

Hanslope Care Ltd

# Hanslope and Castlethorpe

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This announced inspection took place on 4, 5 and 12 October 2018 and was the first comprehensive inspection for this service.

Hanslope and Castlethorpe is a domiciliary care agency which is also known as Hanslope Care. It provides personal care to older people living in their own houses and flats in the community. Not everyone using this service receives the regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service did have 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.

Improvements were required to ensure safe recruitment practices were embedded into how the service operated. Staff were not always recruited according to safe recruitment practices and the registered manager had not ensured they had a robust recruitment policy in place.

Improvements were required to how risk assessments were completed to ensure staff had adequate guidance about people's individual needs.

People provided feedback which highlighted that staff went above normal expectations. Staff were considerate and thoughtful and took extra time to ensure all of people's needs were considered and supported. This included helping people with additional jobs they could not manage on their own. Staff took on extra responsibilities and were passionate about the care they provided for people.

People received support with their medicines if they wished and systems were in place to record and report safeguarding incidents. Staffing arrangements were flexible to meet the needs of the people that were using the service.

People's needs were fully considered before they began to use the service to make sure their needs could be met. People's consent was gained before their care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect and staff were able to get to know people by seeing the same people on a regular basis. People were encouraged to be independent and to make their own choices.

People had care plans in place which reflected their needs and these were updated when people's needs

changed. Complaint procedures were in place for people to make a complaint, and the registered manager had a good understanding of the requirements of end of life care.

People and staff had opportunities to provide their feedback and this was fully considered and acted on. The registered manager had quality assurance systems in place to review the quality of the service and took action to make improvements where required. However, we have made a recommendation to review these audits to ensure they proactively identify the required improvements and adhere to all regulations.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not safe in all areas.

Improvements were required to ensure the service had safe recruitment practices in place and that risk assessments contained adequate information for staff to follow. Staffing arrangements were good with a consistent staffing team for each person.

### Is the service effective?

Good 

The service was effective.

People's needs were assessed before they began to use the service and people's consent was sought appropriately to the care they received. Staff were trained and supervised by management and this was regularly reviewed.

### Is the service caring?

Good 

The service was caring.

Staff were caring, thoughtful and kind and treated people well. Staff regularly went the extra mile to ensure people received all support they required. People were treated with dignity and respect and staff encouraged people to make their own choices.

### Is the service responsive?

Good 

The service was responsive.

People had care plans in place which were updated when people's needs changed. Care plans had information about people's backgrounds which enabled staff to provide personalised care for people.

### Is the service well-led?

Good 

The service was well led.

The service had a registered manager in post and there were quality assurance systems in place to review and improve the care people received. Systems were in place for people and staff

to provide their feedback and this was acted on.

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# Hanslope and Castlethorpe

## **Detailed findings**

### Background to this inspection

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

We gave the service 24 hours' notice of the inspection visit because it is a small domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. At the time the inspection started, the service was supporting 13 people with their personal care needs.

The inspection was completed by one inspector. The inspection site visit activity started on 4 October and ended on 12 October. It included telephone calls to people and their relatives using the service, or having recently used the service and we also telephoned members of staff. We visited the office location on 5 October to see the manager and to review care records and policies and procedures.

Before the inspection, the registered manager 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. The registered manager returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service. We also contacted health and social care commissioners who place and monitor the care of people using care services, the local authority safeguarding team and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with three people who had used the service and three relatives. We also spoke with two members of staff and the registered manager.

We reviewed the care records for four people and eight staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training

information, staffing rotas, and arrangements for managing complaints.

# Is the service safe?

## Our findings

People could not be assured they were supported by staff of good character as we identified concerns about recruitment practices. During our inspection we found that the service did not have a recruitment policy in place and that not all staff had received two satisfactory references. The registered manager had completed Disclosure and Barring Service checks. We saw that the registered manager had requested references from people's previous employers but these had not always been received. The registered manager explained that they personally knew each member of staff and understood their backgrounds. They had considered the risks of employing each person, and for one member of staff there were measures in place to manage those risks, however for the other members of staff, no risk assessment had been recorded.

