

Handley Care Services Limited

Handley Care Services

Inspection report

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Tel: 07525659630

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10 June 2016

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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

This inspection was carried out between 10 June and 13 June 2016. The inspection was announced, and we gave the provider 48 hours' notice to ensure there was a manager available to assist with the inspection process.

Hadley care provides personal care for adults in their own homes and for people in supported living. This includes people living with physical disabilities and people with learning disabilities.

At the last inspection carried out in June 2013, there was one breach of Regulations. This had been successfully addressed at this inspection.

Hadley care is required to have a registered manager in post and the time of the inspection visits there was not one in post. However an application had been made by the manager to register with CQC. 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.

People felt safe and secure using the service. There were systems and procedures in place which were followed to ensure appropriate pre-employment checks were made on staff prior to them working with the people who used the service. Staff understood how to protect people from potential harm and how to report any concerns.

New staff completed a period of shadowing and induction training prior to them supporting people with their care needs. The provider ensured staff received training relevant to their roles and responsibilities.

Staff treated people with dignity and respect. People felt the staff understood their individual needs. The management team ensured people were involved in their own care and decision making. Staff understood the key principles of the Mental Capacity Act (MCA) 2005.

Care plans contained information to assist staff in providing personalised care. People were given information on what to do if they had any concerns or complaints. Staff felt confident if they had any concerns or complaints the registered manager and management team would take action and endeavour to resolve them.

People had their individual care plans reviewed to ensure they received the care and service they required. People were listened to and felt their individual needs were understood by the staff. Staff reported any changes to people's health conditions to ensure continuity of care.

The registered manager and the management team strived to provide people with the support of staff at the time when they wanted it. This could change daily as some people had commitments such as a day centre

or visiting families.

People's independence was promoted and encouraged by staff who understood their individual needs. Staff were aware of people's needs and wishes and supported them in a personalised manner. When needed, staff assisted and supported people with their nutritional needs and meal preparation.

The provider had processes in place to monitor the quality of the service people received. There were clear arrangements for the day to day running of the service. The service was managed by a team who understood their roles and responsibilities in providing a good service to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

Is the service safe?

The service was safe.

People felt safe with the staff who provided them with care and support. Staff understood local safeguarding procedures and the requirement to report any concerns and keep people safe.

Safe recruitment procedures were followed, to ensure staff were suitable to work with people in their own homes.

Medicines were managed safely.

Risks were identified and actions to reduce were put in place.

Is the service effective?

Good ●

Is the service effective?

The service was effective.

People were supported by staff who had the skills and knowledge to assist them.

People were happy with the care and support provided by the staff; people were supported and involved in the decisions about their care.

When necessary, people were supported to receive additional medical support.

Is the service caring?

Good ●

Is the service caring?

The service was caring.

People were supported by staff who were kind, caring and compassionate.

Staff ensured people's dignity and privacy was maintained.

Is the service responsive?

Good ●

Is the service responsive?
The service was responsive.

People received personalised care and support and staff were aware of people's needs.

People knew how to raise a concern about the care and the service they received. Any complaints were responded to and actions recorded.

People's needs were assessed prior to the service providing any support or care.

Is the service well-led?

Is the service well-led?
The service was well-led.

People felt the managers listened to them and encouraged them to provide feedback about the services they received.

Regular meetings took place between the staff and the managers, to ensure continuity of the services being provided. Staff felt supported by the managers.

The provider had monitoring systems in place to ensure people were happy with the service they received.

Good ●

Handley Care Services

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 was planned to check 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.

The inspection took place on the 10 and 13 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. Due to the small size of the service the inspection team consisted of one inspector.

We reviewed information we held about the service, which included a review of the previous report for this service and a review of notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

At the time of our inspection eight people were supported by the service. We spoke with three people who used the service, one relative, three care staff, the manager and the provider. Most of the people we spoke with had limited verbal communication skills. We looked at care plans for six people who used the service and reviewed the provider's recruitment processes. We looked at the training information for all the staff employed by the service, and information on how the service was managed.

