Hartley Home Care

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## Inspection report

The Old Nick
16 High Street
Camelford
Cornwall
PL32 9PQ

Tel: 01840213294

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

## 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**

Aspects of the service were not entirely safe.

People, relatives and staff told us the service was short staffed. Staff shortages impacted on the service people were receiving.

People were supported by staff who knew how to recognise and report the signs of abuse or mistreatment.

People were supported safely with their medicines by staff who had received training on this subject.

### Is the service well-led?

**Good**

The service was well led

Some managerial tasks were not being undertaken effectively due to current staff shortages.

There were clear lines of accountability and responsibility within the management team.

People and their families were asked for their views about their experiences of the service provided.

# Hartley Home Care

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 September 2017 and was unannounced. The inspection was undertaken by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with seven members of staff including the registered manager and provider. We undertook five home visits to people receiving personal care services. We looked at five service user records and four staff personnel files as well as a range of other documents relating to the running of the service.

Requires Improvement

# Is the service safe?

## Our findings

Aspects of the service were not entirely safe. This inspection was undertaken in response to several concerns raised anonymously to the Care Quality Commission. Concerns included allegations of low staffing levels, care visits not being delivered on time and care visits which required two staff members, being undertaken by one staff member.

We found concerns relating to staffing levels at the service. We were told by the registered manager that nine members of staff had left the service over the past two weeks, leading to a crisis in staffing levels. We were told that unreliability and frequent absenteeism were amongst the reasons for changes being made to staffing. The provider told us that these changes were being made to improve the quality of the service, through recruiting a more stable and reliable staff team.

Although staff were being actively recruited, with five new staff members due to commence their employment, this had led to shortages which had impacted on those people receiving a service from the agency. People, relatives and staff told us that the service was short staffed. Comments from staff included; "There are not enough staff," "People are not getting their visits on time" and "We had to lose the staff who constantly let us down and called in sick, but it has left us short". We found there were occasions when care was being provided by one staff member instead of the two required. The registered manager said; "This has happened, very, very occasionally". We also found there were occasions when a family member was asked to be the second carer due to staff shortages. One person we spoke with said; "My care needs increased and I need double handed care. They told me they could accommodate this but [family member's name] is frequently asked to be the second carer." We also found there were times when visits were not on time, however we were told that staff would telephone people to say they would be late. We found that rotas did not allow sufficient travelling time, meaning that staff being late was inevitible. The registered manager and provider recognised that there was a crisis with staffing but said this was a temporary issue which was being actively addressed. The registered manager said; "I believe people are receiving care at around the right time give or take half an hour, from the staff they want and they are happy". Despite the staffing issues, people told us they were happy with the standard of care they received. Comments included; "We don't feel rushed"; "I don't know what I'd do without these carers" and "They always stay the allotted time." Care visits we observed were delivered at the expected time and the care staff on these visits stayed for the allotted time.
Overall we considered that with the actions being taken by the management of the service to overcome the present staffing difficulties, that the staffing of the service was safe.

People were supported by staff who had been safely recruited. Staff had undergone checks to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment. This included Disclosure and Barring Service (DBS) checks. Where staff had left the service due to safeguarding concerns, the registered manager had taken appropriate action to ensure that the Disclosure and Barring Service were informed.

People were supported by staff who had received training in safeguarding adults and were aware of the service's safeguarding policy. They understood how to recognise signs of potential abuse or mistreatment and were aware of the reporting procedures. Staff told us they would have no hesitation in reporting any concerns to management or to external agencies.

People's care records detailed whether they required assistance with their medicines. The service had a medication policy which gave staff instructions about how to assist people who needed help with their medicines. Staff completed medicine administration records (MAR) to evidence the medicines they had assisted people with. These were completed daily and stored in people's homes. Staff had received training in the administration of medicines.

People had been provided with telephone numbers for the service so they could ring at any time should they have a concern. People we spoke with confirmed they knew how to contact the office.
A member of the management team was 'on call' in the evenings and weekends to provide support to the care co-ordinators when management were not working in the
office.

A copy of people's care plans were kept in their home and this provided staff with guidance and direction about how to meet people's needs safely. Assessments had been carried out to identify any risks involving the person and the staff supporting them. This included environmental risks and any risks in relation to the person's health and support needs. People's care records detailed the action staff should take to minimise the likelihood of harm occurring to them or to staff. For example, staff were given guidance about using moving and handling equipment, directions on how to find and enter people's homes and information about any pets which could potentially pose a risk.

