

Heywood Carers Limited

# Heywood Carers

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Heywood Carers is a domiciliary care agency providing personal care to 38 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People continued to benefit from an exceptionally caring, kind and compassionate service. We received overwhelmingly positive feedback about the quality of care from people and their families.

Staff promoted a strong person-centred culture and were motivated to deliver care that met and exceeded expectations. Staff were supported by an exceptionally caring management team who encouraged initiative and valued the impact this had on people's lives.

Staffing levels were enough to ensure that people's needs were met. Staff were safely recruited.

People told us they felt safe using the service. Risks associated with people's health and care were assessed and mitigated.

Staff were knowledgeable and well-trained. Staff told us they received support from the care manager and worked well with their colleagues.

A person-centred approach had been adopted in the assessing, planning and delivery of people's care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well managed. Staff, people and their families praised the proactive and caring attitude of the care manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 8 June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Heywood Carers

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and one Expert by Experience who made telephone calls to people and their families to request feedback. 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present during the inspection, so we were assisted by the Care Manager who has daily oversight of care delivery.

#### Notice of inspection

We gave the service 72 hours advance notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Inspection activity started on 20 February 2020 and finished on 9 March 2020. We visited the office location on 20 February 2020 and completed staff calls on 9 March 2020.

#### During the inspection

We spoke with three people who used the service and five relatives by telephone about their experience of the care provided. We spoke with two members of staff including the care manager and one care worker.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from an additional six relatives via the 'Share Your Experience' function on the CQC website. We spoke with an additional three staff members by telephone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to ensure people were safeguarded from the risk of abuse and harm. Staff had been trained and understood their responsibility to identify and report any safeguarding concerns both at the service and externally, if they needed to.
- People and relatives were confident that they were safe. People told us, "Oh absolutely, they are so reliable" and "Oh I feel very safe, [staff] knows me quite well and I know her." A relative told us, "Yes, they seem to be quite knowledgeable and supportive, so he feels he is in safe hands."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to health and safety were appropriately assessed and control measures were in place to mitigate the risks identified, whilst promoting the person's independence.
- Staff were trained and had a good understanding of how to support people to promote their independence whilst minimising risks. A person told us, "[Staff] will deal with things straight away, an example of this is when my stair lift stopped working [staff] came to the house to sort it out."
- Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from, where necessary. The management team kept an overview of accidents and incidents recorded.
- The service had contingency plans in place to provide support in an emergency. The weekend prior to the inspection, the area experienced significant rainfall and flooding. The care manager told us the staff team worked together and displayed flexibility to ensure no care visits were missed. A person told us, "[Care Manager] keeps us updated, like the weather recently."

Staffing and recruitment

- People were supported by staff who had been safely recruited and checked to make sure they were suitable to work with adults who may be vulnerable. The service had a low staff turnover so did not routinely recruit new staff.
- People and relatives were complimentary about the staff employed at the service, with some comments referring to the provider's recruitment processes. One person told us, "I think they select their carers very carefully."
- People and their relatives were positive about staffing levels. They told us they had not experienced any missed calls and if carers were running late, they were always notified.
- We found there were effective systems in place to ensure there were enough staff and people received consistent care from staff they knew well.

Using medicines safely

- At the time of the inspection, people were not supported with medicines administration.
- Care plans stated the level of medicines support people required, for example, prompting. At the time of the inspection, the care manager was in the process of updating people's care records with details of their prescribed medicines, to ensure that staff were aware of people's medicines.

#### Preventing and controlling infection

- Care plans provided staff with detailed guidance on how to reduce the spread of infection when delivering care, specifically when using specialist equipment.
- Staff had access to enough quantities of personal protective equipment (PPE) such as gloves, aprons and hand sanitiser.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- The management team worked closely with people and their families to ensure all their care needs and preferences were captured as part of the assessment process. A relative told us, "[Care manager] has been great all the way through and I feel that we have a super relationship. She assessed mum and we can call her whenever we want."
- Assessments were unique to an individual and contained information and guidance specific to each person's needs and wishes.
- Because of the thorough assessment process, support plans had been completed in detail which reflected clearly people's assessed care needs.

Staff support: induction, training, skills and experience

- People and their relatives were confident that staff were well trained and understood how to care for them effectively. The care manager told us they only recruited staff with substantial previous care or nursing experience. Feedback from people and families included, "Yes, they seem to be quite knowledgeable and supportive" and "Very friendly, kind, competent person providing the care."
- Staff received an induction and regular refresher training in topics relevant for their role. Staff told us that they were confident that if they identified any training needs, the management would arrange.
- Staff told us they felt supported. They had regular meetings with the care manager and told us they could raise any issues or concerns openly. A staff member told us, "[Care Manager] is always so supportive and available. No matter how busy she is."

