

Hazelwood Homecare Limited

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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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection of Hazelwood Homecare on 27 September 2018. Hazelwood Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, younger adults, people with a physical disability or sensory impairment, people who misuse drugs or alcohol and people living with dementia. At the time of our inspection the service was providing support to 73 people.

At our last inspection, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they received safe care. We found that staff had been recruited safely and the staff we spoke with were aware of how to safeguard adults at risk. There were safe processes and practices in place for the management and administration of medicines.

People receiving support and their relatives told us staff visited them on time and stayed as long as they should. They liked the staff who supported them and told us they were supported by staff they knew.

Staff received an effective induction and appropriate training. People receiving support and their relatives felt that staff were competent and had the knowledge and skills to meet their needs.

People received appropriate support with eating, drinking and their healthcare needs. Referrals were made to community health and social care professionals to ensure that people's needs were met.

People told us staff respected their right to privacy and dignity. They told us staff took their time when providing support and encouraged them to be independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

We saw evidence that people received care that reflected their needs, risks and preferences. People told us their care needs had been discussed with them and we found that, where appropriate, their relatives or representatives had been consulted.

People being supported and their relatives told us they were happy with how the service was being managed. They found the registered manager and staff approachable and helpful.

Staff felt well supported and fairly treated by the registered manager and the provider.

The registered manager regularly sought feedback from people being supported and their relatives. We noted that people had expressed a high level of satisfaction about all areas of the service.

Audits and checks of the service were completed regularly. We found the checks completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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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 was 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 was a comprehensive inspection.

This inspection took place on 27 September 2018 and was announced. We gave the service 48 hours' notice of the inspection, so that the registered manager could contact people being supported and ask if they would be willing to provide us with feedback about their support. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. As part of the inspection we contacted five community health and social care professionals who were involved with the service for their comments, including community nurses and a social worker. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service. Healthwatch Lancashire is an independent organisation which ensures that people's views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire.

We used information the provider sent us in the Provider Information Return (PIR). 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.

During the inspection we spoke on the telephone with six people who received support from the service and 10 relatives. We also visited two people at home. We spoke with three support workers, the registered manager and the managing director. We reviewed the care records of three people who received support

from the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and audits of quality and safety.

Is the service safe?

Our findings

People told us they received safe care. Comments included, "I always feel safe and I feel that I can trust them" and "I always feel safe when they're helping me". One relative told us, "[Relative] is absolutely always safe. The staff know what they're doing".

People being supported and their relatives told us staff arrived on time and stayed as long as they should. One person commented, "They're quite punctual". Another told us, "They're usually on time. They've been late twice and both times rang to let me know".

Records showed that staff had completed safeguarding training and the staff we spoke with understood how to protect adults at risk of abuse. A safeguarding policy was available which included the different types of abuse and staff responsibilities. The contact details for the local authority's safeguarding team were also available. One safeguarding alert had been raised about the service in the previous 12 months and had been unsubstantiated. The registered manager informed us that if any safeguarding concerns were upheld in the future, lessons learned be would be shared with all staff.

The service had a whistle blowing (reporting poor practice) policy in place. Staff were aware of the policy and told us they would use it, for example if they had concerns about the conduct of another member of staff.

We reviewed two staff recruitment files and found that staff had been recruited safely. Appropriate checks had been made of their suitability to support adults at risk.

Risk assessments were in place for people being supported, including those relating to the home environment, medicines, moving and handling and the use of equipment. Risk assessments provided information for staff about the nature and level of each risk and how best to support the person to reduce the risk. They were reviewed regularly. Information was also available about the support people would need from staff if they needed to be evacuated from their home in an emergency.

We saw evidence that records containing personal information were managed appropriately. People's care documentation and staff files were stored securely at the service's office and were only accessible to authorised staff.

Safe and effective processes were in place for the management of medicines. We reviewed the Medicines Administration Records (MARs) for two people and found that staff had documented when people's medicines had been given or the reason why, if they had not. We noted that some handwritten MARs were not as detailed as they should be, with information about one person's GP and allergies missing from their MAR. We discussed this with the manager who informed us that this had been identified during recent audits and she planned to ask the local pharmacist to provide printed MARs for everyone who received support with their medicines. This would help to avoid potential medicines errors in the future. All staff had completed medicines training and staff competence to administer medicines safely was assessed regularly.

People told us they received their medicines as and when they should.

