

Connor Associates Limited

Holywell Care Services

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 

Overall summary

This inspection visit took place on 09 September 2015 and was announced. We told the provider one day before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

Holywell Home Care offers domiciliary care and support to a range of people in their own homes. The range of support provided includes assistance with personal care,

domestic duties, laundry tasks, shopping, and meal preparation. At the time of our inspection visit we were informed Holywell Care Services provided services for 18 people.

There was a registered manager in place. 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.

Summary of findings

At the last full inspection on 16 July 2013 the service was not meeting all the requirements of the regulations that were inspected at that time. There was a shortfall in one area 'Care and Welfare'. However a follow up inspection on 20 February 2014 the service was meeting the requirements of the regulations that were inspected at that time.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. One staff member said, "The service runs well we have enough staff to cover clients." Staff were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff received

regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and looked forward to the staff coming to their homes. One person who received a service said, "I could not manage without them they provide a lifeline for me."

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

People were supported to eat and drink where needed. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

We found a number of audits were in place to monitor quality assurance. The registered manager and provider had systems in place to obtain the views of people who lived at the home and their relatives.

Summary of findings

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.

People told us they felt safe. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

Systems were in place to make sure that management team and staff learn from events such as accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Good



Is the service effective?

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

Staff were respectful of people's rights and privacy.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

People were supported to maintain and develop relationships with people who mattered to them.

The service worked well with other agencies and services to make sure people received care in a coherent way.

People knew their comments and complaints would be listened to and responded to.

Good



Summary of findings

Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving. Records identified problems and opportunities to change things for the better were addressed promptly.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

Good



Holywell 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 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 visit took place on 09 September 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people living in the community. We did this to ensure we had access to the main office and the management team were available.

The inspection team consisted of an 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. The expert by experience for the inspection had experience of domiciliary care agencies.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

We went to Holywell Care Services office base and spoke with a range of people about the service. They included the senior care co-ordinator, operational director, four staff members, two relatives who lived with people who used the service and eight people who used the service by telephone. We also visited a person who used the service in their own home to get their views on the care provided by Holywell Care.

We looked at the care records of three people who used the service, training and recruitment records of two staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. One person said, “I have had the agency for a number of years and feel safe and secure as they try and use the same carers.” A relative of a person who used the service said, “I have complete trust and feel my [relative] is safe and secure with the staff. It gives me confidence if I am out the staff are caring for my [relative].” Another person who used the service said, “I feel very safe with all the staff that visit.”

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The training was mandatory and we found records confirmed staff had this training updated annually. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure so staff were aware of the process. Staff spoken with told us they were aware of the procedure. They said they wouldn’t hesitate to use this if they had any concerns about their colleagues care practice or conduct. Comments from staff included, “Yes we have received training around abuse and it is regularly updated.” Another said, “I am aware of the whistleblowing procedure but never had to use it.”

We looked into the records of people who had been subject to an investigation under local safeguarding procedures. The registered manager had reported the concerns appropriately to the correct agencies. There was evidence the service had been open and transparent, had shared relevant information and participated actively in the process. This showed the service worked with other organisations to protect people who used their service.

We looked at how the agency was being staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We found by talking with people who used the service and staff members staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. For example one person who used the service told us the management team looked to allocate a suitable person to support them. They said, “What I liked about the agency was they have given me people I get along with and share an interest with which

has definitely helped me.” A staff member told us it was the policy of the agency where possible to match staff to individuals that had something in common. Another person who used the service confirmed they use the same staff as much as possible and they were on time. They said, “I like to get up about 9am to 9.30am and they come and get me up. Then I have a shower and they get me my breakfast, they then come in at about 2pm and I have lunch. I feel happy with the staff.”

People we spoke with said they received a call from the service if their allocated support worker was late or unable to attend their visit. One person said, “It has happened but they let me know immediately.”

Care plans looked at both in the home of people and at the office had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. Risk assessments were completed of the home environment. We also saw the service had undertaken assessments of the individuals home so staff were aware of any potential risks or hazards. We found risk assessments had been reviewed regularly or when circumstances changed.

We looked at the procedures the service had in place for assisting people with their medicines. The senior co-ordinator told us staff prompted people to take their medicines and were also involved in administering their medication. Records we checked were complete and staff had recorded the support they had provided people to take their medicines.

