

Hartley Home Care

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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 127 people in the Camelford, Bodmin, Bude and surrounding areas in Cornwall.

People's experience of using this service:

- People were at risk of harm because they did not always receive the care and support they needed at the agreed times. Most people did not know when staff would be coming and the times of their visits were inconsistent. People were not always told about changes to their times or if staff were running late. There had been some missed visits.
- Rotas were not effectively managed. Systems to record people's agreed times were not robust, which meant rotas were completed without the correct information about the times some people needed. While the provider had identified the issues about rota management they had failed to take sufficient action to improve the situation.
- People told us they did not always have consistent staff. However, they were happy with all the staff who provided care for them. People said staff always stayed for the full time of the visit and were competent in their roles.
- Staff were recruited safely. Recent vacancies had been recruited to and eight staff were waiting to work unsupervised because employment checking were still outstanding. In the meantime, management and other staff were covering for these vacancies. Staff received regular supervision, training and support from management.
- Assessments were carried out to identify any risks to the person using the service and to the staff supporting them.
- People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.
- There was a new management structure in the process of being developed and some management roles were still being defined. People knew how to raise any concerns and the service regularly sought people's views.

Rating at last inspection: Overall Good (Safe rated Requires Improvement). The report was published on 3 November 2017.

Why we inspected: The planned inspection was brought forward due information of risk or concern received by CQC. These concerns were about the service being unreliable, poorly managed rotas, staff working unsupervised without the relevant employment checks and training and insufficient staffing levels.

We issued breaches of the regulations. Please see the end of the report for details of the action we have told the provider to take.

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 full details can be found on our website at www.cqc.org.uk

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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 adult social care 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 for older people. Their area of expertise was in older people's care. The experts by experience telephoned a sample of people and their relatives to check if people were happy with their care and support.

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: This comprehensive inspection took place on 2, 4 and 9 April 2019 and was announced. We gave the service 24 hours notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that we could access the office premises to look at records and arrange to visit people in their own homes.

What we did: Before the inspection we reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. We also used information from the concerns we received to plan our inspection.

During the inspection information we reviewed:

- ☐ We visited three people in their own homes and met two relatives

- ☐ We met and spoke with two care staff, the two deputy managers, the trainer/compliance supervisor, the registered manager and the provider.
- ☐ We telephoned 14 people using the service and five relatives.
- ☐ Three people's care records.
- ☐ Records of accidents, incidents, compliments and complaints.
- ☐ Staff recruitment.
- ☐ Audits and quality assurance reports.

After the inspection information we reviewed:

- ☐ We received feedback from 15 care staff.
- ☐ Spoke with two health and social care professionals.
- ☐ Staff training matrix.
- ☐ Staff supervisions matrix.

Is the service safe?

Our findings

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

Requires Improvement: 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

- People were at risk of harm because they did not always receive the care and support they needed at the agreed times.
- Of the 22 people we spoke with 18 said they did not know when staff would be coming, and the times of their visits were inconsistent.
- 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. This meant rotas were completed without the correct information about the times some people needed to keep them safe.
- If people requested permanent changes to their times they told us changes were only sustained for a short time and then would go back to times that did meet their needs and wishes.
- People were not always told about changes to their times or if staff were running late. A relative said, "The times can vary from 08.15 to 10.30 in the morning. Sometimes I get a call to say staff are running late but not always."
- During the week of our inspection one person had expected help to go to bed at 19.00 and at 21.00 they phoned the service and at 21.30 they received their visit. On another day they had expected help at 10.30 and staff arrived at 13.30. This meant the person was at risk of harm because help was not available when they needed it.
- Where people needed two staff to assist with personal care, because they needed to be hoisted, some people reported that staff did not always arrive at the same time. People told us the first care worker could arrive anything up to 15 minutes apart from the second worker. This put these people at risk of not receiving safe care.
- Other people told us there had been a few occasions when only one care worker had arrived. In these instances their relative helped with the hoist, otherwise the person would not have been able to get out of bed and was at risk of harm because they would not have received vital care.
- Some people told us they had had missed visits and, while they said this had improved recently, records showed there had been 10 missed visits between January and March 2019.
- Staff told us travel time was not included in their rotas, which meant staff did not always arrive for visits at the time planned on their rota.
- Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Any identified risks were well managed.

Due to concerns that people were put at risk of harm, because visit times were inconsistent, we have found the service is in breach of Regulation 12 of the Health and Social Care Act (2008) 2014.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.
- Recent vacancies had been recruited to and eight staff were waiting to work unsupervised because DBS checks had not been received. In the meantime, management and other staff were covering for these vacancies.

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 effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from harm or abuse.
- People told us they felt safe using the service. Comments included, "I feel safe because staff are so friendly and thorough in their work" and "I feel safe with staff."

Using medicines safely

- Medicines were well managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Some people needed support or reminding to take their medicines. When staff supported people in this task appropriate medicines records were completed by staff.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.

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

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

- People's needs were assessed before, or as soon as possible after, they started using the service to help ensure their expectations could be met.
- When it was not possible to complete an assessment before the service started, an experienced worker would carry out the first visit and the 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.
- Staff felt supported and had regular supervision and an annual appraisal to discuss their further development and any training needs.
- Regular spot checks were also carried out to check staff competency and practices.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online and face to face sessions.
- New staff had completed a comprehensive induction and shadowed experienced staff until they felt confident to work alone.

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

- Staff carried out, or supported, some people with meal preparation and this was completed in a satisfactory manner.
- Staff had been provided with training on safe food preparation.
- People's dietary needs and preferences were recorded in their care plans.

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

- If needed staff supported people to see their GP, community nurses, and attend other health appointments regularly.
- The service worked with other agencies to help ensure people's needs were met.

