

Hallam Homecare Services Ltd

Hallam Homecare Services Ltd

Inspection report

20A Darnall Road
Sheffield
South Yorkshire
S9 5AB

Tel: 01143276405

Website: www.hallamhomecareservices.co.uk

Date of inspection visit:
07 November 2019

Date of publication:
05 December 2019

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

About the service

Hallam Healthcare Care Limited is a service providing care and support to people in their own homes. At the time of the inspection the service was providing support to 14 people, but only 4 of those were receiving support with personal care. As the Care Quality Commission (CQC) does not regulate domestic support, this inspection relates only to people receiving the regulated activity of personal care.

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

At our last inspection we found people did not have risk assessments in place, to ensure that potential risks to people were managed and minimised. At this inspection we found people's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences. The care records we looked at included risk assessments. They had been devised to help minimise and monitor the risks, while promoting the person's independence.

People told us the service was safe. Staff knew how to recognise and report any concerns about people's safety and welfare. Robust recruitment procedures helped to protect people against the risk of being supported by unsuitable staff.

People were supported by staff who were kind and caring. Staff were dedicated to ensuring people experienced the best possible care and support. People's equality and diversity needs, and preferences were respected.

Relatives were happy with the support offered and felt very comfortable with all staff who were flexible, understanding and sensitive to people's needs. Staff clearly knew people well. Privacy and dignity were promoted and respected. Support was person-centred, and people had access to a range of activities.

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

Staff received training, supervision and appraisal which supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

Staff supported people to have enough to eat and drink and to access healthcare services when they needed. They telephoned for doctors or nurses to attend to a person if they were unwell.

People were treated with respect by staff who showed compassion and understanding. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People knew how to complain and were confident the registered manager would resolve their concerns.

People who used the service, relatives and staff could express their views about the service which were acted upon. The management team provided leadership that gained the respect of staff and motivated them as a team.

There were systems in place to monitor the quality of the service and make improvements when needed.

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 November 2018) and the provider was in breach of one regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hallam Homecare Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector conducted the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, registered manager and three care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to properly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety and welfare were assessed. Care records included information about the measures in place to manage risks.
- An environmental risk assessment was undertaken of people's homes before staff started to support the person.
- Staff knew how to report changes to people's needs and could contact the office for additional support at any time.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us the service was safe. Comments included, "Safe yes, absolutely safe, I can go to work and know [my relative] is safe and well cared for" and "I can tell by the look on [my relative's] face that they feel safe and content."
- Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare. Managers understood their safeguarding responsibilities.

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were enough staff deployed to ensure people received safe care.
- People told us they were happy with the support they received. Comments included, "The staff are passionate" and "The staff are always very positive and consistent."
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

Using medicines safely

- People's medicines were managed safely.
- People and relatives were happy with the support they received with their medicines. One relative told us,

"[My relative] is allergic to a lot of medicines so they make sure they get the right medicines and at the right time."

- Staff had received training in the safe management of medicines.
- People's Medication Administration Records (MARs) were regularly checked by senior staff. This helped to ensure any errors were identified and action taken to reduce the risk of them being repeated.

Preventing and controlling infection

- People who used the service were protected from the risk and spread of infection.
- The service had an infection prevention policy and staff had received relevant training.
- Staff had access to appropriate personal protective equipment (PPE), such as plastic gloves to be used when delivering personal care.

Learning lessons when things go wrong

- Records showed the registered manager monitored and analysed any health or safety incidents involving people. This was used to check for any trends or patterns that may help to inform or improve people's care when needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found staff had been provided with relevant training to make sure they had the right skills and knowledge for their role. However, staff were not provided with regular support and supervision. Enough improvement had been made to ensure staff had access to support, induction and training.

- Staff were provided with regular support, training and supervision.
- Care workers told us they received training to ensure they had the skills to meet people's needs. Training included areas such as first aid, health and safety, moving and handling, safe handling of medicines and safeguarding adults.
- One relative said, "The staff are really good, they are well trained and have a positive attitude. They are good role models for [my relative]."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed, and a care plan drawn up before people received a service.
- Care plan included, background information including medical history and ongoing conditions, personal care and how they people wished to be supported.

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

At the last inspection we found improvements were required in care and support records in relation to information about their individual nutritional preferences. At this inspection we found enough improvements had been made.

- People were supported to eat and drink a balanced diet.
- Support plans had information about peoples' dietary needs, their preferences or cultural dietary requirements.
- Where necessary people's dietary intake was monitored. If there were any concerns about people's nutrition or hydration referrals were made to the appropriate professionals.

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

- The service worked with other agencies to ensure people were able to access healthcare services.
- We saw the service raised concerns about people's wellbeing to community services such as the district nurses or the person's GP, and supported people to attend hospital or other medical appointments if

needed.