Following the inspection visit, the registered manager created a recruitment policy which provided comprehensive guidance about the procedures to be followed. In addition, they created risk assessment forms to be completed when the recruitment policy could not be followed and they agreed to complete risk assessments for all staff in post when this policy had not been implemented.

During the inspection we identified concerns with how the risks to people were managed. We found that staff and the registered manager were knowledgeable about people's risks; however, there was inadequate information and guidance for staff to follow. For example, one person had been identified at risk of choking; there was insufficient information about when this person was most at risk or specifically how staff could help support the person to manage this risk. We also saw that another person had a risk assessment in place which covered a number of risks and did not give adequate guidance to staff for each risk.

Following the inspection visit, the registered manager reviewed the risk assessments and developed them to contain detailed information about the potential risks and how staff can support people in an empowering way to manage those risks.

People were supported to take their medicines safely. One person said, "They [the staff] are good. They go and collect my prescriptions for me." Another person's relative told us, "They're good with the medicines. They'd help [name] with their medicines when they were due, they were meticulous about it." People were encouraged to manage their own medicines if they were able to do so and staff followed safe practices whilst supporting people. One member of staff said, "We use a MAR sheet (Medication Administration Record) and check what they need. We get them out one at a time and then complete the MAR chart once they've been taken." We reviewed people's MAR sheets and saw that these were used to check people had received their medicines as required.

People were protected by staff that had a good knowledge of safeguarding procedures. One member of staff told us, "If we had any safeguarding concerns we'd report them straight to [the registered manager]. Or we could contact the police or the CQC (Care Quality Commission) if we need to." We saw that the registered manager had not raised any safeguarding concerns in relation to the provision of the regulated activity but they had a good knowledge of how to do so, and of the requirement to ensure people were kept safe during any investigation process.



Staffing requirements were adjusted to meet the needs of people they were supporting. Staffing rotas were created to respond to people's needs and had the flexibility to be changed if people required amendments. For example, following the deterioration of one person's health, the staffing was amended to ensure the person had increased support to assist them.

People told us the staff arrived on time and stayed for the time required, if not longer. One person said, "They come at the same time every day. They can't do enough for me." Another person's relative told us it was very important to them and their relative that staff came on time to prevent unnecessary anxiety and staff always ensured they did so. They said, "Staff come bang on time. It definitely made life a lot easier for me." People's preferences for the time of their care was known by staff and they did what they could to accommodate those preferences. The registered manager was aware of the length of time it could take to travel between people's houses and arranged the rota with this in mind.

People were protected from the risk of infection. Staff had a good understanding of how they could help to prevent the risk and spread of infection and people confirmed that staff followed good hygiene practices such as hand washing. One member of staff explained that staff had received training about good food hygiene practices and always made sure they checked the date of food before they helped prepare it.

The registered manager encouraged an open and transparent approach if there had been any accidents or incidents. Staff were able to share information in a safe environment to prevent future incidents from occurring. Where appropriate, staff were asked to reflect on incidents and consider if there was anything they could have done differently. This helped staff to learn and consider other possibilities.

# Is the service effective?

## Our findings

People's needs were assessed before they began to use the service. The registered manager met with people and their relatives before they began to use the service to understand people's needs in depth. This helped to enable people to make informed decisions about whether the service would be suitable to meet their needs, and if the staff had the appropriate skills to provide the care people required. People were asked about their preferences for how they liked their care, for example, if they were satisfied with female staff and asked about people's diverse needs and backgrounds. This information was used to help plan people's care in line with their wishes.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA, and had requested professional assistance with capacity assessments for people that required them.

Staff had the appropriate skills to support people with their personal care needs. Each new member of staff was required to complete an induction and shadow experienced staff before they could support people with their care. Staff were expected to complete the Care Certificate and felt that the training they received helped to prepare them for the role they were completing. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The registered manager also utilised the experience of an ex nurse and the local college to help design the staff training. One member of staff told us, "We've had plenty of training and if there's anything we need we can just ask."

