

Follow up

The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. The inspection may be brought forward if any risks are identified.

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 remained good.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained good.

Details are in our well-led findings below.

Holywell Domiciliary Care Services

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 two adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means 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 hour's notice of the inspection. This was to ensure the registered manager was available to support the process.

What we did before the inspection

Prior to our inspection we checked all the information we held about the service. This included any feedback, concerns or statutory notifications the service is required to send to us by law. We also checked the provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to

make.

To understand the experiences of people using the service we spoke with 11 people in receipt of care and seven family members. We also spoke with four care staff members, the training manager and the registered manager, who took overall responsibility for the service. We looked at a number of records which included, three care records, staff files, team meeting minutes, training records and documents relating to the operation of the service.

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 remained the same; good.

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- Sufficient numbers of staff were in post that ensured people who used the service received appropriate and timely care. Duty rotas were developed on a computerised system ensuring people received their visits as required. Mixed feedback was received from people about the timings of their visits, but most said the service advised them of any changes. One said, "The office always let me know if anyone isn't coming; they apologised when they had to change the carer [staff] once" and "The carers have always come, always turned up. They come any time between 12:00 pm and 1:30 pm and that's fine by me."
- Safe recruitment practices were noted that ensured only suitable staff were employed to provide care to people. Suitability checks had been completed.
- We checked how the service managed staff disciplinarys. Whilst the registered manager discussed the actions they had taken, records had not been completed in full to confirm a thorough investigation had been completed. The registered manager confirmed they would ensure all records contained detailed information to support disciplinary procedures.

We recommend the provider seeks nationally recognised guidance to ensure systems to investigate, act on and record staff disciplinarys are in place.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place that demonstrated any allegations of abuse were investigated and acted upon appropriately. Records included information about any investigations and policies were in place to ensure staff understood how to deal with any allegations of abuse.
- Staff we spoke with understood how to deal with any allegations. People who used the service had no concerns in relation to safety. Comments included, "The carers are all very, very good and I feel very safe. They come to me in case I fall; it keeps my family happy."

Assessing risk, safety monitoring and management

- Safe process had been developed which ensured relevant risk assessments were in place. Individual and environmental risk assessments had been completed that supported safe care delivery and reduced any future risks. However not all people had completed risk assessments which reflected their individual needs. The registered manager took immediate action to ensure records had been updated.

Preventing and controlling infection

- Safe infection control procedures were in place. Policies and guidance was available to support staff to

reduce infection risks. All staff undertook infection control training as part of their induction. Personal protective equipment was available for staff to protect people from infection.

Using medicines safely

- Medicines were managed safely. Policies and guidance was available to support the safe administration of medicines. Medicines administration records had been completed. One record we looked at was difficult to read, the registered manager confirmed they would ensure all records were clear and easy to read for staff to follow.
- Records confirmed staff received medicines training. None of the people we spoke with who were supported with medicines administration raised any concerns. Comments included, "[The staff] always get my medication right; I'm on quite a lot and they're very careful" and, "I am quite happy with how [the staff] give the medication; no problems."

Learning lessons when things go wrong

- Systems were in place to support lessons learned. Incident and accident records were completed which included the outcomes of the incidents and actions taken where required. The registered manager told us any issues were discussed in team meetings for different ways to keep people safe. They confirmed ways to improve on lessons learned would be developed.

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; good.

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

- The service had developed systems that ensured people's assessed needs were met. Care records contained information that confirmed preadmission and local authority assessments prior to care delivery were undertaken. The registered manager told us they always met with people who used the service and family prior to care being provided where possible.