Is the service safe?

Our findings

Overall, people we spoke with said they felt safe and secure when staff were in their homes and they supported them with their individual care needs. One person said, "Yes of course I am safe." Another person told us, "I am happy with the way they look after me." A relative said, "[person's name] is as safe with the girls as they are with me and the family. The girls are not allowed to care for [person's name] alone until they know exactly what they are doing."

We saw risk assessments were in place to reduce and manage risks. For example, we saw risk assessments were in place in relation to falls prevention and choking. The risk assessments were in place to provide staff with information on how best to care for people and children safely.

Staff we spoke with were familiar with risk assessments and were able to describe the risks to people and children and how this risk is mitigated.

Risk assessments had been carried out prior to staff starting to offer care to people in their own homes. This was done to ensure staff were able to care for people safely. Risk assessments in the office were up to date. These included how to assist people to move safely, and to ensure all aspects of care had been analysed in relation to keeping people and children safe. However we found the paper work in people's own homes was not always up to date. This meant that staff did not always have up to date information on the risks posed to people while offering their care. Staff told us that this was not a problem as they had access to up to date information and that sometimes paper work gets lost or misplaced in people's homes. Up to date information is passed on to staff via office staff who kept all staff up to date. Relatives we spoke with assured us they were happy with safety aspects of care offered to their relative. They said the office staff visited on a regular basis and kept paper work up to date.

Staff had received training in safeguarding and how to protect people from the risk of abuse. Staff we spoke with recognised their responsibilities in relation to reporting any safeguarding concerns. One staff member told us, "No matter who it is I would report them." Another said "They only have us so I have to make sure all is well with them and I would have no hesitation in reporting a safeguarding concern." This approach to caring for people helped ensure avoidable risk were recognised and addressed.

There was an effective recruitment process in place to ensure staff who worked in the service were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff confirmed they did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. A review of records showed all the appropriate pre-employment checks had been made prior to staff starting to work.

When required, people were prompted to take their medicines at the correct time. One person told us, "I'm happy the staff do my tablets; it saves me the worry."

Records of people's medicines were kept and audited regularly by the domiciliary managers to ensure the staff completed them correctly. We saw staff support and assist people with their medicines; this was done in a safe manner. The staff were mindful of explaining to each person what medicines they were taking and

why. This showed the staff recognised the importance of involving the person in their own care and treatment.

Staff told us they had received training in medicines and followed procedures for the safe medicines management. Staff explained to us how they ensured medicine administration record (MAR) charts were completed after they administered medicines. We looked at records of staff training and MAR charts that confirmed this.

We looked at two MAR charts and found them to be correctly completed and signed. The registered manager recognised the need to ensure that MAR charts were correctly filled in. The registered manager told us they thought it was important to ensure the staff had received appropriate training to support them before the administration of medicines. The registered manager understood the importance of ensuring medicines were managed in a safe manner and there were safe systems in place to support this.

Is the service effective?

Our findings

At the last inspection carried out in May 2013 we found the service was not ensuring people's rights were protected under the Mental Capacity Act 2005. This had now been addressed.

Where possible people were supported to make decisions about the care they received. The managers told us most of the people they provided support to, had the capacity to make decisions about their care. People told us and we saw staff asked for consent before they provided any assistance with personal care. One person told us, "They [staff] ask me if I'm alright or do I need any help." Another person said, "They always ask for my ok before they start my care."

Staff told us and records confirmed, they had been provided with training in the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). They told us they gained consent from people before carrying out any tasks. One staff member said, "I always try to encourage people to be as involved in their care as possible." They went on to say, "It is important we respect people's rights." The 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. One person told us, "They [staff] always ask me first." The staff were able to tell us how they ensured people were included in any decision making particularly around their support needs and the care they required. For example, we saw care records detailed people had been included in decisions relating to how they spend their day and whether or not they wanted or had any specific requests such as going on holidays. This showed the staff understood the importance of seeking people's consent and agreement before helping with people's care needs. The provider understood and followed the principles of the MCA.