People were supported by staff who followed thorough infection control practices. Staff were knowledgeable about how to prevent the spread of infection and described good hygiene processes which they followed in people's homes. Staff were given a suitable supply of PPE (personal protective equipment), such as aprons and gloves and we observed them wearing these during home visits. The service had an up to date infection control policy which staff were aware of, and staff had undergone training in this area.

Good

# Is the service well-led?

## Our findings

At the time of the inspection, the service was experiencing a period of low staffing. The registered manager and provider told us this was due to a number of staff being dismissed within a short period of time. They explained that this needed to happen to improve standards as they were continually being let down by staff who they considered were underperforming. In addition, a number of other staff had left the service without providing their required notice period. People we spoke with told us the staff changes were positive. Comments from people included; "One or two that have left were not quite as reliable" and "Things have improved since they left". Staff also told us that things had improved since the staff members had left. We were told that although staffing levels had reached crisis point, there were plans in place to manage the situation. For example, five new members of staff were due to commence employment imminently, with two undertaking their induction at the time of the inspection. There was also an on-going recruitment drive, targeting the areas where staffing was particularly low. There was also an incentive scheme for staff who recommended new staff to join the organisation. The registered manager told us; "We are advertising everywhere. We are doing everything we can".

In order to manage the immediate crisis, the manager and care coordinators who usually undertook managerial and administrative roles, were undertaking significant hours providing care. They told us this was to minimise the impact on people and prioritise providing them with care and support. This had started to have some impact on the leadership of the service. For example, managers were working excessively long hours and were returning to work in the evenings to complete rotas and care plans. The registered manager and provider were also providing care and had not had a day off for 28 days. Although this demonstrated commitment to providing care to people they supported, we found that there were some areas where standards had started to fall as a result. For example, we found two people who did not have care plans in their homes, because they were still being written by office staff who had not had the opportunity to complete them and ensure a copy was left in the person's home. A staff member told us; "The trouble is, we have been choc a bloc working, so have not always had time to do the care plans" Although the care plans were not in the person's home, we did find an adequately completed copy was in the office.

The provider told us that another strategy for managing the period of low staffing was not taking on new packages of care, unless they replaced existing packages. For example, where a person receiving a service had died or had gone into hospital. The registered manager told us; "We are only filling in gaps". We were told that over the weekend following our inspection, the service had reduced delivery of care by 90 hours due to people being admitted to hospital, or no longer requiring care. The service had also terminated one contract. The provider told us; "We are under pressure to take on new packages but we are resisting it". The provider felt this and the recruitment of the new staff would help the situation but stated that ultimately if they were not able to provide care to people, they would hand the care packages back to the Cornwall Council, as the commissioners of the care.

Recommendation: for the service to continue to carefully review their capacity when considering taking on new packages of care during this period of low staffing.

People told us the service was well led and that they were happy with the care they received. Comments included; "I am quite happy with them,"; "They are very nice and very helpful"; "I don't mind if I have to wait for them as they do a good job"; "We would be stuck without them" and "They [staff members] are a great pair. They are the best". One person we were visiting said to the staff member; "I always look forward to you, as you do things as I would do them".

There were clear lines of responsibility and accountability at the service. The provider was involved in the day-to-day running of agency and worked closely with the registered manager. There were monthly manager's meetings where there was a focus on raising standards at the service.

The service produced a quarterly newsletter for staff to communicate important information and share any achievements. Staff were rewarded for good practice. For example, the managers had offered staff incentives such as cinema tickets and small cash rewards for using the call monitoring system correctly. The call monitoring system was a system for staff to log when they arrived and left people's homes.

The service employed a quality assurance officer. Their role was to visit people in their homes to complete a feedback questionnaire and also to check that all the necessary documents were in place. Results from the most recent quality assurance survey were generally positive.
The registered manager was committed to raising standards and driving improvement at the service. They undertook a range of regular audits associated with the running of the service. These included audits of care logs, journal entries, training records and care records. Any issues highlighted by the audits were promptly dealt with. The registered manager and provider also attended forums in order to share ideas and best practice.

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The Duty of Candour is a legal obligation to act in an open and honest way in relation to care and treatment. The service had notified the CQC of some significant events which had occurred in line with their legal obligations, however we had not been notified of the staffing crisis.

We recommend that the service ensures that CQC are notified of significant events in a timely way.