

HaywardCare Ltd

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Inspection report

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20 July 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 19 and 20 July 2016. This was an announced inspection and we telephoned 48 hours' prior to our inspection in order to arrange home visits with people who use the service. This was the first inspection of the service.

HaywardCare Ltd provides personal care and support to people living in their own homes in Cannock and the surrounding areas. At the time of our visit, approximately 30 people were receiving a regulated service. There was a registered manager at the service. 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.

The provider had a quality assurance system in place but was not completing all the necessary checks to ensure shortfalls were consistently identified and addressed.

Risks to people's health and wellbeing were assessed and managed and people told us they felt safe when they were supported by staff. Staff recognised their responsibilities to protect people from abuse and were confident the manager would take action if they raised any concerns. There were sufficient, suitably recruited, staff available to meet people's needs.

People received personalised care and were happy with how the staff supported them. Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences. Staff assisted people to manage their health care needs and ensured they were referred to health care professionals if their needs changed. People received their medicine and were supported to apply any creams they needed.

People's needs and preferences were met when they were supported with their dietary needs. Staff enabled people to follow their hobbies and interests and maintain links with the local community.

Staff gained people's consent before providing care and support and understood their responsibilities to help people to make their own decisions. Staff treated people in a caring way, respected their privacy and promoted their independence. Relatives were involved with people's care and support and were kept informed of people's changing needs.

People knew how to raise a complaint and felt confident their concerns would be acted on. People were encouraged to give their feedback on the service and the provider planned to give feedback on how the information was used to make improvements where needed.

Staff told us they enjoyed working for the service and felt valued and supported by the management. The manager and provider notified us of important events that occurred in the service in accordance with the requirements of their registration with us.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe when they received care. Staff understood their responsibilities to keep people safe from avoidable harm and protect them from abuse. There were sufficient, suitably recruited, staff available to meet people's needs. People were supported to take their medicines and apply creams as required.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff that understood their needs and had completed training so they could provide the support people wanted. Staff supported people to make their own decisions and sought their consent before providing care. Where the agreed plan included support with meals, people were encouraged to eat and drink enough to maintain their health. Staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff and were comfortable with them being in their home. People told us the staff were kind and caring and respected their privacy and dignity. Staff knew people's preferences and encouraged them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and preferences. People knew how to raise complaints and were confident action would be taken if they raised concerns about the service. People were supported to follow their interests and hobbies and maintain links with the local community.

Is the service well-led?

The service was not consistently well led.

Improvements were needed to ensure the systems in place to monitor the quality and safety of the service were effective in identifying shortfalls and driving improvement. People were happy with the support they received and were invited to comment on the quality of the service. Staff felt valued and supported by the management team.

Requires Improvement 

HaywardCare Ltd

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.

This inspection took place on 19 and 20 July and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to arrange home visits and telephone calls to people who used the service and to ensure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and provider. This included the Provider Information Return (PIR), statutory notifications that the provider had sent to us about incidents at the service and information we had received from the public. The PIR 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. A statutory notification is information about important events which the provider is required to send to us by law.

We visited three people who used the service and two relatives to gain their feedback on the care they received. We also spoke with one relative on the telephone. We spoke with the provider, the registered manager and eight care staff. We reviewed records held at the service's office, which included five people's care records to see how their care and treatment was planned and delivered. We reviewed three staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe when they were supported by staff. One person said, "I'm at ease with them". Another said, "I'm happy about staff using the keysafe,; they call out to let me know they've arrived and lock up afterwards". Relatives we spoke with had no concerns about the staff and felt their relatives were supported in a safe way. One relative said, "Staff let themselves in using the keysafe, if [Name of person] didn't feel safe, they'd tell me". Another said, "I'd trust them with mine and [Name of person's] life". Staff we spoke with told us they had received training in safeguarding and understood their responsibilities to keep people safe and protect them from abuse. Staff were aware of the signs to look for that might mean a person was at risk of abuse. They knew what action to take if they had any concerns and were confident that anything they reported would be taken seriously and acted on by the management. One member of staff told us, "I'm a hundred percent sure the manager would take action". We saw that the manager and senior staff referred any concerns to the local safeguarding team. Staff were aware of the whistleblowing policy and knew they could contact external agencies such as CQC if they needed to. Whistleblowing is a way in which staff can report misconduct or concerns about wrong doing in their workplace. One member of staff told us they had no doubt they would be supported by the management if they raised any concerns, "They always want to do things the right way and encourage us to raise any concerns". This showed the staff and manager understood their responsibilities to keep people safe from harm.