- Staff told us if they were concerned about a person's health they would contact the office or speak with health professionals directly to ensure the person received the care they needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff supported people in the least restrictive way possible to ensure they had maximum choice and control of their lives.
- The registered manager had a clear understanding of the MCA.
- We saw people's care records contained consent to care documents.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated as equals and with the dignity and respect they deserved. Staff understood people's equality, diversity and human rights needs and these were detailed in each care plan. Staff told us they responded to people as individuals and respected any particular care needs and preferences at each visit.
- The staff ethnic mix reflected the ethnicity and diversity of the local population. This enabled the service to ensure people's preferences and cultural needs were met.
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds. For example, one person whose first language was not English had become socially isolated following a bereavement. Their relative told us, "It's such a relief [my relative] is not trapped in the house, with my permission they take [my relative] out. They have even taken them to their chosen place of worship twice." Another relative told us, "It's a really good service they take care of [my relative's] health and wellbeing and their spirituality as well."

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

- People were involved and supported in planning and making decisions about their care.
- People took part in regular reviews of their care and support needs and were involved in decisions about any changes. We saw records of these reviews taking place on the person's care record.
- Relatives told us, "The staff are excellent they connect very nicely with [my relative], their time is crucial" and " [My relatives] is as happy as they can be, [my relatives] is not upset or agitated, they are just so natural with my relative."

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us what it meant to treat people with dignity and respect. One member of staff told us, "We always give care with respect, I always ask if it is ok before I do any care. I hold the towel over people to protect their dignity. I treat them like my own mother."
- All the staff we spoke with, including the registered manager talked about the people they supported with compassion. They clearly knew people well. We saw people and staff were comfortable and relaxed with each other.
- People's personal information was respected, and we saw documents were locked away when not in use.
- People's confidential information was managed safely. The provider had systems in place to make sure they complied with the General Data Protection Regulations (GDPR). Staff received training about protecting people's confidential information and understood their responsibilities.

Is the service responsive?

Our findings

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

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

Meeting people's communication needs

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

At the last inspection people's communication needs were not always being met as information about how to access the service was not translated to their first language.

At this inspection we found enough improvement had been made.

- Peoples communication needs were met.
- People were given a range of information they could understand and the communication support they needed.
- The service kept a list of all the languages spoken by staff. This meant when a person's first language was not English they were quickly able to allocate staff who would be best placed to help the person communicate their needs.
- One relative told us, "There's no language barrier, [my relative] loves to sit chatting and knitting, telling them [care staff] stories."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care records we looked at were person centred and promoted choice and independence
- Care records included background information about the person's social history, and their likes and dislikes. It was clear to us they had been devised and reviewed in consultation with people and their relatives, where appropriate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access the community. We saw records of people going shopping, visiting the gym and going to their chosen places of worship.
- One relative told us, "They [care workers] try to motivate [my relative] , they try to lift [my relative's] spirits, they talk about [my relative's] faith and that keeps [my relative] going."

Improving care quality in response to complaints or concerns

- We saw the service had an up to date 'comments, complaints and compliments policies and procedure' in

place.

- The registered manager told us there had not been any complaints since the last inspection. Our conversations with people and staff and our review of care records confirmed this was the case.

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- People's wishes and preferences were explored during their initial assessment.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Continuous learning and improving care

At the last inspection we found some of the provider's systems or processes were not established to ensure compliance with the requirements of regulations. At this inspection we found there had been enough improvements. Since the last inspection the management team have continued to develop and improve the service. Their commitment and passion for this was evident throughout the inspection.

- Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.
- We saw safeguarding, care records and infection control audits were undertaken. Any actions required were recorded and followed up. The registered manager kept oversight of all the audits.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and reflected current legislation and good practice guidance. These were available to staff in the office.

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

- People who used Hallam Homecare Limited and staff told us the service was well managed. Comments included, "They are passionate about what they do, they have a positive attitude" and "This service is excellent, they need to be advocated a lot more in the care network."
- The service had an open culture. Staff were committed to providing person-centred care and learning from any incidents.
- The registered manager was committed to providing person centred, high quality care for people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and transparent when dealing with any issues or concerns. They understood their responsibility to apologise and give people an explanation if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager was aware of their obligations for submitting notifications in line with the Health

and Social Care Act 2008. The registered manager confirmed all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed a number of notifications had been received.

- Staff were clear about their roles and responsibilities
- The provider continued to ensure the ratings from their last inspection were clearly displayed in the office and on their website.

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

- The person we spoke with told us their views were actively sought and listened to.
- The registered manager regularly visited people using the service to monitor the quality and safety of the service. The service had developed strong links within the community.