

HaywardCare Ltd

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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

About the service: HaywardCare Ltd is a domiciliary care agency supporting people who are living in their own homes; the service provides personal care and support to people living in their own homes in Cannock and the surrounding areas. At the time of the inspection 45 people were receiving support from the service.

People's experience of using this service:

Although quality assurance systems and processes had improved since the last inspection; audits and checks that were in place could be further reviewed and developed upon. Care records did not always contain the correct level of information required.

We recommend that quality assurance processes are reviewed.

Quality assurance questionnaires were circulated and quality reviews were taking place. These helped to establish people's thoughts and views about the quality and safety of care they received.

Action plans were created as a measure of identifying areas of improvement and how these needed to be addressed.

People's level of risk was assessed from the outset; risk was regularly reviewed and safely managed. Staff were familiar with the care and support people required.

People were protected from the risk of abuse and avoidable harm. The registered provider had safeguarding and whistleblowing procedures in place. Staff were familiar with the reporting procedures and the importance of keeping people safe.

People safely received support with their medicines. Staff completed medication training and regularly had their competency levels assessed.

There was a health and safety policy in place. This contained guidance in relation to infection prevention measures that staff needed to comply with. Staff had access to personal protective equipment (PPE).

People received support from regular staff; staff were able to develop positive relationships with people they supported. People and relatives confirmed that staff were familiar with the tailored level of support that was required.

Safe recruitment procedures were in place. Pre-employment checks were carried out and necessary references were obtained.

Staff told us they were supported with training, learning and development opportunities. Training was up to date and staff received regular supervision and annual appraisals.

Principles of the Mental Capacity Act (MCA) 2005 were followed. Staff understood and respected people's right to make their own decisions and encouraged people to remain as independent as possible.

Staff provided care that was respectful, dignified and compassionate. People and relatives told us that the care and support delivered was high-quality and person-centred.

Staff were familiar with people's likes, wishes and preferences. Care records contained specific information in relation to the tailored support people required.

The registered provider had an up to date complaints policy in place. People and relatives were familiar with the complaints procedure and told us they would feel confident raising any concerns that presented.

Rating at last inspection: At the last inspection service was rated 'Good' (report published August 2016). At this inspection we found that the registered provider continued to provide a 'good' provision of care. The evidence we reviewed and feedback we received continued to support the rating of 'good'; there was no evidence or information from our inspection or ongoing monitoring that demonstrated serious risks or concerns.

Why we inspected: This was a planned inspection as part of The Care Quality Commission's (CQC) inspection schedule.

Follow up: We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 remained safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained 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 ●

HaywardCare Ltd

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 was carried out by one adult social care inspector 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.

Service and service type:

HaywardCare Ltd is a domiciliary care agency, providing personal care and support to people living in their own homes.

The service did not have a manager registered with CQC at the time of the inspection. A manager had been appointed and had submitted the relevant registered manager application forms to CQC.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This is because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in the office when we visited.

What we did:

Our planning considered all the information we held about the service. This information included notifications the provider had sent us, to notify us about incidents such as safeguarding concerns, complaints and accidents. A notification is information about important events which the service is required to send us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give

some key information about the service, what the service does well and any improvements they plan to make. This information formed part of our inspection 'planning tool' document.

During the inspection, we spoke with four people who were receiving support and nine relatives. We also spoke with the manager and five members of staff.

We checked five care records of people who were receiving support, recruitment records for four members of staff and other records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People's level of risk was appropriately assessed from the outset. People told us they felt safe receiving care and support from HaywardCare staff, comments we received included, "Yes, I know the carers. The carers are ever so good" and "I am happy with them [staff]."
- Relatives also told us, "I think [person] is safe, they [staff] are very good, I can't fault them", "[Person] is safe with them" and "They are getting to know [person] well and are very supportive. We are seeing improvement in [person] since we have had this care and support."
- One member of staff told us, "Everything is in place for us to follow, if we identify a change in need, management will go out (to the person) to re-assess."
- Care plans and risk assessments were completed and regularly reviewed; although it was identified that some of the risk assessments needed to contain more detailed information. For instance, one person's risk assessment did not contain specific details about nutrition support the person required.
- Risk assessments were in place for medication, mobility, pressure care, moving and handling and skin integrity.
- The registered manager also ensured that an 'environment' risk assessment was in place. This contained information in relation to internal and external risks that staff needed to be aware of.

