

Calderdale Home Care Limited

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Inspection report

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27 February 2019
28 February 2019

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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:

- Calderdale Care Home Limited is a domiciliary care service which provides personal care to adults with a range of support needs, including dementia and physical disability, in their own homes.

- The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided.

- Calderdale Care Home was providing personal care to 77 people at the time of the inspection.

- People's experience of using this service: People supported told us they felt safe with the staff that supported them. Staff had undertaken safeguarding training. Staff understood their role and responsibility to keep people safe from harm.

Recruitment procedures were thorough and robust, with clear evidence of the pre-employment checks which had been carried out.

- 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.

- People supported spoke fondly and with regard of the staff that provided support and the office team including the registered manager. People told us staff treated them with dignity and respect and were kind and caring to them.

- People received personalised support from staff who knew them well. Staff had built positive relationships with the people they cared for and supported. Staff supported people to retain their independence and to remain involved in planning and reviewing their care. This helped to ensure care was provided in accordance with people's preferences.

- Staff worked closely with a range of community healthcare professionals to promote good outcomes for people. People, their relatives and staff could approach the management team if they had any concerns.

- The provider had a complaints procedure in place which explained how people could raise concerns. The service had acted appropriately on any concerns and complaints.

- The registered manager operated a more robust governance system which included the completion of several audits. These were to ensure the service was operating within the policies and procedures set by the provider.

- Rating at last inspection: At the last inspection the service was rated good overall (last report published

July 2016).

- Why we inspected: This was a planned inspection based on the rating awarded at the last inspection.
- Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC 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 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 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 well-led

Details are in our Well-Led findings below.

Good ●

Calderdale Home Care Limited

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 inspectors and an 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. The expert by experience had experience of supporting and caring for young and older people.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides personal care to adults with a range of support needs, including dementia and physical disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Notice of inspection:

We gave the service short notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this.

Inspection site visit activity started on 26 February 2019 and ended on 28 February 2019.

On the 26 February 2019 we visited the office location to see the registered manager, interviewed two care staff and a care coordinator and reviewed six care records and policies and procedures relating to the service.

On the 26, 27 and 28 February 2019 we spoke over the telephone with eight people who used the service and four relatives and four care staff.

What we did:

We used information the provider sent us in 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.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Wakefield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People receiving support told us they felt safe. One person told us, "Yes, I have two regular carers and they're brilliant." Another person said, "Yes, definitely." A relative said, "Yes they are brilliant."
- Staff we spoke with were fully aware of the policies and procedures to follow if they were concerned about a person's safety. One staff member told us that they had used the procedure in a previous employment and would not hesitate to report anything to the managers. They were aware that they could contact the local safeguarding at Calderdale or they would report more serious allegations to the Police and CQC. They were confident that the manager would act on information swiftly and appropriately. Staff we spoke with had received training in the subject.

Assessing risk, safety monitoring and management

- We looked at six care plans. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. For example, one person was identified as at risk from falls. We saw the risk assessment for the environment included ensuring furniture and trip hazards had been assessed to reduce the risk of falls. Another person was identified as a smoker. The service had carried out an environmental risk assessment which included smoke alarms fire retardant furnishings and an evacuation plan in case of an emergency.

Staffing and recruitment

- Recruitment procedures were thorough and robust, with clear evidence of the pre-employment checks which had been carried out.
- People spoke positively about staff. One relative said, "Staff are lovely they arrive on time and sometimes stay longer than they need to." Another relative told us they felt the staffing levels were 'ok'. They added, "We have had a couple of issues with the not regular staff, sometimes they did not stay for the allocated time." We spoke to the manager about this.

Using medicines safely

- The management of medicines were well managed and the care records indicated the amount of support each person required to take the medication safely.
- People were able to self-administer their medication and we saw a medication assessment record which clearly identified they did not require any assistance.
- Where staff supported people with their medication we saw this was also clearly recorded and staff used medication administration records [MARs] to evidence the person had taken their medication as prescribed. Where assistance with creams, ointments and eye drops were required we saw body maps were used to identify where the creams should be applied.

- The managers audited a random selection of the MAR's to ensure errors were picked up quickly. We saw evidence of reports which showed the system was working effectively. For example, we saw staff had been re-trained and supported if they had been identified as making errors when administering medication.
- Staff we spoke with confirmed they had completed training in the safe management of medication. Managers and care co-ordinators also carry out spot checks when staff are out working in the community and this appears to be reducing the amount of errors which were taking place.

Preventing and controlling infection

- We saw evidence of stocks of personal protection equipment [PPE] which staff could access at the office. Spot checks by managers and care co-ordinators were used to ensure staff were dressed appropriately and were using the PPE. A staff member we spoke with confirm spot checks occurred regularly and they had received training in infection prevention and control.

Learning lessons when things go wrong

- The management team responded to accidents and incidents in a timely way, and measures were put in place to help minimise them reoccurring.
- Accidents and incidents were monitored to identify trends and patterns.

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

- We saw comprehensive assessments had been undertaken prior to the support commencing.
- The managers told us that they also carried out a full assessment of need to ensure the care package fully met the person needs and preferences. We saw the completed assessments on the six care plans we looked at. The assessments included some background information about the person, their life history, likes and dislikes. This helped co-ordinators and managers match staff to the appropriate person.