The manager told us that no accidents involving people being supported had taken place in the previous 12 months. She told us that staff knew how to report accidents and would ensure that medical advice was sought if appropriate. None of the people we spoke with had experienced any accidents or incidents. We reviewed some accident records relating to staff and saw that these had been completed appropriately.

We looked at how the service protected people from the risks associated with poor infection control. Records showed that all staff had completed infection control training. The staff we spoke with confirmed they had completed the training and told us they used appropriate infection control equipment, including gloves and aprons, when they supported people. Most people told us that staff used appropriate equipment when supporting them. However, one person told us that staff used hand sanitiser but did not always wear gloves and aprons when providing support. We raised this with the managing director who addressed the issue immediately.

There was a business continuity plan in place. This provided guidance for staff in the event that the service experienced disruption due to flooding, adverse weather conditions, loss of amenities such as gas, electricity or water, or a shortage of staff. This helped to ensure that people continued to receive support if the service experienced difficulties.

Is the service effective?

Our findings

People were very happy with the support provided by Hazelwood Homecare and felt staff had the skills to meet their needs. Comments included, "I'm very happy with the carers. They're very good. They always ask if there's anything else they can do", "The staff are competent. They have frequent training" and "They do everything they should and more besides". Relatives commented, "We're happy with them. They're very nice. They come and do what we ask them to do and "I'm exceptionally happy with the service that's provided".

Staff told us they received a thorough induction when they joined the service and this was confirmed in the records we reviewed. They told us their training was updated regularly and they could request further training if they felt they needed it. Staff competence to deliver safe care was checked during observations at least twice a year. These included medicines, personal care, appearance, seeking consent, communication, infection control, domestic tasks and health and safety. We saw evidence that any shortfalls in practice were addressed with staff. For example, one staff member had been reminded of the importance of effective hand washing when providing care.

Staff received regular supervision and annual appraisals, when they were given feedback about their performance and were able to raise any concerns. Records showed that the registered manager took action when staff conduct fell below the expected standard. This helped to ensure that people were supported by skilled, professional staff.

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences. This helped to ensure that the service was able to meet people's needs.

We reviewed three people's care files. We found they included detailed information about people's needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, the support they needed and how this should be provided by staff.

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 make 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 when this is in their best interests and legally authorised under the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

A MCA policy was in place which included information about the principles of the MCA, capacity assessments and best interests decisions. Where people lacked the capacity to make decisions about their care, their relatives had been involved in line with the MCA. Staff sought people's consent before providing

care and gave examples of how they provided additional information when necessary to help people make decisions. One person commented, "Yes, they ask for my consent. For example, they ask if it's ok for them to help me have a wash".

Care plans and risk assessments contained information about people's nutrition and hydration needs and referrals were made to community professionals where concerns were identified. The staff we spoke with were aware of people's preferences and special dietary requirements. One person told us, "They make me meals, they're always fine. No issues".

People's care files included information about their medical history, medicines and any allergies. Records showed that people had been referred to, and were supported by, various health care professionals, including GPs and district nurses. This helped to ensure that people's healthcare needs were met. One staff member told us, "People are referred on when they need to be. We either speak to the office who arrange it or we contact the GP or district nurses direct". People told us medical attention was sought when needed. One person commented, "They ring the doctor for you if you're poorly. They're attentive that way".

The manager explained that the service used the 'Message in a bottle' scheme when people were taken to hospital, to share important information about their medicines and care needs with ambulance service staff. This helped to ensure that information about people's needs and risks was shared with other professionals when they moved between services.

One community professional who provided feedback about the service told us, "I have no concerns regarding Hazelwood, their service is second to none. Their time keeping is very good".

Is the service caring?

Our findings

People told us they liked the staff who supported them. Comments included, "I do like the staff. They're mature and they suit me", "I like all the staff that come. They're very good" and "They're a very caring service". Relatives told us, "[Relative] is happy with the carers. He can have a laugh and a joke with them" and "They're very nice with [relative]. He likes them". We reviewed a collection of thank you cards and letters that had been received by the service. Comments included, "I want to thank you so much for all the lovely care workers that have been such a valuable help to me. They have all been caring and friendly" and "We really appreciate the help, kindness and consideration that is shown by all those who help with my [relative's] care".

People told us they were supported by staff they knew. One person commented, "I have regular carers. I know them all and they know me". This meant that people were supported by staff who were familiar with their needs and how to meet them. One relative told us their family member was supported by a team of six staff and they would like this reduced to four. We discussed this with the provider, who told us they would arrange for a regular team of four staff to support the person whenever possible.