Using medicines safely

- Medication procedures and practices were in place; although we identified that policy guidance in relation to 'as and when' (PRN) needed medication was not always being followed.
- Staff received medication training and also had their competency levels regularly checked.
- Medication administration records (MARs) were safely completed and staff understood the importance of accurately completing these records.
- Monthly medication audits were completed; these helped to ensure medication practices were safely being carried out.

Systems and processes

- There was up-to-date safeguarding and whistleblowing policy in place.
- Staff were familiar with safeguarding procedures and knew how to keep people safe and free from harm.
- Staff received safeguarding training and had access to safeguarding and whistleblowing procedures.
- The manager kept a record of all safeguarding incidents. There was evidence of safeguarding alerts, how these were responded to and if any trends were emerging.

Staffing and recruitment

- Safe recruitment procedures were in place.
- All relevant pre-employment checks were carried out; suitable references were obtained and all candidates

were subject to Disclosure and Barring Service (DBS) checks

- Comments we received about staffing levels included, "They [staff] are 99% on time and they stay as long as they should" and "There is enough staff."
- Appropriate numbers of suitably qualified and trained staff were employed to provide the support that people required. One relative told us, "They are well trained and they know what they are doing."
- People were supported by staff who knew them well. Person told us, "They [staff] are absolutely marvellous" and "I always know [what staff] are coming." One relative also said, "All the staff seem very good and caring and do all that [person] needs (them to do)."

Preventing and controlling infection

- There was a 'Health and Safety' policy in place; this contained information in relation to infection control support measures that needed to be followed.
- Staff received personal protective equipment (PPE.) One person confirmed, "They [staff] wear gloves and aprons."
- Care records contained guidance and information in relation to infection control procedures that staff needed to comply with. For instance, one care record stated, 'Ensure PPE is worn at all times and changed regularly for different tasks. Please wash hands regularly.'

Learning lessons when things go wrong

- The manager maintained a good level of oversight in relation to accident and incidents that occurred.
- There was an 'accident/incident' reporting policy in place; staff were familiar with the reporting procedures that needed to be followed.
- The registered manager ensured that accidents and incidents were reviewed on a monthly and annual basis; this helped the manager to closely monitor and assess risk as well as establishing any trends that were emerging.

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

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 and choices were assessed from the outset; measures were put in place to provide the correct level of care people needed.
- People told us they were involved in the care planning process and regular reviews of their care took place.
- Policies and procedures made reference to current guidance and best practice. For instance, references were made to The Equality Act, 2009 and The Care Act, 2014.

Staff skills, knowledge and experience

- People told us they received care and support from staff who were well trained. Comments we received included, "They [staff] are trained well", "From what I have observed they [staff] are (trained)", "The staff are trained and I think that most of them have done NVQ (national vocational qualification) Level 3" and "They are well trained, pretty good."
- Staff had the correct level of knowledge, skills and experience to effectively meet people's needs.
- Staff received a thorough induction once employed by HaywardCare Ltd.
- Staff were provided with on-line and classroom based training as well as having the opportunity to 'shadow' more experienced members of staff.
- Staff told us, "There's training provided and extra training if you need it" and "There's training and we receive 'spot checks'."