People and their relatives told us the manager visited them prior to providing a service to assess any risks associated with providing care in the home environment. A relative told us, "The agency came here to assess [Name of person] and to discuss their support needs". Where risks had been identified, plans were in place which detailed the actions needed to reduce risks. For example there were actions describing how people should be supported when bathing or taking their medicines. Plans were also in place where people were at risk of poor nutrition or developing sore skin due to pressure damage. Staff recorded that they minimised the risks by checking people's skin and applying any creams as detailed in the care plan. We saw that plans were reviewed and updated to ensure people continued to be supported in a safe way.

People told us staff supported them with their medicines and to apply any creams they needed. Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. We saw that staff completed medicine administration records (MAR) to record when medicine has been given, or if not given the reason why.

The provider had sufficient staff to meet people's needs. People told us they received a copy of their care rota each week which detailed the staff who would be providing their care. Most people told us they usually saw the same staff, who arrived on time and stayed for the set time. Staff we spoke with had no concerns about staffing levels. One member of staff told us, "We had a bit of a shortage three or four months ago because some staff retired but things are okay now the new staff have been recruited". The provider and manager confirmed this and told us they had an ongoing recruitment programme, which included holding open days to promote the service. The manager told us, "We are trying to grow the business and are recruiting more staff but we would never accept a care package if we didn't have the staff to meet someone's needs and preferences".

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. Records we looked at had all the required documentation in place which meant the provider followed the necessary procedures to demonstrate staff were suitable to work in a caring environment, including a criminal records check.

Is the service effective?

Our findings

Staff had the necessary knowledge and skills to provide people with the right care and support to meet their needs and promote their wellbeing. One person told us, "The staff have training every so often and know how to look after my skin to avoid pressure damage". A relative told us, "The staff have to help [Name of person] in the bath, they know what they are doing". People and their relatives told us new staff accompanied experienced staff before they worked with them independently. One person told us, "New staff always shadow before coming alone". Staff told us they received an induction and ongoing training and support to meet people's individual needs. One member of staff told us, "We went through everything such as health and safety, safeguarding and medicines. It was practical as well, for example we were shown how to use the hoist and lift people safely. We were observed and had to fill out a form after to check we had understood everything". The provider told us they were about to introduce the nationally recognised Care Certificate for new staff, which meant they would be supported to gain the up to date skills and knowledge needed to work in a care environment.

Staff told us and records confirmed they were provided with training that was specific to the needs of people they supported, for example people living with epilepsy or where people received their food and medicines through a gastronomy tube. Staff told us they discussed their performance during supervision sessions with the manager, which were held every 3 to 6 months but could ask for a meeting at any time if they had any concerns. One member of staff told us, "You can talk about anything you are not sure of". This showed the staff were supported to carry out their roles effectively

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.

We checked whether the provider was working within the principles of the MCA. People we spoke with told us the staff sought their consent before providing care. One person told us, "Staff always ask for my consent and respect my wishes". Staff we spoke with knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. A member of staff told us about how they supported a person living with dementia who was sometimes unable to make decisions about what to wear. They said, "I open the wardrobe and show them the choices but if they choose a thick cardigan in hot weather, I try and advise them that it's too hot and show them an alternative". Staff told us they would speak to the manager if they had any concerns that people's capacity to make their own decisions was changing. The manager confirmed this and told us they had recently requested a review for a mental capacity assessment to be carried out for a person who was refusing to take their medicines. This involved people and professionals who knew the person well, to ensure any decisions would be made in their best interest. This showed the staff and manager understood their responsibilities to comply with the Act.

