

Joseph Rowntree Housing Trust

# Hartfields Domiciliary Care Agency

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Hartfields is a domiciliary care service that provides care and support to people in their own homes within the Hartfields Retirement Village site. This site is a joint venture between the Joseph Rowntree Housing Trust (JRHT), Hartlepool Borough Council, Hartlepool Primary Care Trust and NorthTees and Hartlepool NHS Trust. The service provides extra care housing for people aged 55 years and over. Not everyone living at Hartfields requires support with personal care. At the time of the inspection there were 66 people using the care service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People said they felt safe and comfortable with the care workers who visited them. Staff were trained in safeguarding people and knew how to report any concerns. There were enough staff to make sure people received their allocated visits at the right times. The provider had robust recruitment and selection procedures in place so staff were thoroughly vetted before they started working for the service.

The service had made improvements to how medicines were overseen to make sure this was safe for the people who needed support with their medicines.

Staff were well-trained and supervised to provide the right care and support to people who used the service. People said they received help to manage their meals and nutrition where this was required. Staff worked with health and social care professionals to make sure people's health was maintained.

People and relatives said care staff were caring, kind and thoughtful. They had good relationships, especially with regular care workers. People were treated with dignity and respect. They told us their privacy and confidentiality was protected and staff went the "extra mile" to help them.

People's care records were personalised about their needs and preferences, so staff had information about how to provide individualised support in the way that people wanted it. People were given clear information about how to make a complaint. They told us any issues they had raised had been dealt with in a quick and professional way.

People and relatives felt the service was well-managed, the registered manager was approachable and the morale of staff was very good. Staff and health and social care professionals said the service was well-run, efficient and worked very well with other agencies in the community.

People were regularly asked for their feedback about the service. They said the service was very well-run and they

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Hartfields Domiciliary Care Agency

## **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 comprehensive inspection took place on 27 and 29 March 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the registered manager would be available.

The inspection was carried out by 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications we received from the provider about any changes, events or incidents.

We sent questionnaires to people, relatives, staff and health and social care professionals for their views of the service. We received responses from 11 people, 11 members of staff and two community professionals. We contacted the commissioners of the local authority and health and social care professionals to gain their views of the service provided at Hartfields. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with six people and two relatives by telephone. At the agency office we spoke with the registered manager, deputy manager, head of quality and compliance, two senior care

workers and three care workers.

We viewed a range of records about people's care and how the service was managed. These included the care records of five people, the records of four staff members, medicines records, training records and quality monitoring reports.

# Is the service safe?

## Our findings

All the people and relatives we spoke with felt the service was safe and they were very comfortable with the staff who supported them. One person told us, "I have never felt so safe and cared for in many years." Another person commented, "Yes, I do feel safe because I know that if I have a problem then I can ask for help. They give me a feeling of being cared about."

One person said, "We are in good hands and have no worries about how we are cared for or treated." A relative told us, "My [family member] is safe and that gives us as a family peace of mind that is beyond value. We have no worries now."

Staff told us and training records confirmed that all staff had safeguarding training at regular intervals. One care worker commented, "It's a very safe place for people. We get lots of safeguarding training and there's posters in the office about how to report any concerns." Another care worker told us, "I feel able to speak openly and raise any concerns about people's well-being. If you ever report anything it is always acted on."

Risks to people's safety and health were appropriately assessed and managed. People told us, and records showed, they had been involved in making decisions about risks to their safety, wherever their capabilities allowed. These included potential risks associated with falls, managing medicines, mobility, home environment and nutrition. The mobility risk assessment did not include an area for staff to record the date. This meant it was difficult to know if the information was current and when it should be reviewed. The registered manager said this would be addressed.

A healthcare professional told us, "Staff tend to know people well and quickly pick up on issues to reduce risk."

People were positive about all the care staff and felt the visits were usually on time. Most people felt they mainly received the same care worker and acknowledged there had to be changes to staff when new staff were recruited or when staff were on leave. For example, one person told us, "The staff are always on time and are usually the same ones, but people have to have a life outside work so it cannot always be the same and that's fine." Other people felt they would prefer to have regular staff who would be familiar with their needs. For example, one person said, "I don't have regular carers and I really would prefer to know who is arriving." We told the registered manager about this comment for their attention.

Senior staff members told us there were sufficient staff deployed to meet everyone's needs at their agreed visit times. There were typically one member of senior staff, 16 care workers and one emergency response staff member on duty in the morning. There was a senior staff member, eight care workers and an emergency response staff member during the evening. Overnight the service had two care workers in case anyone was poorly or needed emergency assistance. Senior staff described how the service had good 'bank' staff arrangements to cover sickness and other gaps. Bank staff were trained in the same way as permanent staff.

Senior staff used an electronic management system to design a daily plan for care workers. This showed which care staff would support people at their allocated call times. Each care worker on duty then received their visit plan via a mobile telephone handset which they also used to 'clock' in and out of calls. This meant the management team could check the time and length of all visits.

People were fully involved in assessments about whether they needed some degree of support with managing their medicines. If they required this, staff visited them at the relevant dosage times and prompted, assisted or administered their medicines. Staff then recorded this on medicines administration records (MARs). All staff who administered medicines were trained in 'safe handling of medicines' and, as a minimum, had an annual competency check of their practice.