People told us staff took their time when supporting them. One person commented, "They don't rush me, they take their time". Relatives told us, "They don't rush [relative] and they know how to meet his needs" and "They take their time with [relative]. They're very good with her".

People told us they were encouraged to be as independent as possible. One person commented, "They arranged a review of my equipment by the council and it was replaced. It helps me manage on my own". The staff we spoke with described how they supported people in a way which kept them safe but encouraged them to be independent. One staff member commented, "We try to get people to do what they can so they don't lose those skills".

People told us that staff treated them with dignity and respected their right to privacy. Comments included, "They help me with showering and dressing. They're always discreet" and "They help me wash, they're always respectful and kind". One relative commented, "They've been absolutely wonderful with [relative]. They give her choices, treat her with dignity and respect her privacy. I can't praise them enough". Staff gave examples of how they respected people's right to privacy and dignity, such as being discreet when they were supporting people with personal care, offering people choices, using people's preferred name and seeking their consent before providing support.

People told us communication from the service was good and their care needs had been discussed with them. Comments included, "My support plan has been discussed with me and I've signed it" and "Once a year we have a review. We discuss my needs and any changes and I sign it". Relatives commented, "[Relative's] care needs are discussed with him and me" and "I'm updated about any issues. [Relative] was unwell recently and the carer rang me". Staff told us that communication at the service was effective. One staff member commented, "If there are any changes, we ring the office who inform all the staff who visit that person. We also put information in the daily notes and office staff will update the care plan when needed".

We saw evidence that people's right to confidentiality was protected. The service had a data protection policy and staff signed a confidentiality statement when they joined the service, which provided clear information about their responsibilities. People's personal information was stored securely and the staff we spoke with understood the importance of keeping people's information confidential.

People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. We noted that information about local advocacy services was not included in the welcome pack which was given to people when the service started supporting them. We discussed this with the registered manager and the provider, who informed us that the welcome pack was being updated and information about local advocacy services would be included. The registered manager advised that in the interim, information about local advocacy services would be added to the care files in people's homes, to ensure they had access to this information.

Is the service responsive?

Our findings

People told us they received care that reflected their individual needs and preferences. One person commented, "They know me and how I like things done". One relative commented, "They provide specific, individualised care. They go out of their way to know [relative] well".

The care plans we reviewed contained detailed information for staff about what people were able to do, the support they needed and how that support should be provided. Care documentation was reviewed and updated regularly.

People being supported and their relatives told us staff offered them choices and they were involved in decisions about their care. One person commented, "Yes, staff offer me choices and I can make my own decisions when they're here". One relative commented, "[Relative] is always offered choices and can make his own decisions". Staff told us they encouraged people to make decisions when they could. One staff member commented, "[Person supported] likes to choose what she wears every day. Her appearance is very important to her".

We noted that care documentation included information about people's religion but not their ethnic origin, sexual orientation or gender. This meant that staff may not have an awareness of people's diversity and what was important to them. We discussed this with the registered manager who told us she would amend the service's documentation to include this information.

We looked at how the service ensured that people were protected from discrimination. One relative told us, "[Relative] has mental health needs. There has never been any discrimination from staff, they are always respectful and polite". All staff had completed equality and diversity training and the service had an equality and diversity policy which advised that the service would challenge any discrimination against people supported or staff. One staff member gave an example of how they had supported a person in a way which ensured their religious and cultural needs were respected.

Staff told us they supported people with their hobbies and interests and supported some people to go out. One staff member told us, "I support one lady to go shopping and another to go to Singing for the Brain". Singing for the Brain is a service provided by Alzheimer's Society which uses singing to bring people together in a friendly and stimulating social environment, to build on the preserved memory for song and music in the brain. One person commented, "I go out with the staff, sometimes shopping or for lunch". The registered manager informed us that the service had found a local affordable, fully accessible minibus, which enabled them to take people on trips out. Records showed that previous trips had included a visit to the Blackpool Illuminations, local garden centres and retail outlets. This meant that people were supported to take part in activities and outings they enjoyed and to avoid social isolation.

The service used different types of technology to support people and staff, including contact by email and text. We noted that most information, including staff rotas, care documentation and policies and procedures were stored and updated electronically. Any concerns or changes in people's needs or risks were

communicated to staff by text or email and all staff were contactable by mobile phone.

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The service had an Accessible Information Standard policy and procedure in place and the records we reviewed showed that the service was meeting the Standard. We noted that people's communication needs were assessed as part of their initial assessment and were reviewed regularly. One relative told us that staff were meeting their family member's complex communication needs well.