Staff employed by the service received medication training during their induction. Discussion with two staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with people about the management of their medicines. They told us they were happy with the medication arrangements and had no concerns. Training records looked at confirmed staff had received medication training.

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included

Is the service safe?

information about any criminal convictions recorded, an application form that required a full employment history and references. One recently recruited staff member told us the process was thorough and they were not allowed to

commence work until they had checks completed. They said, “Yes I was given a good induction of how the company works and what the tasks would be. I did feel confident following my training when I went out in the community.”

Is the service effective?

Our findings

People told us they were supported by staff who had the knowledge and skills required to meet their needs. People told us they felt members of staff understood the support they required and said they received a good level of care and support. One person supported by the agency said, “They know what they are doing and seem to understand what my problems are. They make me feel better once they have been.” One person who used the service said, “If a new carer starts they always work with one of my regulars until I am happy that they know what they are doing.”

People were supported by staff who had the knowledge and skills required to meet their needs. Training was provided by the agency and they were in the process of employing a qualified trainer so that staff were able to access courses as part of their role. A senior staff member said, “It will be better once we have a training person in post and easier for staff to attend courses. We looked at training records and the training programme for all staff. This showed what courses had been attended over the last few years and when they required updating. The service provided mandatory training including, safeguarding adults and children, moving and handling and ‘the role of a health worker’. This mandatory training was provided annually. This was confirmed by talking with staff members. Comments from staff about training at the service included, “No issues with attending training sessions the manager is always encouraging us to attend courses.”

Staff were encouraged to further their development and undertake national qualifications that was relevant to their role. For example one staff member told us they were encouraged to complete a ‘National Vocation qualification’ (NVQ). We spoke with the staff member who said, “I have been supported to completed NVQ level 2 and then carry on to level 3.”

The management team we spoke with demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA). Discussion with the registered provider informed us he was aware of the ‘process to assess capacity and the fact that it is decision specific. Staff told us they understood the procedures that needed to be followed if people’s liberty needed to be restricted for their safety.

Staff received regular supervision every two months and annual appraisals. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and any other issues they may have. One staff member said, “Yes we do have supervision sessions however the manager is available anytime if I want to discuss anything with her.”

People were supported at mealtimes to access food and drink of their choice. Staff who prepared food had completed ‘Food and Hygiene’ training. We spoke with a staff member just after breakfast time who confirmed they had been to support people with their meal. Staff confirmed they had received training and were aware of safe food handling practices. Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink. Care plans seen confirmed people’s dietary needs had been assessed and any support they required with their meals documented.

We were told by people using the service and their carers that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This was confirmed by talking with staff members.

Is the service caring?

Our findings

We spoke with people being supported by the service. We asked them for their opinions about the staff that supported them. Feedback from people was positive. For example comments included, “They are very caring people.” Also, “They respect me and my home and I like that.” When speaking with staff it was clear they cared for the people they supported. One staff member said, “I love going to peoples homes and chatting about the day and feel I am doing some good to some lonely people.”

A relative of a person we spoke with told us the agency showed respect and involved them in the decision making by introducing staff prior to visits to ensure they were suitable and made aware of the support people required. They said, “I thought that was really good they came with staff to get to know my [relative] before they came to help us.”

We looked at the care records of three people and found a person centred culture which encouraged people to express their views. We saw evidence people had been involved in developing their care plans. People’s preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people’s wishes. This demonstrated people were encouraged to express their views about how their care and support was delivered. One person we spoke with in their own home said, “The best caring service I have ever had.”

Care plans we looked at were centred on people’s personal needs, support identified and their wishes of how the care should be delivered. Daily events that were important to people were detailed, so staff could provide care to meet their needs. Care plans contained information about people’s current needs as well as their wishes and preferences. We saw evidence to demonstrate people’s

care plans were reviewed with them and updated on a regular basis. For example care plans had been signed when reviewed by the person or their carer/relative. This ensured the information staff had up to date knowledge about people’s needs reflected the support and care they required.

Care plans reflected what support people required from other agencies. This meant staff at Holywell care were aware of all the needs and support individuals required when visiting people in their own home. One staff member said, “The information about people is very useful so we understand what support people need.” A person we visited said, “The staff always look at the care plan and fill it in when they finish here.”