Staff support: induction, training, skills and experience

- Staff received training to ensure they had the skills to provide people their care. Records confirmed a range of training was provided for staff. Staff we spoke with confirmed training was undertaken. One told us, "There are plenty of refresher courses for staff. Training is done face to face or e-learning." Induction programmes were available for new staff on commencement of their role, two staff confirmed a comprehensive induction was provided.
- All people and relatives we spoke with were happy with the staff skills and the support they received. They said, "[The staff] do so much to help me, and it's always done properly, no short-cuts. They seem very well-trained to me. I've had it once or twice when new carers have been shadowing. They've got to be taught, haven't they" and "Most of the carers know what to do [when giving me personal support] but with some, I have to tell them what to do and how to do it."
- Records confirmed supervisions and appraisals were undertaken. These provided support and monitoring to the staff. Spot checks on staff in the delivery of care were completed.

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

- The nutritional needs of people who used the service were supported. Records contained information about how people's meals were required to support their individual needs. However, where one person had been identified as a potential risk of choking a risk assessment had not been completed to support safe meal preparation. The registered manager took immediate action and ensured relevant assessment were completed to guide staff.
- All people who used the service and relatives confirmed they were happy with the support people received with their meals. They told us, "The girls [staff] say are you having a cup of tea now? Of course, we've got time to make it" and "[The staff] always leave me a drink to hand and food is done as I want."

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

- People had timely support and relevant professionals were involved in their care. Care records confirmed professionals had been involved in people's health and care needs. People confirmed relevant reviews had been completed and that they had been involved in them.

Adapting service, design, decoration to meet people's needs

- The service was co-ordinated from an office in a residential area of Preston close to local amenities and public transport links.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Systems were in place that ensured staff understood the principles of the MCA. Training records confirmed staff had received the relevant training. This ensured staff understood how to ensure people were not being deprived of their liberty unlawfully. The registered manager confirmed none of the people who used the service lacked capacity to make decisions.
- Staff and the registered manager were able to demonstrate appropriate actions which ensured consent was sought and people agreed to their care. People who used the service and their relatives told us they were happy with the care provided and that consent was sought from them. Comments included, "The staff will always ask, such as 'I'll empty this bag into the bin, if that's all right with you? I'll just put the Hoover on if it's all right with you' and 'If I say can you just do that for me please? [the carers] always do it. They're all very nice and very good at what they do.'"

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 remained the same; good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People received good care and their individual needs were met. All people we spoke with were happy with the care they received. Comments included, "We have a chat, we have lots of laughs; it's lovely, and the carers give me a reason to get up in the morning" and "The carers are lovely. They sit down when they're filling the [care file] in and we have a talk and a laugh sometimes; there isn't any one of them I don't like. I look forward to them coming."
- Positive feedback was received which confirmed people were treated with privacy, dignity and respect. Comments included, "You are treated with dignity; very much so. They make sure everything is private" and "The carers all have good manners and treat you with respect."
- Records included information about people's likes and how to provide individual and diverse support for them.
- Corporate policies and procedures were in place to ensure people's diverse needs were met.
- Care records were stored in people's homes with copies of these held securely in the office. Personnel records were stored securely in locked cupboards. This supported the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

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

- People were supported to express their views and be involved in decisions about their care. People and relatives told us, "I feel that [the carer] actually does care; makes a great effort and it's not just a job. They chat to me and we have a good relationship; we talk so I can make them aware of how [my relative] is feeling each day" and "All the paperwork concerned [with my relative] is in the property. It's reviewed by a team leader from time to time and the supervisors come out on a regular basis to check up that everything is okay."
- Some people discussed how the service supported choice around a range of areas, such as timings of visits and the staff provided. One family member said, "[The company] went to the trouble of finding [staff of the right age range and gender]. It's boosted [my relative's] confidence so much." However, other feedback was that people's gender choices of staff was not always supported. The registered manager took immediate action to ensure people's gender choices of staff were explored and provided.
- Policies and guidance was available about advocacy services to support people's decision making.

Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them. We saw one person was supported to access an advocate to make decisions.