Staff support: induction, training, skills and experience

- The staff we spoke with told us they received a comprehensive induction before they were able to lone work with people. This included shadowing more experienced staff until they were deemed competent. Staff told us that they had regular supervisions with their line manager during the six-month probationary period. They also confirmed regular spot checks ensured they were working to the standards required and had support with any issues around the care and support they provided.
- People and their relatives said they felt staff had the right skills to do their job.

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

- We saw people's dietary requirements were accommodated to ensure they had sufficient food and drink to meet their assessed needs. The records also stated if the person had any known allergies to any foods. This meant staff would not put people at risk from eating something that may cause harm to the person.
- Some people lived with other family members which meant staff did not have to give any support in this area of need. Others had snacks and drinks made available before staff left their visit.
- A staff member we spoke with told us they were about to cook a hot meal for some of the people they supported.

Staff working with other agencies to provide consistent, effective, timely care

- We looked at the system used to allocate support to people. The care co-ordinators showed us actual calls that were taking place throughout the day of the inspection. They told us staff registered they had arrived at calls by scanning a bar code on the person's care plan. This was re-scanned at the end of the call. The system was effective and ensured care and support was given in a timely way. If the staff member was delayed for any reason the system alerted the co-ordinators who could check the reason the call was running late and take appropriate action.

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

- People's homes had appropriate adaptations to ensure they were safe. For example, some people had ceiling hoists fitted to ensure staff could move them safely. Other people had wheelchairs and walking frames which ensured their safety when moving around in their home.

Supporting people to live healthier lives, access healthcare services and support

- People had family members living with them who would arrange for any health-related appointments. However, the manager told us that if a person did not have family members they would arrange medical appointments such as GP visits and hospital appointments on behalf of the person. In case of an emergency while staff were visiting they would contact emergency services and stay with the person until help arrived.

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 that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff gave us examples of ensuring people were involved in decisions about their care and showed us they knew what they needed to do to ensure decisions were taken in people's best interests.
- Staff told us people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- We found people signed their care plan to confirm they had agreed their care and treatment. We saw consent forms had been completed and signed to ensure they acted in line with law and guidance.

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 felt well cared for by good staff. One person said, "The staff are lovely, can't fault them."
- A relative told us they felt their loved one was well cared for by staff and that staff took time out to talk to them and their relatives.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were involved in reviews of their care. People told us they attended care reviews to highlight their needs, wishes and choices so they could be recorded in their care plan. One person said, "Yes I know all about my care." A relative said, "I don't get involved with all that, the care staff are really good and deal with all the care side."
- Staff had developed positive relationships with people and displayed affection towards them. A staff member told us, "We really care about the people we support. We get to know them really well they are like family."
- People were afforded choice and control in their day to day lives.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with gave examples of how they would respect people's privacy when assisting with personal care by closing the door and ensuring the person was covered as much as possible when bathing. One member of staff said, "I close the curtains to support their privacy." Another staff member said, "I do what I would like, which is make sure all curtains are closed and doors."

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

- People's care records were sufficiently detailed and accurately described what support they needed from staff. They were reviewed regularly, if a person's needs changed. This helped to ensure they were accurate and up to date.
- Care records clearly documented people's likes, dislikes and social histories. This helped staff to get to know people well and provide a personalised service.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was accessible to people using and visiting the service.
- People told us they would feel comfortable raising concerns if they needed to.
- None of the people we spoke with could recall making any complaints. Relatives similarly did not express any concerns to us, however one relative told us they had complained and this was dealt with appropriately.
- People were confident any issues would be resolved appropriately and in a timely way.

End of life care and support

- Care plans currently do not include people's preferred wishes at the end of their life. The registered manager told us that people assessed as approaching that period in their life would normally be passed to the palliative care team for further assessment and allocation to a more appropriate service

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

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

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

- The service had an out of hours on call system so any emergencies could be dealt with in a timely way. The care co-ordinator told us the on-call person had access to the same system from home as they had in the office. This meant they could redirect or allocate different workers if a staff member telephoned to say they were unavailable to cover their calls.
- We saw the system was flexible to fit in with hospital appointments or family visits so that people had their support when needed. For example, one person required a later visit so it would not interfere with visits from family members. This had been arranged.

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

- Staff we spoke with told us the service was well managed and well organised. They told us they had sufficient notice to ensure they could manage their visits and managers and co-ordinators were available for support and guidance when needed. Staff we spoke with said they had telephoned the on call early on a Saturday and was given the appropriate support within minutes of making the call.

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

- People and their relatives told us they were regularly asked their views about the service.
- People, their relatives and staff completed surveys which asked for their views of the service. The results were analysed by the registered manager and used to continuously improve the service. Action plans were created where necessary.
- Staff meetings took place and staff were also given the opportunity to raise any ideas or concerns about the service during their supervision meetings.

Continuous learning and improving care

- Staff had received periodic one to one support sessions, spot checks and an annual appraisal of their work, which they found beneficial.
- The management team positively encouraged feedback and staff felt involved in how the service operated.

Working in partnership with others

- The service had built up relationships and worked in partnership with health and social care professionals to make sure people received seamless person-centred care.