People who were supported with mealtime visits told us staff offered them choice of meals and encouraged them to eat and drink enough to maintain good health. A relative told us, "The carers prepare breakfast of [Name of person's] choice". Records showed that nutritional plans were in place where people had specific dietary needs and staff reported any concerns to ensure that the appropriate action could be taken; for example, follow up with the person's GP or the district nurse.

People retained responsibility for managing their own health care but told us the staff supported them to access other health professionals if needed. For example, we heard staff reassuring a person that they would be accompanying them to a forthcoming dental appointment because their relative was not available. Relatives told us they were kept informed of people's changing needs. A relative told us, "If [Name of person] is unwell, staff let me know straight away, they have my number and text me with any concerns".

Is the service caring?

Our findings

People and their relatives were complimentary about the staff. They told us they were kind and caring and listened to them. One person said, "They do things as I like". A relative told us, "They do actually care about [Name of person]". People told us they got on well with the staff and were comfortable with them being in their home. One person told us, "They are pretty good and I usually end up laughing with them". A relative told said, "They are more like your relatives and it's good to have that kind of rapport with people". Staff told us they enjoyed working with people and they chatted with them about their hobbies and interests and families to build relationships with them. One member of staff told us, "We try and look at family photographs and ask about who the people are; they always like to talk about them, especially grandchildren". This showed staff took an interest in people's important relationships.

People and their relatives told us the staff treated them with respect. One relative told us, "Staff respect that it's my house and always ask before using the phone or if they can get the care plan out". Staff told us they promoted people's dignity by covering people with towels when providing personal care and ensuring doors and curtains were closed. One person told us, "The staff make sure they have everything ready before we go into the bathroom and always make sure the door is closed if needs be".

People told us the staff respected their daily routine and staff always asked them what they needed before supporting them. We saw that people had been asked for their preferences in all aspects of their care and their choices and decisions were reflected in their care plans. One person told us, "The care plan says what the carers do for me. They know how I like things; for example, I have different coloured towels for my personal care". Staff we spoke with told us they involved people's families in their care. One member of staff told us, "We have a notebook for one person and the family write messages for us in there and we can reply, it works well". A relative told us, "[Name of person] is quite independent but if the staff have any concerns, they contact me".

People were encouraged and supported to be as independent as they wanted to be. One person told us, "I can do some personal care for myself but if I'm struggling or unwell, the staff help". One person told us they were going out with staff to do their weekly shop. Staff told us, "[Name of person] likes to be organised and make a list so we help write it for them and make sure they include the essentials as well as treats". Staff told us they encouraged people to maintain their independence. One member of staff told us, "Where people are able to do things for themselves we just help with the tricky things, we are there to support not take over, which helps people remain in their own homes".

Is the service responsive?

Our findings

People told us the care and support they received met their individual needs and preferences. One person said, "I like to do things in a certain way, sometimes I drown the bathroom in the process but the staff understand". Relatives we spoke with told us their relations received personalised support. One relative said, "The staff have a laugh and joke with [Name of person] they understand them. For example, [Name of person] takes pride in their appearance and staff make sure their socks always co-ordinate with their outfit". We saw that people's care plans included a section called "This is me", which detailed people's preferences and information about their history and important relationships. Staff told us they read the care plans and used the information to ensure they provided people with care in the way they wanted it.

People had agreed how they wanted to be supported and had a copy of their care records in their home.. People and their relatives told us a senior member of the care staff or the manager visited them to see if they were happy with their care and if any changes were needed. A relative said, "The manager came in the first week to make sure we were happy, we've come a long way since then". Where any changes were made, staff told us they were alerted by the provider and an updated care plan could be viewed on their phone. One member of staff told us, "Sometimes the manager comes out on the visit with us but we always make sure we read any new risk assessments and care plans". Staff told us they were also required to sign an audit sheet to confirm they had read the paper copy of the amended care plan. These arrangements ensured people received care that continued to meet their needs.