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

- People received 'eating and drinking' support in line with their personal preferences and dietary needs. One care record indicated that the person needed 'mashed up food' due to swallowing difficulties.
- Care records contained information such as, 'I will have a bowl of cereal or toast through the week and a bacon and egg sandwich of a weekend.'
- Staff were familiar with people's individual dietary support needs and told us the importance of respecting their likes and preferences.
- One relative told us, "They [staff] prepare breakfast and lunch and try to steer [person] towards healthy food rather than biscuits and cake. [Person] wasn't eating at one time and did lose weight. They support [person] to eat now."

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

- Care records indicated that people received a holistic level of care and support from HaywardCare staff but also a variety of different healthcare professionals.
- People received support from local GPs, district nurses, occupational therapists and speech and language therapists.

- Guidance that staff needed to follow was incorporated within people's care records.
- People and relatives told us that staff were familiar with their support needs. One relative told us, "They [staff] know [person] well, [person] has a regular routine."

Ensuring consent to care and treatment in line with law and guidance

• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty in community services must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's level of capacity was assessed and measures were in place to ensure people received care and support that was in their best interests.
- People were not unlawfully being restricted; people received care and support based on their needs and wishes.
- Care records indicated that consent to receive care and support had been obtained by people who were receiving support. People were involved in the day to day decisions that needed to be made in relation to their support needs. People told us, "I choose what I want for breakfast and my clothes" and "They [staff] help me how I like to be helped and they are aware of my likes and dislikes."
- Care records contained information such as, 'I am able to do most things for myself, I must continue to do all my tasks independently with assistance and prompting where needed.'
- People we spoke to confirmed that all carers sought their consent before carrying out any personal care. One relative told us, "They [staff] always ask [person] for consent."
- Staff received training around Mental Capacity Act, 2005.

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

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 were treated well and received kind and caring support from HaywardCare staff. People told us, "I am treated with great respect. I make them laugh and we giggle together" and "They [staff] are kind because they talk to me and sit and chat."
- Relatives also told us, "The company are really good. [Person] loves them [staff] and they love [person]", "They treat [person] with respect and dignity" and "They are kind to [person] and have time to sit and chat with [them]."
- People received support from regular staff; staff knew people's support needs and respected their needs, wishes and preferences.
- People's equality and diversity support needs were assessed and established from the outset.

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

- People (where possible) were involved in the decisions that needed to be made about the level of care and support they required.
- People were encouraged to share their thoughts, views and suggestions about the quality and safety of care they received.
- Regular reviews were completed and quality questionnaires were circulated. This provided people with the opportunity to express their opinions about the provision of care being delivered.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Comments we received included, "They [staff] treat [person] with a lot of respect, I can't fault them" and "They [staff] are kind to [person]. They sit at the table, to talk and chat. They talk about the past and family. It's lovely."
- One staff member told us, "Respect is all about respecting [person] abide by their wishes."
- Care plans described people's level of independence and how staff needed to support and promote this. For instance, one record we checked stated, 'I want to remain at home for as long as possible and for carers to promote my independence.'
- People's personal and sensitive information was stored securely at the registered address and protected in line with General Data Protection Regulations (GDPR).
- People were offered choice and supported and encouraged to make decisions. One relative told us, "The staff are definitely kind. They will ask if [person] wants them to do anything else e.g. wash hair and they will do it, no problem."

Is the service responsive?