There had been 10 medicines errors over the past 18 months. The service had investigated these and found there was no specific trend causing the errors other than human oversight. The provider had put a number of safeguards into place to tighten staff practices and minimise the risks of re-occurrence. A senior member of staff was now allocated daily checks of people's medicines stock and administration records and the medicines errors had reduced.

The people we spoke with felt they received the right support with their medicines. For example one person commented, "They are always on time and they ensure I take my medication."



## Is the service effective?

### Our findings

People felt the care staff were well-trained and competent in their roles. One person told us, "These are the best carers in the world. They are trained to do the job but only their own caring nature can make them as good as these - no training can add the magic ingredient!" Another person commented, "We have allocated carers and they know how to look after us properly." Relatives described staff as "skilled" and "professional".

All the staff we spoke with felt the training opportunities were very good at the service. A senior staff member commented, "The training is constant but that's really good. It's important we have such a wide range of training because we need to be able to support people with a wide range of needs."

Staff told us, and records confirmed, they received necessary training in health and safety matters such as including first aid, fire safety, food hygiene and infection control. It was good practice that seven members of staff had completed specialist training in dementia provided by Stirling University. There were arrangements for all other staff to complete dementia training through a local college. New staff completed a week of comprehensive training that was in line with the new care certificate requirements for care staff. (The Care Certificate is a national set of outcomes and principles for staff who work in care settings.)

Staff had regular supervision sessions with senior staff. These included observations of their practice in moving and assisting, personal care and communication with people who used the service. All staff also had an annual appraisal of their performance with the registered manager or deputy manager. New staff had a rigorous probationary period that included reviews of their development over the first five months of employment. In this way, staff were supported with their professional development.

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.

Staff understood and applied the principles of MCA and explained to people how they intended to support them and sought consent from people before carrying out care tasks. People told us they were always asked for their permission before care staff carried out any assistance. People's capacity to be involved in their own care planning was evident in their care records. People had signed any risk assessments and consent forms to show their agreement to the agreed support. These included consent forms to allow the agency to use their photograph in their personal care records and consent for support with medicines.

People and relatives said the service was good at prompting people with nutrition and special dietary needs, where people needed this, but no-one required physical support to eat their meals. Some people needed a little assistance with preparing meals but everyone was able to decide on their grocery shopping and their own menus. If people did have assessed nutritional needs their food and fluid intake was checked, with their consent, to monitor their well-being.

One healthcare professional told us, "(Staff) are all genuinely very helpful and concerned about their client's health and wellbeing and have been instrumental in helping (people) to achieve some fantastic (nutritional) results."

People were supported to access health care services when required. One person commented, "They not only contact the GP or nurse they even take me there which I really appreciate as I do get concerned and forget what has been said sometimes."

There were good working relations between the service staff and other care services in the community. One health care professional told us, "Staff work well with local health and social care services and engage with meetings and care planning as required. Staff generally have good quality information and are prepared to implement recommendations."

# Is the service caring?

## Our findings

People and relatives were unanimous in their praise of the care service and the care staff who supported them. They described staff as caring, kind and thoughtful. One person told us, "The carers are really, really good. They are caring, lovely and I am very lucky to be looked after by them."

Another person said, "This service is the 10/10 service that everyone should get. This is just excellent and I cannot praise them highly enough or thank them sufficiently for all the care and kindness we receive." A relative commented that the care staff provided "wonderful care" and "we cannot fault their kindness and caring".

Although the service primarily provided support with personal care, it also encouraged and promoted social care so people had social inclusion within the Hartfields community. Staff also carried out 'pop-in' visits (in addition to set visits) to check how people were. One person commented, "Their kindness is difficult to explain because it is there every day in all the things they do for me. I love the pop-ins visits because it's such a lovely surprise to have some company when you don't expect it and a chat with a coffee."

One person told us, "The care here is fantastic and they go the extra mile for us as well. If I need some help with something that is not on their list they do not say "no sorry", they always help. Silly things like helping with putting stuff in the washing machine, that sort of thing. The pop-in visits are good because it means that I can try and do things but if it is tiring me out they can see that and will help."

People said they were treated with dignity and respect and their privacy was upheld. For example, one person described how staff made sure curtains were closed and personal care equipment was put away to preserve their dignity. They told us, "Our privacy is really important and this is something that is always very important for the carers."

Another person said, "I am being treated with so much respect. My privacy and dignity have not been lost because I need care. They close the curtains, leave my towel on the warm radiator in the bathroom and always, always knock before entering."

One person commented, "They respect my dignity and always check with me before coming into the room and my privacy, which I value, is never an issue. Sometimes I tell them things and I know it is kept in confidence." A relative told us, "My family member is treated with the most amazing dignity respect and privacy and always (medical) concerns are acted upon."

The health care professional we contacted made positive comments about the care and compassion shown towards people who used the service. One health care professional told us, "Staff speak appropriately to and about people showing kindness, compassion, dignity and respect. I have noted this on a one-to-one basis, in the communal area, at reception and within group settings."