Staff told us there was, "Good support from managers." Staff we spoke with told us they received regular supervision with the manager as well as regular team meetings. They said this gave them the opportunity to discuss any concerns. They also said having supervision gave them the chance to discuss any training needs they had and their own personal development and progress. Supervision is an act or function of overseeing someone's working practice to ensure it is safe, current and effective. Staff also told us having the regular team meetings gave the team the opportunity to share their knowledge of people they were supporting so they were able to provide a consistent approach to their care. The team meetings also gave staff the chance to discuss any particular worries or concerns about people's care.

Some people using the service had complex needs. Staff were trained to meet these and where possible to enhance people's lives. Staff told us training was ongoing and that they could ask for any training they needed. New staff had an induction period where they shadow more experienced staff until they were ready to work along or as a full part of a team. The training included assisting people to move safely, assisting people to take their medication safely, infection control and food safety. More specialist training included caring for people who have conditions such as epilepsy and had extreme mobility problems.

Staff told us they would have no hesitation in contacting a doctor or the emergency services, should a person's health change or deteriorate. During our inspection visits we saw evidence staff worked together with health professionals to ensure people received the care, help and assistance they required. We saw records of appropriate healthcare referrals were in people's care plans.

When required, staff assisted people with their drinks preparation. We saw and heard people being welcomed back from their day care and staff offer a choice of drinks and snacks. People were involved in menu planning and where possible in shopping for food. One person told us, "They [staff] make sure we have what we want to eat." Staff told us they supported some people with their meals and ensured choice was offered. Staff told us they would refer people for assessment should their needs change. Staff gave the example of referring people for assessment with a dietician or speech and language therapist should people's needs change. We saw records to support this. This showed that the care staff assisted people to have their nutritional needs met.

Is the service caring?

Our findings

The people we spoke with told us the staff were kind, compassionate and caring; people said they received the help and support they needed. People felt the staff were patient and provided them with all the care and support they needed. One person told us, "They are so kind, they have become my family." Another person told us, "The staff are the best." We saw there were good relationships between people and staff. A staff member told us, "The people who live here are an extension of my family, I love coming to work to see them." We saw staff welcomed people back from their daily outings. They were asked about their day and offered a drink or snack. Staff took time to listen to them and to laugh and joke with them.

During our inspection visit we saw staff took care to ensure people's independence was not undermined. Staff told us, "I'm aware of treating the person how they want to be treated, it could be me or a member of my family." Another staff member told us, "I always encourage people to be as involved in their care as much as possible. They can't all tell you but we know them well enough to know if they are happy with what we are doing." This showed the staff had an awareness and understanding of promoting people's independence and involving people in their care.

One person told us they were involved with the planning of the care they needed. They told us the staff and managers listened to them. They said, "If my care needs to be changed we talk about it, I can't fault them; we couldn't ask for more." We saw evidence of this in their care plan. We also saw evidence of the involvement of families where the person was not able to be involved in their own care plan.

We saw and staff told us, they treated people with dignity and respect. One person told us, "The staff always make sure I am ready for my care and the door is closed." We saw care was offered in a manner that respected and promoted people's dignity. People were continually checked on to make sure they were comfortable. Staff ensured people were happy to talk to us during the inspection visit before we spoke to them in their rooms.

Is the service responsive?

Our findings

All the people we spoke with told us they felt people's needs were being met in a manner they chose. They felt their needs and wishes were understood and where possible met. People told us how having the support from staff enabled them to pursue a good social life in the community. One person told us, "My life is very busy living here."

People felt having the support of the staff was essential and gave them a sense of freedom and autonomy. One person told us, "The staff help when I need help, but they don't take over. You can see I am able to get about in the house without much assistance."

