

Mrs Caroline McMenamy

Haydock Community Care

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?

Requires Improvement ●

Summary of findings

Overall summary

This was an announced inspection that took place on 2 and 5 June 2017.

Haydock Community Care is a small domiciliary care agency that provides care and support to people within their own homes and around the local community with the St Helens area. At the time of this inspection the service was supporting 37 people.

There was a registered manager in post who was also the registered provider. 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.

At the last comprehensive inspection in April 2016 we identified a number of breaches under the Health and Social Care Act 2008 (Regulated Activities) 2014 as a number of improvements were required. The registered provider was not ensuring that care was personalised specifically to the people being supported, the registered provider was not obtaining consent to care in relation to the Mental Capacity Act, there were no effective systems and processes in place to assess, monitor and improve the service provided and improvements were needed to the recruitment procedures.

During this inspection we found that a number of improvements had been made.

Improvements had been made as to how people's medicines were recorded. The service had introduced records to people's care plans that detailed the name of their medicines and when they were prescribed to be taken. In addition, a new formatted medication administration record had been devised to provide clearer recording of information.

A policy in relation to the Mental Capacity Act 2005 and what it meant for people had been introduced. In addition, a new form had been developed for people to sign giving their consent to the care they received.

Systems had been developed to monitor the quality of the service that people received. These systems included the monitoring and review of people's care plans, medication records and the times that people received their care and support.

Two senior members of staff had received training to enable them to deliver training and support to the staff team. Records showed that staff had received training for their role and where training was needed, arrangements had been made to provide this. Having a staff team that receives regular up to date training helps provide safe care to people.

People's care plans had been revised in order to demonstrate that person centred care was planned.

People's individual needs were recorded to help ensure that they received their service as they wanted it.

We found that improvements were needed as to how information is recorded within the service. This was due to a lack of recording in relation to recruitment references, a lack of names on people's care records and no formal reporting system in relation to the events and happenings within the service. This was a breach of Regulation 17(2)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider did not have robust or effective recording system in place.

Safeguarding procedures were in place to support staff in identifying and protecting people from harm.

People were happy with the care and support they received from the staff team. Many compliments were received about the caring nature of the staff. People received their call when planned and staff stayed at the visit for the time they needed to.

A complaints procedure was available within the service. People told us that if they were unhappy they knew who to contact to raise a concern.

The policies and procedures within the service were under review and new procedures had been developed in relation to The Mental Capacity Act, the reporting of accidents and complaints.

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 ●

The service was safe.

Improvements had been made to the availability of information and recording charts relating to people receiving their medicines safely.

A system was in place to identify risk to individuals.

People received the care and support they required at the planned time.

Safeguarding procedures were in place. Staff knew what action to take if they had any concerns.

Is the service effective?

Good ●

The service was effective.

A policy explaining mental capacity was in place and people had the opportunity to consent to their care and support.

Staff had received training for their role and where training was required, arrangements were in place.

Newly recruited staff had access to an induction plan and the care certificate.

Is the service caring?

Good ●

The service was caring.

People felt they were supported by a team of staff that respected their privacy and dignity.

People felt the service was caring and that they never felt rushed.

Detailed information about the service was given to people so that they were sure of the services that could be provided.

Is the service responsive?

Good ●

The service was responsive.

Prior to a person using the service their needs and wishes were assessed.

People's needs were planned for in a person centred manner.

People had access to a complaints procedure and knew who to contact if they were unhappy about the service they received.

Is the service well-led?

The service was not always well-led

Improvements were needed as to how important information about the service was recorded.

A registered manager was in post.

Systems had been developed to monitor people's planned care and the times in which people received their care and support.

Requires Improvement ●

Haydock Community Care

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 5 June 2017 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 inspection was carried out by one adult social care inspector.

We looked in detail at the care planning records of four people who used the service. In addition, we looked at records in relation to the planning and management of the service, policies and procedures, staff rotas and the recruitment records of six members of staff. We spoke with three staff and the registered manager, five people who used the service and one family member by telephone. In addition, five people had completed a survey form to tell us about the experiences of the service.

Prior to this inspection we reviewed the information we held about the service including any notifications that the registered provider had sent to us under their legal obligations. Before the inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted commissioners of the service and the local authority safeguarding team who told us that they had no current concerns relating to the service.

Is the service safe?