Staff had an appreciation of people’s individual needs around privacy and dignity. We confirmed this by talking with people who were supported by the service. One person said, “I do need help with personal care and I requested a male and that’s what I get.” Another said, “They always knock before entering the staff are all respectful and polite.” Staff training schedules looked at confirmed they had received training around respecting people’s privacy and this was part of their mandatory training. Staff we spoke with had a good understanding of how people should be treated in terms of respect and dignity.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some feedback from them about the care being provided.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The agency ensured people were able to access information about available advocacy services.

Is the service responsive?

Our findings

People who used the service told us staff were knowledgeable about their care and support they required. One person said, “They do a fine job and get me things I want even if it is not what is written down sometimes. They know what I need.” Staff were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A relative of a person we spoke with told the management team always acted to solve any issues that may arise. For example responding to changing the times of people’s appointments and accommodating last minute additional appointments when needed. This showed the agency was flexible and responded to people’s changing needs in emergency situations.

Staff supported people to access the community and minimise the risk of them becoming socially isolated. One person told us the service gave them ‘company’ and supported people to be as independent as they can be. One staff member said, “I really enjoy visiting people. Every day is different you have to respond sometimes to different situations.”

People were encouraged to maintain their independence and undertake their own personal care where this had been identified on their care plan. For example staff prompted people to undertake certain tasks rather than doing it for them. One person who used the agency said, “They are good at encouraging me to be as independent as I can. I know it is to my benefit.”

Assessments of people were undertaken to identify people’s support needs and care plans were developed

outlining how these needs were to be met. We noted one person’s care plan had been updated to reflect their current needs. For example one person required additional visits as their needs had changed and increase visits with different tasks had been identified. Staff we spoke with told us the management team kept them fully informed about changes in appointment visits and they responded to the needs of people when this occurred.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. People told us details of how to make a complaint had been provided in their initial information pack. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

We saw the service had a system in place for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

People who used the service and their relatives/carers told us knew how to make a complaint if they had any issues or concerns. Comments Included, “Yes I know the process should I want to make a complaint but at the present I have not had to.” And, “I would feel comfortable contacting the office, if I was not happy about something.” Also a relative of a person said, “I would not hesitate to raise a complaint if I needed to. However the agency has been so good, any little grumble I have had has been dealt with right away.”

Is the service well-led?

Our findings

The registered manager was not available during the inspection visit, however appropriate management arrangements were in place at the time of our visit. The senior care co-ordinator and operational director understood their responsibilities and were able to deliver what was required.

Staff, people who used the service and their relatives told us the agency was well led, suitably managed and organised. One relative of a person who used the service said, “The management are great, the agency is well organised and any problems are dealt with straight away.” A person who used the service said, “The manager comes and sees me from time to time. They know what they are doing and have the staff well organised and well trained.”

Comments received from people being supported were positive about the registered manager’s leadership. One person said, “The manager is hands on and will always get in touch and fill in when necessary, that is what I like about Holywell Care.”

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. We noted in the office a structured diagram of the management team on display. This demonstrated the position of senior staff and their responsibilities within the service and clearly identified roles and responsibilities. One staff member said, “I know who is what within the company it is an advantage when you wish to speak with someone.”

The registered manager had ensured CQC were notified of any incidents or major issues relating to the service in a

timely manner. The senior care co-ordinator told us they were aware of the regulations in terms of notifying CQC of any incidents or safeguarding concerns they may have. This meant we received all the information about the service that we should have done.

People who used the service and their carers told us they were encouraged to be actively involved in the continuous development of the service. For example we looked at completed surveys which were sent to the homes of people every year to get their views on how they feel the service was performing. One person who used the service said, “I have completed forms and I have to say only good things about the way they treat me.” We looked at a selection of the surveys which from 2014 were all positive. For example when asked ‘what they feel could improve the service’ one person wrote, “None they are excellent.” A senior staff member told us any negative comments would be identified and action taken to address the issues. There were no negative comments from the 2014 surveys.

Regular staff meetings were being held every two months and records confirmed these were well attended. Issues discussed at a recent meeting in July 2015 included the care of persons who used the service. A staff member said, “The meetings gives us a chance to air our views and discuss any issues, they are good to attend.”

There were a range of audits and systems in place. These were put in place to monitor the quality of service provided. Audits were taking place and covered areas such training for staff, spot checks by management to peoples homes and care plan reviews. A carer of a person who used the service we spoke with said, “Yes the manager calls every so often to check we are alright and the staff are supporting [relative] as well as can be.” Any issues found on audits were acted upon to ensure the service continued to develop and be monitored.