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

- Care records detailed people's dietary requirements and preferences and gave staff clear directions on how to support them safely.
- Where support with eating and drinking was provided, feedback was positive. One person told us, "They help with my breakfast."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthily and receive medical attention when needed. We heard of instances where staff were proactive in escalating concerns they had about people's health and wellbeing. A relative told us about one staff member's quick reaction to a medical emergency. They told us, "Very impressed with the way [staff] reacted and took control of the situation." A second relative told us, "The carers are very good at telling if they think she has a UTI [urinary tract infection] etc. They give very good

advice on skin care and creams."

- Staff told us that communication within the staff team was very good and they used regular meetings to discuss any concerns they had about people. They told us that the experienced and knowledgeable staff team were always willing to advise.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported to have maximum choice and control over their lives. They were consulted and supported to be involved in decisions about their care and support wherever possible. A person told us, "They don't do anything without my permission."
- Systems were in place to support staff to assess people's mental capacity. The care manager told us that they did not routinely provide care for people living with dementia and as such most people supported consented to their own care. This was reflected in care records seen.

# 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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Overwhelmingly, people continued to express how happy they were with the caring and compassionate nature of the care staff and the service. Feedback included, "They are very kind and caring, and we have a friend relationship rather than carer. We have a strong relationship" and "Oh...yes,100% [caring]."
- Similarly, relatives were very complimentary about the kind and caring nature of the staff and management team. Feedback included, "They are very kind and caring, she has gotten to know them, and they will chat to her and buy her presents when they have been away, they really do care" and "They are brilliant. They talk to her and generally treat her well."
- This close knit feel to the service also meant that staff supported people over and above what was expected from them. From little acts of kindness that didn't take a lot of time, to really supporting people and their families through difficult periods. One person told us of the flexibility of support provided by the service which had a significant impact on them and their family during a period of a family member's ill-health. They told us that the support from the service, "Enabled the family to cope and get through what could have been an impossibly difficult time."
- A relative told us, "Yes it's the very very little things like when his belt was too big one of them got a hole puncher, simple things like that." A person told us, "They visited me in hospital which was 30 miles away." A staff member volunteered to look a person's pets during periods of hospital admission which provided reassurance to the person as arranging care for pets can cause additional stress.
- We heard of many examples where staff really made a positive difference to people's lives. One person loved songs from musicals. A member of staff made a personalised wall hanging advent calendar last Christmas and where they placed names of song titles. Every day when the person picked out the name of a song, they sang it together. We heard that the person was overjoyed with this.
- Another person's rings had become loose. A staff member researched solutions online and supported the person to order a ring adjuster. They fed back to the care manager, what this meant for the person, 'She now wears it on the other hand with an adjuster. It was too big before, so she stopped wearing it in case she lost it. She seemed very happy last night with her jewels and freshly painted nails.'
- The care manager recently adjusted the hems on three pairs of trousers for a person. The person fed back to the care manager, 'All three pairs are perfect and now worn constantly... With Love, [Person]. The service also lent people items when their own items broke or required replacement. For example, we heard that the care manager provided a heater when a person's heating broke down. They also arranged for an engineer to attend to repair the boiler.
- Staff were all highly motivated in wanting to provide people with the highest standard of care and support. Staff were all extremely compassionate and kind in the way they spoke about how they provided

support to people to assist them to live the lives they wished. A staff member told us, "Because we are a small group, we are close knit. The clients find that also. We are friendly. We try to help with other things. Posting letters etc, if they are due to collect something from the chemist etc. Just to try to save them from calling neighbours or family. We try to give them extras not in the care plan."

- The service supported and valued the teamwork displayed by staff which had a positive impact on people who used the service. One staff member in the weekend before the inspection, who had a 4x4 vehicle, volunteered to work on their scheduled day off to transport their colleagues to people cut off due to flooding, for which they were nominated for a monetary reward in recognition. This positive culture and high levels of staff morale was recognised by people and their families. A person told us, "I couldn't be happier. I feel that if you have happy staff you can tell. They are always so jolly and friendly."
- A consistent theme of the feedback we received from people, relatives and staff was the close knit, community feel to the service. This encouraged an open and trusting relationship. A relative told us, "[Person] is always saying how good they are. I've seen the carers around the village and they always ask about [person]. They are very caring and diligent." People told us, "One of the carers will take me out in her own time to have cheese on toast at the [café]" and "They are very friendly, it's a small village. I would happily have coffee with any one of them."
- We saw many recent compliments received by the service which reflected the excellent feedback we received. Compliments stated, 'Nothing was ever too much trouble' and 'They are all cheerful, helpful and genuinely concerned about Mum's welfare.'
- People's needs in relation to their culture, religion, disability or sexuality had been documented within their care plan. Staff were aware of people's individual needs in these areas and supported people accordingly.

Respecting and promoting people's privacy, dignity and independence

- People and their families consistently praised the staff for treating them with dignity and respect. One person told us, "They have to wash me and its always done so nicely and I feel very comfortable."
- Staff placed a strong emphasis on supporting people to maintain their independence. A person told us, "Oh yes, they always encourage me, it was this gentle encouragement that allowed me to start preparing my own meals, which I now do."
- Relatives were particularly praising of the impact staff supporting people to do as much as possible for themselves had on their lives, which meant that some people could live at home for longer. One compliment seen read, 'You all played a role keeping mum at home as long as possible.' A relative told us, "This morning she was at the day centre and she called me to say that she got herself up this morning and [staff] are very encouraging with her exercising." A second relative told us, "If she is having a good morning, they will let her do part of the dressing and they encourage her to walk to the dresser every day to keep her legs going and they will walk behind her with a stool."