Staff felt supported in their roles and their performance was regularly reviewed. Staff had regular supervisions and plans were in place for all staff to receive an annual appraisal. This helped to review their competence and discuss any areas for improvement. Staff were also asked to meet with the manager and reflect on any issues or learning opportunities. One member of staff said, "We have regular supervisions with [the registered manager]. The frequency of them changes but they're regular and if we want one we can just ask."

People were supported to eat well and in line with their preferences. One person said, "The staff prepare the meals I want them to and bring them to me. They always ask what I want, and always leave the kitchen nice and tidy." The registered manager was aware of people's cultural backgrounds and matched staff to help them prepare meals from their culture that they enjoyed.

People were supported to manage their healthcare needs. One member of staff said, "Some people or their families look after their healthcare needs, or if they need a doctor we can help them. We work together really to make sure people see the doctor if they need to. We can call the relevant people – transport, doctors, or take them ourselves." Staff had a good knowledge of people's healthcare conditions and staff were regularly reminded to call for support if people's health deteriorated.

## Is the service caring?

### Our findings

People received care from an exceptionally caring and committed staffing team which people, relatives and staff supported and promoted. One person said, "Honestly they just cannot do enough for me. They help me so much" Another person's relative said, "[Name] really looks forward to them coming. They don't just quickly come in and out, they stay for a chat and do everything they need. We are fully satisfied."

Staff were thoughtful, helpful and considerate. One person said, "I've used another care agency before and they are much better. They come at the same times, I have the same staff. They have got to know me very well and they treat me very well. Anything I want they get for me. They even helped me mend my fence!"

Staff regularly went above and beyond required expectations. One member of staff said, "I absolutely love my job and feel really strongly about helping people. I pop in now and then and have a chat, or if it's going to rain and I know someone's washing is outside I just go round and get it in for them. It's the little things that really mean a lot to people – that smile, chat, extra tea – they all mean a lot."

The service itself had a strong culture which put people and their needs at the heart of everything they did. Staff understood people's needs and what they liked. For example, when one person's health deteriorated staff still ensured they helped them to maintain their personal appearance. One member of staff said, "I'd make a fuss of them. Help them with their lipstick and curlers and give them a blow dry. It all helps."

People and their relatives were complimentary about the staff. We saw the compliments received from people's relatives whose family members had used the service. One read, "We absolutely could not have asked for more from a care agency. We will always be grateful for everything you did for [name] and for ensuring these last few years were the best they could ever be. I know [name] laughed and chatted and sang and had a special friendship with all of you."

Staff spoke passionately about their roles and about the care they provided for people. One member of staff said, "We supported somebody who was petrified of using a hoist. So, I did it, I went in it to understand what it felt like [and how we could provide better support]. We sing, we laugh and try to make it exciting for them. It got a lot better."

People were able to build relationships with people as they saw the same team of staff on a regular basis. Staff were knowledgeable about people's needs, and had developed caring relationships with people. One person said, "We like to have a laugh together." One member of staff said, "I really love my job, I love that we get to help people and enable people to stay in their own homes. It's the best job in the world."

People were encouraged to make their own choices about their care and to be as independent as possible. People and their relatives commented that the care they received depended on their abilities and how they were feeling each day. For example, if they were particularly tired, the staff supported them to have additional time for resting. One relative said, "If [name] is feeling unwell, the staff do more for them. The staff treat them well."

People were empowered and were treated with dignity and respect. One person said, "They give me privacy when I need the toilet and they make sure the curtains are drawn if I'm getting changed. They talk to me, they don't talk down to me. They treat me as an equal which I appreciate." Staff were passionate about providing people with dignified care. One member of staff said, "I'm a stickler for respecting your elders. It's so important."

Staff understood the importance of being respectful and made sure they used people's preferred names. Staff were respectful of people's personal preferences which reflected their backgrounds and beliefs. People appreciated the respect staff had for them and were happy with the way they were treated.