Our findings

People told us that they felt safe when staff were delivering their care and support. Their comments included, "They (staff) work all my equipment well and I feel safe", "Trustworthy" and "Very helpful".

At the last comprehensive inspection in April 2016 we identified a breach of regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People using the service were not always protected when receiving medicines as information relating to people's medicines was not available in their care plans. Risk assessments were not in place and care planning records did not reflect identified risks to individuals. There was no system in place for the registered provider to monitor the times in which staff arrived and left a visit and therefore the registered provider could not be confident that staff were arriving when they should. The registered provider had not ensured that robust recruitment procedures were followed.

During this inspection we saw that improvements had been made in relation to the recording of people's medicines. For example, information relating to name and frequency of medicines formed part of people's care planning information. The information also gave the opportunity to record whether medicines were required to be given prior to food and any other special instructions relating to the safe administration of medicines. In addition, a medication administration record (MAR) was in place specifically for the recording of medicines dispensed in pre packed dosages and another for when medicines needed to be administered from packets and bottles. People requiring support with their medicines were assessed as requiring either level one or level two support. Level one involved staff prompting individuals to take their medicines, with level two having staff involvement in physically supporting a person to take their medicines. People's assessed level for medicines was recorded in their care plan.

A medication procedure was in place to support both people receiving medicines and staff supporting people with their medicines. The procedure gave information as to what support could be offered to people and advice and guidance to staff responsible who supported people with their medicines. Training records demonstrated that all staff had received training in medication since our previous inspection.

Prior to a person beginning to use the service risk to individuals were assessed and planned for. The initial risk assessment included consideration of a person's living environment, mobility, personal care, sensory needs, food preparation and potential for social isolation. The risk assessment process also considered the number of staff required to support the person and any equipment that was in use to support people safely.

In order to improve the monitoring and scheduling of calls and the timing of calls the registered provider had installed an electronic monitoring system. Each member of staff had been issued with a mobile telephone to access the monitoring system which gave staff access to the times of calls, the names and address of people in receipt of care and what their planned care was. On arrival at person's home the staff member used their phone to inform the system of their arrival and their later departure time. The system was monitored from the first calls of the day to the last calls at night by a senior member of staff. Staff

demonstrated the system which clearly showed the times in which the staff had logged in at people's homes. In the event of a member of staff not arriving at a person's home within a certain timeframe, office staff were alerted by the electronic system and where necessary, alternative arrangements could be made to ensure that the person's needs are met.

Staff demonstrated how the electronic system organised the staff rotas on a weekly basis. Each call was timed to allow appropriate travelling times between addresses which enabled staff to arrive at their planned time. People told us that staff arrived and left their homes at the arranged times. Two people told us that they had asked for changes to the times in which staff visited. Both people said that the service had accommodated their wishes with one person saying, "They will always try to oblige if you need to alter the times of your visit".

A procedure was in place for the recruitment of staff. We looked at the recruitment files of six staff who had been recruited since our previous inspection. All contained an application form, identification and evidence that a Disclosure and Barring Service (DBS) check had taken place. Carrying out DBS checks minimised the risk of people being employed who are not suitable to work with vulnerable people. As part of the recruitment process staff were required to provide the names and addresses of two referees to provide written references. Staff responsible for the recruitment of staff explained that they had encountered difficulty in obtaining written references on occasions and had had to result in obtaining telephone references. Two staff recruitment files stated that telephone references had been obtained. However, records failed to demonstrate the content of the discussions of these references. During feedback from the inspection staff responsible for the recruitment of staff made a commitment to address the lack of recording.

Procedures were in place to protect people from the risk of abuse. In addition to the registered providers policy a copy of the local authority safeguarding procedures was available. Staff demonstrated a good awareness of how to manage any concerns they had about a person's safety. One member of staff was able to explain action they had taken whilst working in a previous role when they had suspected and reported concerns. Records demonstrated that the majority of staff had received safeguarding training since the previous inspection.

Personal protective equipment (PPE) was available for staff from the office. This equipment included gloves and aprons to protect all from the transfer of infection. Guidance to staff in relation to infection prevention was available in the staff handbook. In addition, records demonstrated that all staff had received training in infection control.

Is the service effective?

Our findings

People told us that they were happy with the staff that provided their care and support. People's comments included, "I usually have the same staff, which is better for me", "The (staff) are skilled and use my equipment well", "They will always do things differently if I ask them to" and "Very accommodating".