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

- The service enabled people to remain as independent as possible by ensuring they had the equipment they needed.
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice.

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. We checked whether the service was working within the principles of the MCA.

- Staff were provided with training on the Mental Capacity Act 2005.
- Staff were aware of how to protect people's rights.
- People were asked for their consent before they received any care and support. For example, before assisting a people with personal care and getting dressed.
- Staff involved people in decisions about their care and acted in accordance with their wishes.

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

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

Ensuring people are well treated and supported; equality and diversity

- People told us they did not always have consistent staff. However, they were happy with all the staff who provided care for them.
- Staff treated people with kindness and compassion. Staff interacted well with people and their relatives when providing care and support.
- Staff were friendly and caring towards people and knew what mattered to them. People said about staff, "I can't fault the care I have", "We always have a laugh and a joke" and "They keep me company and always have time for a chat."
- Where possible, staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.

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

- People were involved in day to day decisions and had control over their care package.
- A manager visited people regularly to review their care plan and ask about their views of the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner.
- Staff supported people to maintain their independence. People and relatives commented, "They encourage my wife's independence" and "They really understand that I want to be as independent as possible."
- Staff and management were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy.
- People told us staff always stayed for the full time of their visits and were never rushed.
- People's confidentiality was respected and people's care records were kept securely.

Is the service responsive?

Our findings

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

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 were personalised to the individual and recorded details about each person's specific needs and wishes. People's daily routines were recorded in relation to each visit or activity they received. This helped staff to have a brief overview of the information that related to the visit or activity they were carrying out.
- People's care plans were kept under regular review and updated as people's needs changed. Staff told us they were messaged with updates of changes to people's needs as and when these occurred. However, staff told there were sometimes delays in this information being updated in people's care plans in their homes. Management explained this was due to delays in relatives signing care plans, when people lacked capacity. The registered assured us that care plans would be placed in people's homes pending signatures, as these care plans had been written in people's best interest, with the involvement of appropriate people. .
- Some people needed support to help them to move around. Their care plans detailed the equipment required and how staff should support them. Equipment to enable staff to support people in their own homes had been provided.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People and their families knew how to make a complaint. Information about the complaints procedure, and who to contact, were in the information packs kept in people's homes.
- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. The service kept a log of all complaints and concerns raised, with a clear record of how they had been responded to and resolved.
- A healthcare professional was positive about how a complaint they made had been resolved. Commenting, "Once the service was made aware that some staff were not managing a complex package, I can't fault how the service responded and made changes to staff. They provided additional support for staff to enable them to meet the needs of the person."

End of life care and support:

- The service was not providing end of life care to anyone at the time of our inspection

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

Requires Improvement: Service management and leadership was inconsistent. Some regulations have not been met.

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

- The systems used to plan people's visits were not robust. As reported in the Safe section of this report most people said the times of their visits were inconsistent and they did not know when to expect their care worker.
- Information used to plan rotas was not accurate. Templates of people's times had been set up, and due to mismanagement of the rota system, these had been altered and information lost.
- Records showed there had been missed visits between January and March 2019. In January there were four missed visits due to errors with the rota, in February there were two due to staff misreading their rotas and in March two were due to rota error and another two were due to staff not being informed of changes to their work.
- Staff often advised the office when people requested different times, or their run of work was not effective. Changes would be made for a while and then go back to times that did not work or people did not want. This created situations where staff made changes to their work which were not reflected on the rota. One person we visited during the inspection told us their morning call that day and the day before had been at 07.45. The rota recorded the visits as 09.00. The office was not aware that staff had changed the times.
- Detailed information of people's needs, staff availability and the geographical areas were not robustly recorded in the current system. This meant the effectiveness of rotas relied on staff in the office who had that knowledge. While there were managers who had this knowledge they were not completing the rotas. Management were overseeing rotas and making any changes to visits for people with high needs and their visits were time critical. This had helped to mitigate any risk of harm to the most vulnerable people. However, this was not a systematic approach to check the whole rota, so did not address the route of the problem.
- The registered manager told us they had identified between September and November 2018 that rotas were not being effectively managed. Additional training and support had been put in place and a new system had been purchased, although not yet being used. However, the situation had not improved because rotas continued to be managed by staff who did not have the suitable skills for this role. This meant the provider had failed to take sufficient action to improve the situation.
- There was a new management structure in the process of being developed and some management roles, which had recently been recruited to, were still being defined. The registered manager was planning to take time away from the daily running of the service and was in the process of handing over to one of the deputy managers.
- Social care professionals commented about the service, "People are safe, but the rotas could be a bit

better. Things are improving with the new management structure" and "A little disorganised about times and there have been some missed calls for my clients. Although, this has improved recently."

Due to concerns about the management of rotas, inaccurate records about the times of people's visits and insufficient action taken to improve rota systems we have found the service is in breach of Regulation 17 of the Health and Social Care Act (2008) 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Some people were not completely satisfied with the way the service was operating. They told us the impact of inconsistent visit times was not being addressed.
- The provider's systems did not always ensure people received person-centred care which met their needs and reflected their preferences.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- Care worker meetings were organised to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions. These took place about every six months. Most staff said they felt supported and that they could talk to management at any time, feeling confident any concerns would be acted upon. Some staff felt their comments were not always listened to, particularly in relation to rotas.
- People and their relatives were asked for their views of the service through questionnaires and quarterly quality assurance visits from management.

Continuous learning and improving care

- The registered manager kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were put at risk of harm, because visit times were inconsistent, and the provider had not taken sufficient action to mitigate these risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to enable the provider to assess, monitor and improve the quality of the service; assess monitor and mitigate risks. Accurate records of the timings of people's care provision were not maintained.</p>