Another care professional commented, "All of the staff that I have had interactions with have all been of a

very caring, compassionate and friendly nature. They always put the needs of the resident's in their care first and are fully committed to supporting them in their healthy lifestyle changes. They are especially patient and kind and treat some residents with special needs with the greatest of respect."

## Is the service responsive?

### Our findings

People and relatives felt the service was personalised. One relative said, "We (relative and family member) both feel the service is well managed with a person centred approach." People felt staff provided support that met diverse individual needs, such as special diets or mental health needs, as well as meeting individual preferences. One person told us, "They always seem to know what I need." Another person said, "The carers provide for all my needs and more. They seem to know what I want before I do!"

People were encouraged to be involved in their own care planning, care preferences and reviews of their care package. One person told us, "I did ask for a gender specific carer for personal care as it makes me feel more comfortable and there was no problem. If I did need anything changing then I am sure it would be acted upon."

Each person's care records included 'What's Important To Me' information about people's preferences, wishes and life history. People's care plans were detailed and personalised. For example, one person's communication records stated, 'I have communication difficulties and struggle verbally, however I can make myself understood by hand movements and gestures. I use pictures as well.'

Where relatives were involved in people's care packages they felt included in discussions and reviews about their family member's care. For example, one relative told us, "I am involved 100% with my relatives care needs and feel that my input is valuable and that is nice."

Staff felt they provided very individualised support based on how each person wanted to be supported. One care staff commented, "It's very personalised. For instance, people might like a particular way of having a shower so we follow their instruction about what they need support with, which bits they can do themselves and in what order they want it done."

All the people and relatives we spoke with had information about how to make a complaint and were confident it would be dealt with. One person commented, "I know how to raise an issue and I did last year. It was dealt with at once and in a professional manner – I couldn't ask for more."

Another person said, "I have no complaints at all but would know what to do if I needed to." A relative told us, "If I have an issue I call them at once and there is always a response and or action, but I do know how to make a formal complaint."

There had been no 'formal' complaints to the provider over the past year. The registered manager kept a log of any informal comments and complaints. This included the details of the complaint, how it was investigated and any actions taken to resolve the matter and whether the person was satisfied with the outcome. The provider had recently appointed a complaints officer for the organisation and people had information about this if they wished to make a complaint directly to the provider.

## Is the service well-led?

### Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives felt the service was well-managed and that staff morale was very good. For example one person commented, "Staff are always positive and pleasant and appear to be happy in their work. I never hear any bad things about others or the management, so I respect my carers and appreciate the work they do and how they look after me." A relative told us, "Leadership is good from the top and is by example. Morale is high and staff are positive about the employer which is good to hear."

One person said, "I know how to contact the manager and I think the morale is usually very good. I would rate the service as very good and have no suggestions for improvement other than seeing the same staff more often." The people and relatives we spoke with described the service as "very good" or "excellent".

All the staff we spoke with confirmed they could raise issues with the registered manager and said they were "very approachable". Staff had regular meetings to share ideas and receive information. A staff member commented, "We have monthly meetings and can make comments and suggestions – and they always take them on board. For instance we suggested people took their lunchtime medicines with them to their day activities and we go there to support them to save them going home again."

Staff said there was a good culture within the service. They felt supported, informed and "appreciated" by the management team and by the organisation. One staff commented, "(The provider) is very good to work for. They are very proactive and let you try out different roles so you can develop your career." The organisation held annual awards in recognition of staff's good service and during 2016 Hartfields staff won eight awards including 'colleague of the year', 'team of the year' and 'grace under pressure'.

One health care professional described how the service had worked with the other services to promote and improve services for people with dementia. They told us, "(Hartfields) support dementia-friendly Hartlepool work, share resources, time and expertise. The culture is open and one of sharing information and resources with the wider community. For example, opening up groups to the community, and opening up training to other services."

Another healthcare professional told us, "it is a well-run, efficient service with excellent care facilities and I would have no hesitation recommending it to any of my friends or relatives."

People said they were frequently asked for their views about the service. One person said, "I try and complete the questionnaires because it's important to feedback to others the excellent care we receive."

The provider had a quality assurance programme which included an annual baseline audit of the service by

the head of quality and compliance. This included a check of how well the service was meeting legal requirements and fundamental standards, for example the care and support provided, infection control, records, training and medicines management. We saw detailed reports of these visits and action plans and timescales for any areas for improvements. Any required actions were checked as completed during three-monthly visits. In this way the quality assurance system was effective because it continuously identified and promoted any areas for improvement.

The registered manager also carried out a number of service audits including health and safety and an audit of how well the service was meeting the CQC standards (called key lines of enquiry). Accidents, incidents and complaints were logged on the organisation's management system so these could be viewed by senior managers and board members.

The provider had used quality audits and safeguarding processes to identify, analyse and respond to medicines management errors over the past year. As a result new measures had been put into place to reduce the errors. These included allocating a senior member of staff to audit each person's medicines and medicine records on a weekly basis. Also, there were individual focused supervision sessions, training and competence checks for staff who made any errors. We saw from management audits that the number of medicines errors over the past three months had reduced as a result.