People's information was stored securely at the office and staff understood the importance of confidentiality and privacy.

The registered manager had a good understanding of advocacy services and how this could be used for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up. At the time of inspection, nobody required the use of an independent advocate.

## Is the service responsive?

### Our findings

People received care that was personalised to their needs. Care plans provided guidance for staff about people's care preferences and what they liked and disliked. There was information in people's care plans about their backgrounds and this helped staff to engage in meaningful conversation with people. The registered manager also worked to try and match staff with people they would get along best with. One member of staff confirmed, "We get to know people and how they like everything and then we think about which member of staff would work best with them, and handover if we need to."

People had a care plan in their homes that reflected their care needs and this was accessible for staff. Staff wrote clear records about the care they provided to people and this was regularly reviewed by management. We reviewed the daily records and saw that people received care in accordance with their care plans. The registered manager reviewed and updated people's care plans as their needs changed, and the care plans provided accurate information about people's care.

Staff had a good understanding of people's communication needs and made efforts to make this as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that for one person, the staff had made a poster for other visiting professionals which explained their communication preferences.

Staff at the service had experience of providing end of life care. The registered manager explained that whilst providing end of life care they worked closely with other healthcare professionals to ensure people were pain free as much as possible and comfortable in the last stages of their life. Staff were passionate about supporting people they had grown to have caring relationships with and ensured people were properly cared for until the end of their life. People had care plans in place outlining their end of life care wishes.

People and their relatives understood how they could complain and there were systems in place to handle complaints effectively. One person's relative said, "We've got no complaints but if we did we'd talk to [the registered manager]." Staff understood that if people wanted to make a complaint they would support them to do so. People felt comfortable that they would raise issues or concerns if they needed to, and felt that they would be resolved appropriately. The registered manager had a complaints policy in place and we saw that concerns were taken seriously.

## Is the service well-led?

### Our findings

The service had a registered manager in post. 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 their relatives knew who the registered manager was and commented that they were helpful and supportive. They told us the registered manager had visited them at their homes and checked how everything was going with their support. People were happy with the way the service was run.

A number of quality assurance systems were in place yet they had failed to identify the improvements required to recruitment practices and people's risk assessments. However, the registered manager made significant improvements quickly once these improvements had been identified as a result of the inspection.

We recommend that the registered manager seeks advice and guidance from a reputable source about auditing procedures to ensure they are comprehensive enough to identify concerns and ensure the service is working within the regulations, for example by identifying that the recruitment procedures and risk assessments are completed thoroughly.

People's daily records were reviewed to ensure people received the care they required and if there were concerns the management team acted on this, for example by discussing issues with people and their families, or with the relevant member of staff. In addition, people's care plans were reviewed and updated when people's needs changed.

The registered manager completed audits on people's medication administration records (MAR) and identified where improvements were required. The management team considered from the quality assurance systems if there were lessons that could be shared with the whole staff team or if was an area for improvement with individual members of staff and this was acted on.

People were supported to provide feedback about the care they received. The registered manager had recently asked people to complete a survey about the quality of care they received. Feedback had been positive, and staff were rewarded for their efforts.

Staff had regular staff meetings and felt valued by the registered manager. One member of staff said, "We work really well together as a team. We ask each other opinions or suggestions. If something isn't working right we can ask the manager to come out with us and see if there's anything which could be improved. It could be something as simple as suggesting grab rails, or using a different beaker. Whatever we do, we don't want to take away their dignity." The registered manager welcomed feedback and ensured staff were involved in the running of the service.

The service worked positively with outside agencies. This included liaising with other care providers and safeguarding teams. The registered manager raised concerns and sought advice where necessary to ensure people received co-ordinated care which helped to improve their lives.

The registered manager had an understanding of the requirement to submit statutory notifications to the CQC. At the time of inspection, no notifications had been submitted to the CQC but the registered manager had a good understanding of when they would be required to do so. The registered manager was also aware of the requirement to predominantly display their CQC rating in the office location and on any websites they may operate.