At the last comprehensive inspection in April 2016 we identified a breach of regulation 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People using the service were not always protected as the registered provider was not ensuring care was provided only with the consent of relevant persons. The registered provider had not ensured that staff received support, training and appraisal as necessary.

The Mental Capacity Act 2005 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 made 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.

During this inspection we found that improvements had been made. The registered provider had developed a policy in relation to mental capacity. The policy detailed the five principles of the Mental Capacity Act, the purpose of the act, information relating to best interest decisions and when a best interest decision should be made and by whom. The policy clearly stated that the service would not solely assess an individual's capacity to make a decision but may liaise with other professionals in connection with the care of an individual.

In addition to the development of a policy in relation to mental capacity the registered provider had developed a 'Consent to Care' form. This document formed part of people's care planning documents and gave people the opportunity to record their consent to care, for the service to access their property using a key and to support with medicines. In the event of a person not being able to give their consent there was an opportunity for relevant others, with the legal authority to do so, to sign on their behalf. For example, a person who had lasting power of attorney in relation to health and welfare on behalf on the person. Completed 'Consent to Care' forms were seen in people's care planning documents. People told us that staff always asked their permission prior to carrying out any task or care practice.

Newly recruited staff received induction training for their role. The care certificate had recently been introduced as part of the induction process. The care certificate is a nationally recognised set of learning outcomes, competencies and standards of behaviour expected by staff working within the health and social care sector. The induction process included observed practice by a senior member of staff and the completion of questionnaires following the use of visual and written training information. Senior staff explained that completed questionnaires were read through once completed and if needed further guidance and support would be given to the member of staff. However, there were no formal records to demonstrate that these questionnaires had been checked and assessed. Discussion took place during the

inspection and trainers demonstrated a commitment to improve this recording.

Since the previous inspection two senior members of staff had undertaken a 'trainer the trainer' course to enable them to deliver training to the wider staff team. The registered provider explained that this training had been undertaken to ensure that staff would receive any updated training they required in a timely manner. In addition to the internal trainers, other courses were sourced from the local council and external training companies.

Training records demonstrated that since the previous inspection all staff had undertaken training in infection control and medicines. The majority of staff had undertaken training in relation to safeguarding, moving and handling, first aid, dignity and dementia. Just over half of the staff team had received recent training in health and safety. The two trainers explained that they were in the process of arranging more dates for health and safety training. In addition, the trainers were scheduled to attend a training course on medicines and the Mental Capacity Act which would then be delivered to the staff team. Due to the timings and availability of training from other sources the two trainers explained that they had and planned more one to one training with members of staff to ensure that they received the training they required. People told us that they felt staff were trained to carry out their support safely.

Formal one to one supervision sessions were not routinely scheduled for staff. However, we did see evidence of staff files that a number of one to one meetings had taken place. In addition, spot check supervisions were carried out by senior members of staff whilst staff were carrying out their role. Regular staff meetings took place to give the staff the opportunity to meet together and for the registered manager to share information with them all. The most recent meetings had taken place in February and May 2017. The subjects discussed at these meetings included rotas, the care, performance reports to the commissioners, medicines and the registered providers policy of gifts.

Each member of staff had received a 'Carers Handbook' which provided information about procedures within the service and guidance on carrying out their role. Having this information available gives staff the opportunity to refer to guidance whenever they needed to.

Is the service caring?

Our findings

People told us that the service was caring. Their comments included, "They (staff) are really nice people", "They have always been very caring towards me" and "They give me peace of mind".

People spoken with felt that the service they received respected their privacy and dignity. One person told us that "Staff are very kind. I don't feel embarrassed at all when I am in the shower". Another person told us, "Staff respect my privacy and dignity. I have a bath but don't feel uncomfortable".

One person told us that following a period of ill health they had lost all of their confidence. They told us that the staff team supporting them had "re-built my confidence" by offering encouragement and support during their visits. Another person told us that staff had enabled them to feel stronger and more confident as during their visits they took time to talk and offer reassurance. They described the staff as "Empowering".

Another person told us that they felt they received "Personal care without it feeling like personal care". They explained that staff were very accommodating, never rushed their visits and "If I'm taking longer than usual (staff) will wait for me". They explained that depending on how they were feeling that day had an impact on the time it took them to carry out certain tasks and that staff always waited patiently for them.