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 remained the same; good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans had been developed that supported the delivery of care to people who used the service. Records were held in people's individual homes with a copy of them in the office. Records included personal information, people's likes and how to provide appropriate care. Daily workbooks were used which recorded the daily care provided to people.
- People who used the service told us they had been involved in the development and reviews of their care files. Comments included, "I do remember the care plan. I think it was [name of a supervisor] who went through it" and "Somebody came out from [the company] and went through the care plan with me and my family."
- Technology was being used in the service. Visits were allocated and monitored on a computerised system that ensured all people received the visits as they required. Staff had access to hand held devices which were used for visit allocations and signing into people's homes when they arrived. Computer systems were used for staff to access on line training as well as the operation and management of the service.

End of life care and support

- No one was in receipt of end of life care at the time of the inspection. Not all staff were able to confirm they had undertaken end of life training. The registered manager and training manager confirmed the plans going forward to ensure all staff had undertaken relevant training in this area.

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.

- Records had information about how to support people's communication needs. Where one person's record required information in relation to their sight the registered manager confirmed care plans would be completed to ensure staff understood how to meet their individual needs.
- Information leaflets had been developed that advised about communicating with people where English was not their first language. The registered manager told us Gujarati speaking staff were available to support people to communicate effectively.

Improving care quality in response to complaints or concerns

- The provider had developed systems to deal with and to investigate complaints. a file was in place which

contained copies of complaints forms for staff to complete. Records contained information about complaints and the actions taken as a result. People we spoke with knew who to speak with if they had any concerns. Most people were happy with the service they received. Where one person raised some concerns, the registered manager took action to act on these.

- A variety of thank you cards were on display in the office. Examples of comments seen included, 'Thanks you for all your help and kindness', 'We would like to extend our sincere gratitude to all the carers and the organisation for providing the highest quality of care and support' and 'I cannot put into words how I feel.'

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 remained the same; good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service ensured a positive, person centred culture ensuring good outcomes for people was in place. Certificates of registration and ratings from the last inspection were on display in the office. Health and safety guidance and information relating to the operation and structure of the company was noted.
- All staff and the registered manager were supportive of the inspection process and requests for information were provided promptly.

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 service demonstrated its responsibility in relation to duty of candour and openness. Audits were being completed on care records, however these were basic and required further content to confirm their findings. The registered manager took immediate action to make improvements in the way care records were audited that demonstrated the findings and the actions taken.
- The registered manager discussed the future plans for improving the service and the care provided to people who used the service.

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

- The management team understood their roles and responsibilities. The registered manager understood the operation and management of the service as well as their responsibilities. Staff roles were defined and staff understood their duties.
- People and relatives confirmed they were happy with the management team and registered manager. Comments included, "Absolutely yes [registered manager is approachable]. I've dealt with her and a supervisor before; and swapped to this company because of them", "[Supervisor] has been here and he's a very nice gentleman. I've spoken to [registered manager] on the phone and she's always been very pleasant too" and "[Supervisor] is a very pleasant chap. I think he'd bend over backwards to help with anything."
- Most staff were complimentary about the registered manager and management team. One person said, "The [registered] managers are approachable" and "I get on well with [supervisor]. He is brilliant. If any problems I can approach any of the managers" and "[Team co-ordinator] is fab. He always tries to accommodate me." However, others told us they did not always feel able to approach their supervisor.

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

- The service engaged with people who used the service and the staff team. Their views were sought. Records demonstrated and staff told us team meetings were taking place. Records included the topics discussed.
- Some people and relatives confirmed the service obtained feedback from them. One person said, "I've had one of the office staff [name of supervisor] come out to complete questionnaires." The registered manager confirmed regular discussions took place with people who used the service and relatives about the quality of the service provided.

Working in partnership with others

- The service worked well with relevant health and social care professionals. This supported positive health outcomes for people. The registered manager told us and records confirmed relevant professionals such as, general practitioners, district nurses and social workers were involved where required.

Continuous learning and improving care

- The service had developed systems to ensure continuous learning and development was supported. A range of policies and procedures were in place to support and guide staff. Training programmes for staff were noted and updates and plans for future training was developed. A range of information and guidance was available to staff in the training room and in the office.
- The registered manager demonstrated their commitment to ensuring improvements were ongoing. The service had been nominated for a care award by people who used the service and family recognising the quality of the care provided.