We saw care was tailored to meet people's needs and wishes. People were supported to go to day care and other activities outside the service. Some people recently had some changes to their funding. The manager responded to this by re-arranging the staffing rotas to ensure people did not miss out on outings and other activities outside the service. We saw evidence the service worked closely with families to ensure people's needs and wishes were recognised and met.

People told us they were asked what they thought about the service. One person told us, "[Provider] comes in regularly and [name] will ask if everything is ok." The managers told us how they learned from any comments and feedback people gave to improve and develop the service.

People we spoke with told us if they had a complaint, they knew how, where and who to report it to. One person told us, "There is always someone about you just have to tell them." We saw the provider had a complaints policy and procedure and the managers ensured it was readily available for people. We reviewed complaints the service had received and saw they had been responded to appropriately with recorded actions and outcomes.

The care plans were easy to follow and contained information to assist staff to ensure care was administered in a safe and personalised manner. Where possible people had contributed to their care plans to ensure it reflected their needs and wishes.

We saw people's specific requests had been included in their care plan to ensure people were content with the service they received. The level of information contained in each care plan was reflective of people's specific wishes. We saw care plans contained contact information if there was an emergency or if a person had a specific health condition. For example, where someone had epilepsy there was reference to how best to support the person should they become unwell.

Staff told us and we saw, care plans and risk assessments were regularly reviewed and amended to reflect people's changing needs. Staff were familiar with the content of the care plans and had taken time to ensure they understood the up to date needs of people. We saw care plans provided staff with clear information to enable them to support people in the manner they wanted. The care plans were regularly reviewed to ensure continuity of care and changes were made as necessary. Staff told us they had read all the care plans and used them continually as a reference point so that they care for people in the way they want and need their care. New staff told us they were given time to read and understand them. They said they were their

'bible' when caring for people. This meant people's needs were assessed and care was provided in a way which met their needs and preferences.

Is the service well-led?

Our findings

People we spoke with were confident about the service they received. One person told us, "The manager is here for us." Hadley care is required to have a registered manager in post and the time of the inspection visits there was not one in post. However an application had been made to CQC to register the current manager.

Staff told us the manager put the care and welfare of people at the centre how the service was run and managed. One staff said, "[Name] is so experienced and manages the home really well. [Name] is always there on hand to help." Another said, "I was a little anxious when I started and got so much help and support, I couldn't imagine doing anything else."

The manager understood their role and responsibilities. They had sent written notifications when required to tell us about any important changes, events or incidents at the service. They told us they felt supported by the provider.

The manager promoted a personalised culture within the service and lead by example. Staff confirmed morale was good and they felt well supported by the management team as a whole. Staff told us the manager was 'very fair' and would listen to them about any problems or concerns they had. This included personal issues that could impact on how they cared for people. They reiterated the needs and wishes of the people using the service were central to how the service was managed on a day by day basis.

The manager had systems in place to develop the service. This included staff meetings to ensure staffs' views were captured and used to promote the welfare of people. They also operated an open door policy for both staff and people. The helped ensure the manager was aware of issues relating to staff and their performance. It also ensured issues relating to people were dealt with before they became an issue.

Staff told us they had no reservations about raising a concern or worry with the manager. A staff member told us, "The manager is 'brilliant', they have done the job and know exactly what they are doing." Another member of staff told us, "Managers are always there for any help or advice. [Name] seems to know the problem before I do"

The provider had monitoring systems in place to check staff had the correct skills and knowledge to meet people's needs. The monitoring was used to develop and drive improvements in the services provided. For example, staff had their performance and practice in providing people's care reviewed regularly. The information gathered was used to ensure people were happy with the service being provided. It was also used to ensure any staff training needs were identified and fulfilled in a timely manner. We saw there were effective audits in place; these included audits of care plans, risk assessments and of how people received their medicines.