It was evident that strong relationships had been formed between people who used the service, their relatives and the staff team. Staff spoke fondly of the people they supported. The registered manager and staff spoken with knew the needs and wishes of the people they supported. They were aware of individual's daily routines, family members important to them and their specific likes and dislikes.

Staff working within the office environment often visited people to deliver care and support which enabled them to get to know people and their wishes. During our visit to the office we observed staff discussing changes to people's needs and how the service could facilitate these changes. For example, one person's needs and times of visits needed to be changed to facilitate them attending personal appointments.

Staff spoken with had a clear caring ethos and demonstrated a commitment to supporting people with their individual needs in a non-judgemental way. One member of staff spoke about their own experience of caring for a relative. They told us that they always planned and delivered people's care and support as if they were caring for a member of their own family.

Prior to a person using the service they were provided with a 'Clients Welcome Package'. This information contained the services statement of purpose, the aims and objectives of the service and information about what services were provided by Haydock Community Care. In addition, the information contained important information which included the service's quality assurance, use of keys to people's homes, payment, the complaints procedure and contact details for the local authority and the Care Quality Commission. People confirmed that they had received these documents.

Systems were in place to help ensure that people's personal information was stored safely and that only

staff who required the information had access to it. For example, people's care planning records were stored in lockable filing cabinets. In addition, mobile phones used by the staff team to access information were password protected.

Is the service responsive?

Our findings

People told us that they had a care plan and that staff always recorded what assistance they had given during their visit. People's comments included, "I have been involved in the planning of my care from day one", "I have got a care plan and I am happy with it" and "Staff come to visit to see if everything is ok with the service".

At the last comprehensive inspection in April 2016 we identified a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider was not making sure that care was provided that was personalised specifically for the people being supported.

During this inspection we found that improvements had been made as to how people's care was planned. Each person had a care plan that detailed their needs and wishes and where possible an insight into the individual's likes, dislikes and family members. For example, one person's care plan stated in relation to their breakfast visit, "(Name) will advise what chair he is using. Once in their chair (Name) likes their long cardigan on and shoes. (Name) likes porridge for breakfast done with 40g of porridge put in the microwave for 4 mins 40 seconds on medium. With a more oval shaped spoon please put (sugar substitute) on the table and a glass of water". The plan also states, "(Name) requires their glasses, mobile phone and any magazines from bedroom leaving on the table". This information offered clear guidance to staff as to how to support the person as they wished.

Another person's care plan clearly stated the names of the family members that they lived with and their roles in the person's care, support and preparation of meals. Their care plan stated, "(Name) enjoys a chat about gardening, flowers and plants". Further information about the person's needs included '(Name) needs someone to walk behind them as they can fall backwards. (Name) has a shower every Monday, Wednesday and Friday but has a full body wash on the days they don't have a shower' and 'Assist downstairs via stair lift into living room. (Name) will use a trolley to aid their mobility'. Having detailed information as to how a person needed and wished for their care to be delivered helps ensure that their needs are met.

People's care plans included information relating to their medicines and the support they received. In addition, the number of staff required to support the person and the length of the visit were clearly recorded. Where required, information was also recorded in relation specific needs of people. For example, one person's care plan contained a nationally recognised risk assessment tool used to establish if a person was at risk from skin pressure areas.

People told us that staff always recorded what care and support they had delivered during their visits. Information recorded included the date and time of the visit, observations in relation to the care delivered, any support with medicines and personal care. We saw that not all of these records contained the names of the people who used the service. This practice could result in some records not being able to be identified when they are returned to the office..

People told us that they had been involved in planning their care and that that their care plans were

reviewed by staff. Care planning document seen contained a review date and staff stated that people's care plans were reviewed every six months or more frequently if needed. The regular reviewing of people's care plans helps ensure that they contain up to date information as to how a person's needs were to be met.

Prior to a person receiving a care service, the needs were assessed in line with the care package commissioned by the local authority. The service's assessment process involved considering people's abilities and support needs in relation to the physical, sensory and psychological needs. Information gained during this assessment contributed to people care planning.

A complaints procedure was in place at the office and each person using the service had a copy of the procedures which was included in their information pack. The procedure stated, "However trivial you think your complaint is do not hesitate in informing the office". The procedure also gave the role and contact number of the person that should be contacted initially with any concerns. A form was available to complete the details of the complaints and to record any actions taken as a result of the complaint raised. The service had received one complaint since our previous inspection which related to another service provider. The information was passed to the local authority for action. People told us that they were fully aware of how to raise a complaint and who they would speak to with any concerns. People's comments included "I know who to talk to if I wasn't happy but I've never had to" and "I've never had to complain but I know if I did I would be listened to".