Our findings

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

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

Personalised care

- Personalised care was provided. Care records contained a good level of detail in relation to people's likes, wishes and preferences. Relatives told us, "They [staff] listen to [person] and accept [their] wishes" and "The care is person centred from what I have seen."
- Care records contained information such as, 'I will use my eyes to express what I want by looking at objects', 'Carer to prepare me a small glass of milk and a warm water or hot chocolate. I enjoy (these) before bed' and 'I enjoy shopping and listening to music.'
- People and relatives confirmed that they were involved in care planning and review processes. Comments we received included, "We were both involved in the plan and it was reviewed a few weeks back", "I was involved in it (care plan) it's a moveable thing and is updated when it's needed" and "I contributed to [persons] care plan when it was first set up."
- Staff confirmed that they received all the relevant information they needed in relation to people's tailored support needs. One staff member told us, "It's about doing what [people] want and what's in their care plan. Care plans contain all the relevant information."
- Staff completed 'daily log sheets'; these confirmed the level of tailored care and support people were receiving.
- The Accessible Information Standards (AIS) was introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. At the time of the inspection nobody required support with this level of care.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure in place.
- People and relatives were provided with the complaints process from the outset. One relative told us, "I would feel comfortable to share a concern."
- At the time of the inspection no complaints were being responded to.
- Complaints that had been submitted were investigated and responded to in line with the complaints policy. One relative told us, "I complained. They [staff] were really helpful when I called them."
- The manager maintained a good level of oversight in relation to any complaints that were submitted. There was a monthly 'complaint monitoring and auditing' process. This helped the manager to analyse the complaint received, actions that were taken and if any lessons could be learnt.

End of life care and support

- At the time of our inspection, nobody was receiving 'end of life' support.
- The registered manager confirmed that 'end of life' training was available to staff.

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

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

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

- Systems and processes were in place to monitor and assess the provision of care people received. However, some quality assurance systems could be further strengthened.
- Although people were receiving the required level of support and risks were being managed, not all the care records contained the required amount of information. For instance, PRN ('as and when') medication guidance and specific risk assessment information were not always available.

We recommend that the registered provider reviews aspects of quality assurance systems and processes.

- The manager and staff ensured that people were protected from harm and risks were appropriately managed.
- People's support needs and risks were regularly reviewed; any identified changes were appropriately responded to and managed.
- The manager ensured that quality performance was regularly assessed and reviewed. Staff received competency and 'spot' checks to ensure the delivery of care was high-quality and person-centred.
- The manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC.
- The registered provider had a variety of different policies and procedures in place. Staff told us where they could be accessed and the importance of following guidance that was provided.

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

- People received high-quality, person-centred care. Comments we received included, "I would recommend them (HaywardCare) and rate them as more than 5 out of 5", "I have no complaints. They [staff] are very helpful" and "Yes, I would recommend them. We are quite happy with how things are and we rate it as 5 out of 5."
- The staff and management helped to deliver care and support that was tailored around people's individual needs. One relative told us, "I would have no hesitation in recommending this service. It is vital (for us). We have an improved and good quality of life"
- Staff told us that the manager was committed and dedicated to providing high-quality care. Staff members told us, "Quality of care is brilliant", "We provide continuity of care, improvements have been made since the new manager has been in post" and "There is a good quality of care provided, risks are well managed."
- Positive relationships developed between HaywardCare staff, people receiving support and relatives.

Comments we received included, "[Manager] is a good manager. The office [staff] are helpful" and "The manager is very approachable. A good manager."

Engaging and involving people using the service, the public and staff; working in partnership with others

- There were clear processes and systems in place to gather the views and opinions of people receiving support.
- Quality questionnaires were circulated and regular reviews were taking place; this helped the manager to identify areas of strength and development.
- Feedback we reviewed from quality questionnaires the registered provider received, included, "All carers are kind, helpful and supportive" and "Overall [person] and family are pleased with the care package."
- People and relatives received updates in relation to improvements that were being made following questionnaire feedback.
- Staff attended team meetings and felt 'involved' in the provision of care people received.

Continuous learning and improving care

- We saw that improvements had been made following the last inspection.
- Quality assurance and monitoring visits had taken place by the Local Authority. Areas of improvements were identified and acted upon.
- New audits and monitoring tools had been implemented to assess and review the quality and safety of care people received.
- Accident, incidents, safeguarding alerts and complaints were routinely monitored; the manager maintained a good level of oversight, was committed to reducing risk and learning lessons where possible.
- The manager was committed to developing the service and improving the provision of care that people received.
- Feedback and suggestion that were made were reviewed and analysed; measures were put in place to make positive changes.