People and their relatives told us they had choice about who provided their personal care. One relative said, "The manager always asks my views on new carers and values my opinions. They also asked if [Name of person] preferred a male or female carer". Another relative told us, "We had some staff changes and [Name of person] struggled to accept the new carers, who were younger. I raised this with the agency and they changed the carers to someone older". We saw that people had the contact numbers for the office and the out of hours service in the event of an emergency. A relative told us, "There are no problems getting in touch with the office. If there is nobody available, I can leave a message and they call back".

Some people received support to follow their hobbies and interests and take part in activities that interested them. One person told us, "I'm going shopping today, I love it". Care plans we looked at identified that people were supported to take part in a range of activities in their local community to avoid social isolation.

People and their relatives told us they knew how to raise concerns and complaints and felt confident the staff and manager would take action. One person said, "I know what to do and I would complain if I needed to and I think they would listen ". A relative told us, "I've never had any reason to complain but I know what to do if I need to". We saw people had received a copy of the complaints procedure. Records showed that complaints were investigated and responded to in line with this.

Is the service well-led?

Our findings

The provider had a quality assurance framework in place but not all of the checks were being carried out which meant they were not consistently identifying shortfalls and making improvements where needed. The audits used for medicines were limited. We saw that the manager checked the medicine administration records (MAR) on a monthly basis for accuracy and missing signatures but did not have a system to check that the MAR itself had been correctly completed. For example, we found that where people were being supported with medicines on an as required basis, for example for pain relief, the MAR did not always detail the recommended dose for the medicine. In addition, there was no space for staff to record the time they gave the medicine to ensure doses were correctly spaced. The provider checked the staff's competency to administer medicines and the provider information return stated that regular checks were carried out on staff when they provided care. Whilst staff confirmed these checks were carried out periodically, there was no system in place to carry out the checks on a regular basis to ensure any concerns could be identified and addressed promptly with staff. The manager had identified the need for this and told us the care co-ordinator would be introducing a rolling programme of checks.

There was no system in place to monitor if care plans were accurate and had all the information staff needed to support people appropriately. We checked the records people held in their home and found that they did not always match the records held at the provider's office. For example, one person's moving and handling needs had been reviewed and staff had been advised of the changes but the care records in the person's home did not include the updated risk management plan. Accidents and incidents were recorded and identified any action taken but there was no system in place to highlight trends to ensure action was taken to prevent reoccurrence.

The manager had recognised that their audit systems needed to be improved and the management team now held a weekly operational meeting to identify any areas of concern. We saw minutes of the most recent meetings held in July 2016. An action plan was in place which identified areas of concern including medicines. The manager told us that they were developing the reporting systems available as part of the electronic care planning system to ensure that records in people's homes were kept up to date.

The provider had a system to monitor whether people received their planned support which alerted senior staff to ensure people were not left at risk of harm. Staff used this system to report any concerns or issues found during their calls and this was monitored daily to ensure prompt action was taken, for example if referrals were needed to other health professionals.

People told us the provider sought people's opinion of the service at care reviews and through a satisfaction survey which had recently been sent out. One person told us, "The manager has been to check I'm happy with things and I filled in a questionnaire a few weeks ago". A relative said, "I've filled in a questionnaire recently but I haven't had any feedback". The manager showed us the responses from the recent survey which showed that people were positive about the support they received. They told us they did not usually provide feedback but said they would look at circulating information on a 'You said, we did' basis to demonstrate that people's feedback was being used to make improvements where possible.

Staff told us they liked working for the service and felt supported by the senior management team. One member of staff told us, "The company are good to work for, you feel valued, they always say thank you". Staff told us they had meetings with the manager to discuss changes in the service that affected them and were asked for their views on how the service could be improved. One member of staff told us, "If you have concerns there is always someone to turn to. You can make suggestions and they take on board our comments.

People's confidential records were kept securely at the office base to ensure people's rights were upheld. The manager and provider understood the responsibilities of registration with us and notified us of important events that happened in the service. This meant we could check that appropriate action had been taken.