Is the service well-led?

Our findings

The registered provider was also the registered manager of the service and had been registered for a number of years with the Care Quality Commission. People knew who the registered manager of the service was and also knew how to contact them if needed.

People spoke positively about the service. Their comments included, "Very accommodating", "Really pleased with the service" and "Very efficient".

At the last comprehensive inspection in April 2016 we identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have effective systems and processes in place to assess, monitor and improve the service provided.

During this inspection we found that improvements had been made as to how the service monitored the delivery of the care provided. A system was in place for people to meet with a senior member of staff on six monthly basis to review their planned care. During these reviews all documents were checked and changes made if required. People's care plans contained the dates of the next reviews. Checks were carried out on medication and daily records maintained by staff in people's homes. These checked that appropriate records were being maintained correctly and whether people's medicines had been recorded appropriately. A new starter checklist was in place and managed by the office manager to monitor the recruitment process for new staff members.

The service had introduced an electronic scheduling and monitoring system to facilitate the planning of people's visits. Staff rotas were developed on the system which ensured that travelling time was considered during visits and ensured that staff were only rostered to be in one place at one time. This helped the service plan people's visits at appropriate times. By using mobile phones provided by the service, staff were able to log in when arriving at a person's home. The monitoring system constantly updated this information and if a member of staff failed to arrive at an address senior staff were alerted to this. The monitoring system enabled senior staff to monitor the times of arrival and departure of staff to ensure that people were receiving the service they required.

We found that improvements were needed as to how information within the service was recorded. For example, on the occasions that telephone references had been sought no record had been made of the information gained during the telephone call. There were no records to demonstrate that induction training booklets had been assessed, or if required, any further action that had taken place. This meant that there was no confirmation that the answers of staff when completing training were accurate.

Medication records and daily visit records did not always contain the names of the people they related to. This put the information at risk of being misfiled when it was returned to the office for checking and filing.

We observed an open culture of discussion within the office between staff and the registered manager. These discussions related to changes in people's needs and wishes that had been facilitated and general

information about happenings within the service. There was no formal written reporting system in place for senior staff to report events and happenings within the service to the registered manager. Although discussions were detailed, failure to have a reporting system to inform the registered manager of event may result in important information not being shared.

This is a breach of Regulation 17 (2)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not have effective recording systems in place to ensure that accurate records are maintained.

The service was managed by two senior staff, the office manager and the registered manager, all of whom made day to day decisions within the service. Discussions took place about the need for a clearer line of accountably and role definition within the management arrangement. Having a clear line of accountability would assist people using the service and staff in identifying the correct person to approach if needed.

Policies and procedures were in place to offer guidance and support to staff whilst carrying out their role. The registered provider was in the process of updating all of their policies and procedures to ensure that they contained up to date guidance and current best practice. Since the previous inspection new policies and procedures relating to mental capacity, complaints and accidents and incidents had been developed.

People's views were sought about the service they received by way of a questionnaire. The results of the most recent survey, which was carried out in October 2016, were positive. People had rated the service four or five out of five in relation to their satisfaction with the quality of care, sufficient time for staff to carry out their tasks, respect from staff and presentation of staff. The results of the survey were available in the office and a copy had been sent to the commissioners of the service. A discussion took place with the registered manager with regards to sharing the results of the survey with people who used the service and their family members. The registered manager made a commitment to share these results.

At the time of this inspection the service was experiencing difficulties in the recruitment of new staff and was considering alternative ways of advertising their vacancies. A clear ethos and contingency was in place to ensure that sufficient staff were available at all times to support people. To ensure that people using the service received the support they required, there had been a number of occasions when no new care packages had been taken. This demonstrated a commitment to ensuring that people received the care and support they needed.

The registered provider accessed the local authority, commissioners and chamber of commerce for advice when needed in relation to current best practice. In addition, we saw that information was available within the service, for example, information relating to medicines safety produced by The National Institute of Health Care Excellence (NICE).

The rating and previous inspection report were displayed in the office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>A breach of Regulation 17(2)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider did not have a robust or effective recording system in place.</p> |