A complaints policy was in place which included timescales for a response and the contact details for the Local Government Ombudsman. Information about how to make a complaint was also included in the welcome pack. We reviewed the record of complaints and noted that three had been received in the previous 12 months. We found evidence that they had been managed in line with the policy and an apology offered when the service was found to be at fault. We saw evidence that lessons learned had been shared with staff to avoid similar issues in the future. People being supported and their relatives told us they knew who to contact and how to make a complaint if they were unhappy. Two people told us they had raised concerns about staff in the past and action had been taken.

We looked at how the service supported people at the end of their life. An end of life care policy and procedure was in place, which provided guidance to staff and emphasised the importance of people having choices and experiencing as comfortable and pain free a death as possible. Records showed that most staff had completed end of life care training. The registered manager told us there was no-one receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post who was responsible for the day to day operation of the service. 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.

Everyone we spoke with was happy with the way the service was being managed and felt that the registered manager and staff were approachable. Comments included, "The management are very efficient and friendly", "The management are fantastic, I can ring them any time" and "The staff and manager are very friendly and easy to approach. I have no concerns".

The registered manager told us that satisfaction questionnaires were issued yearly to gain feedback from people and their relatives about the care provided. We reviewed the outcome of questionnaires issued in 2017. We noted that 77% of people who responded were very satisfied with the service, 23% were quite satisfied and 100% of respondents would recommend the service to anyone requiring care in the future. Comments made on the questionnaires included, "Carers enable me to stay in my own home. They are understanding, caring, patient and easy to talk to" and "The care given to my [relative] is good. She is treated with dignity and respect". This year's questionnaires had been issued just before our inspection. We reviewed the two that had been returned so far and noted that both people had expressed high levels of satisfaction with the service. The people we spoke with confirmed that their views were sought about the service they received. The registered manager told us that people's views about their care were also sought during their care plan reviews.

Feedback was also sought from staff through yearly questionnaires. We reviewed the outcome of the questionnaires issued in November/December 2017 when all 24 staff had responded. We noted that staff had expressed a high level of satisfaction with all aspects of the service, including communication, feedback about their performance, confidence in raising concerns, response to concerns and feeling supported in their role. We saw evidence that any issues raised by staff in the questionnaires had been addressed by the registered manager.

The registered manager told us that full staff meetings did not take place often and communication with staff took place through newsletters, emails and texts. We reviewed a newsletter issued to staff in May 2018 and noted that it reminded staff of their responsibilities around the safe administration of medicines. The staff we spoke with told us they received regular updates from the service about best practice and any changes in guidance. They were happy with this arrangement.

Staff told us they were happy with the management of the service and felt that people received good quality care. Comments included, "People get good care and I would recommend our service to family or friends" and "I'm quite happy and content in my job. There's always someone available. My [relative] had care from Hazelwood". Staff told us they felt fairly treated and well supported by the registered manager. One staff

member commented, "They're very supportive and flexible with both work and your personal life. They work with you".

The staff we spoke with were clear about their responsibilities and the visions of the service. One staff member told us, "The service's vision is to be the best and one of its main values is that clients come first". Staff told us their roles and responsibilities were addressed during their induction, training, spots checks and supervision sessions.

Records showed that the service worked in partnership with a variety of other agencies. These included social workers, district nurses, GPs and the local community mental health team. This helped to ensure that people received the support they needed.

We looked at the checks of quality and safety completed at the service. We noted that checks of care documentation, Medication Administration Records (MARs) and medication stock levels were completed regularly. Compliance levels were high and most audits found that no improvements were needed. We found that the checks completed were effective in ensuring that appropriate levels of quality and safety were maintained by the service.

We looked at how the provider ensured that people were receiving safe, effective care. The managing director shared an open plan office with the rest of the management team and was actively involved in the day to day management of the service. Regular meetings took place between the management team. The notes of the three most recent meetings showed that the issues addressed included audits, staffing, staff training, service user reviews and feedback received about the service. Each meeting resulted in an action plan, which was reviewed and updated at the following meeting. This meant that the provider had direct oversight of how the service was managed and any issues regarding the service or the people being supported were identified and addressed quickly.

We noted that the service had been awarded the silver Investors in People Award in February 2016. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework.

The registered manager told us that a number of improvements to the service were planned. These included printed MARs for everyone receiving support with medicines, the availability of new services focussed on people's hobbies, interests and wellbeing, and the introduction of a concierge service, which would support people to achieve their aspirations around things like trips and activities.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

The provider was meeting the requirement to display the rating from the last inspection.