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

- People and their family members told us they were always fully involved in making decisions about their care. One person told us, "They help with my breakfast and I pick my own clothes out." A relative told us, "Yes she has choices as I often hear them asking her."
- People were supported by staff who recognised the importance of the involvement of family and friends. The care manager told us they maintained regular contact with family members who lived far away from their loved one. We saw recent email correspondence between a relative who lived abroad and the care manager where the relative expressed their gratitude for keeping them updated during a worrying time for their relative.
- Changes requested by people had been responded to promptly. For example, requests for changes to times of care calls or additional support had resulted in changes to people's care plans. A person told us, "If I

need extra care, they will always accommodate me."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their families praised the responsive and flexible nature of the service; in particular how adaptable the service was to meeting people's changing needs. One person told us, "They will work around me." A relative told us, "Recently we found we weren't coping well with Mondays and they are happy to change things to accommodate us."
- Care records were person centred and contained detailed information about people's preferences for how they wanted to receive their care. This included identifying people's preferences for who provided their care.
- Staff told us that prior to providing care for a person, they were provided with the care plan and asked for information from their colleagues who had more experience in caring for the person. One staff member told us, "We share information. Very useful to talk to informally. We also have the [secure social media] group. That's incredibly helpful to be able to know, so you don't feel like you are going into anything unknown."
- Where possible, people were supported to maintain links with their local community. Some people told us they went for coffee with staff. The care manager told us that they signposted people to local events and groups which may be of interest. They told us, "We always signpost clients to find help and reassurance."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their support plans.
- Each person had a small team of workers who knew them and had a very good understanding of how best to communicate with them.

### Improving care quality in response to complaints or concerns

- A complaints system was in place and information on how to complain was made available to people and their families. No complaints had been received since we last inspected, which was supported by feedback received from people and families.
- People and relatives told us that they had not made any complaints. They told us that they would contact the care manager if they had any concerns and were confident that any issues would be acted on and resolved.

### End of life care and support

- The service did not routinely support people at the end of their lives. However, the care manager told us that if a person's needs changed, they would adapt to accommodate. They told us that previously if a person they supported was approaching end of life, they would ensure they worked closely with the palliative nursing team and ensure their staff team was well supported.
- We saw compliments from families where staff had supported at the end of their lives. One compliment read, 'Heartfelt thanks to all the carers who have gone above and beyond to both my parents over the years but especially Dad in his final days. I couldn't have asked for a more dedicated team.'

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Overwhelmingly, people and their families were complimentary about the service they received. They praised the caring and compassionate staff team and the dedication of the care manager.
- People told us, "[Care manager] is wonderful. I don't think you could find anybody better and all the staff talk so nicely about her. She makes sure the staff have enough travel time and they speak so favourably about her" and "I couldn't be happier. I feel that if you have happy staff you can tell. They are always so jolly and friendly." Relatives told us, "It's a really lovely company and so kind. I think having the same group of carers is very helpful and happy. It's such a stressful thing and they take it all away" and "Amazing, approachable and understanding."
- Staff were highly motivated. There was good communication and a strong sense of teamwork. A staff member told us, "I can't praise it enough! Best employer I have worked for. It's the way its run. You get so much support from other staff. We give 110%. [Care Manager] so supportive. She is always available."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The care manager was organised and had a good understanding of how to plan and deliver person centred care to meet people's needs. They regularly visited people to request feedback and carried out spot-checks on staff.
- Regular audits and checks helped to make sure the service was safe, and people received high-quality care.
- There was an open and inclusive culture. Staff praised the good communication, support from management and felt encouraged to make suggestions or discuss any issues or concerns.
- Staff told us that they used regular meetings as an opportunity to discuss learning and share knowledge. Some of the staff team had specialist backgrounds, for example in, dementia nursing and shared tips and advice.
- Relatives praised the open and transparent nature of the staff and management team. They told us they were kept informed of any concerns and any questions they had were answered openly.
- Throughout the inspection we gave feedback to the management team and clarification was sought where necessary. They demonstrated a willingness to learn and reflect to improve the service people received as a result.



Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service regularly sought feedback from people and their family members through regular home visits and spot-checks, a survey and regular review meetings. This ensured everyone had a voice and contributed to decisions about the support people needed.
- There was an open and transparent culture at the service. Staff had regular meetings and told us the care manager operated an open-door policy where they could request assistance and contact at any time. Staff told us they felt valued.
- Staff worked in partnership with key organisations to support care provision, service development and joined-up care. The service was particularly proactive in liaising with health professionals to ensure they were up to date if people's needs changed after a hospital admission.