Townsend Jackson Limited

Hesketh Mount

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

The inspection took place on 3 July 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. It currently provides a service to 17 older adults in the Southport area.

Not everyone using this service receives regulated activity; 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 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's needs were assessed and recorded by suitably qualified and experienced staff. Care and support were delivered in line with current legislation and best practice. Risk assessments and support plans had been completed for everyone who was receiving care to help ensure people's needs were met and to protect people from the risk of harm.

People's preferences had been recorded in respect of personal care routines, getting up and going to bed and likes and dislikes for food and drinks. Allergies and other medical information was also recorded.

Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults. The service ensured that staff were trained to a high standard in appropriate subjects. Staff understood how to recognise abuse and how to report concerns or allegations.

The records we saw indicated that medicines were administered correctly and were subject to regular audit.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received the support at a time when they needed it. Everyone said the visits by the care staff were on time and staff always stayed for the allocated time.

Policies and procedures provided guidance to staff regarding expectations and performance. These included policies regarding people's diversity. Staff were clear about the need to support people's rights and needs regarding equality and diversity.

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. We saw clear

evidence of staff working effectively to deliver positive outcomes for people. People we reviewed were receiving effective care and gave positive feedback regarding staff support.

People told us that staff treated them with kindness and respect. Care was provided in accordance with people's needs.

People using the service and staff were asked to share their views. This was achieved through contact by the registered manager and deputy manager during regular home visits. These provided very positive responses regarding people's care.

We checked the records in relation to concerns and complaints. The complaints process was understood by the people that we spoke with. The service had received no complaints.

People spoke positively about the management of the service and the approachability of the registered manager.

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.

There were systems in place to assess and monitor any risks to people's safety.

Staffing numbers were satisfactorily maintained to support people. Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff said they were supported through induction and the service's training programme.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed.

Is the service caring?

Good

The service was caring.

People said staff were caring, very kind and friendly.

People told us their privacy was respected and staff were careful to ensure people's dignity was maintained.

People told us they felt involved in their care.

Is the service responsive?

Good

The service was responsive.

Care plans were completed and were being reviewed when needed so people's care could be monitored.

People's preferences were recorded in respect of personal care routines, getting up and going to bed.

A process for managing complaints was in place and people we spoke with and relatives knew how to complain.

Is the service well-led?

Good

The service was well led.

There was a registered manager. There was a clear management structure with lines of accountability which helped promote good service development.

There were a series of on-going checks to ensure standards were being monitored effectively.

There was a system in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

The Care Quality Commission had been notified of any reportable incidents.

Hesketh Mount

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 3 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in to assist us.

Inspection site visit activity started on 2 July 2018 and ended on 5 July 2018. It included visiting the office and speaking with people who used the service, their relatives and care staff on the telephone. We visited the office location on 3 July 2018 to see the registered manager and deputy manager; and to review care records and policies and procedures.

The membership of the inspection team consisted of an adult social care inspector.

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 any improvements they plan to make. We checked the information that we held about the service. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people who received a service. We also contacted the commissioning team at the local authority. This helped us to gain a balanced overview of what people experienced receiving a service and plan how the inspection should be conducted.

We spoke with a range of people about the service including two people who used the service, two relatives, and five staff members including the deputy manager and the registered manager. In addition, questionnaires were returned by two people who received a service, a relative and a community health care professional.

We looked at the care records of three people who received a service, three staff files including staff training

and recruitment records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People we spoke with and those who completed a questionnaire said they felt safe when being supported by the staff. A relative told us, "The staff don't rush [name of family member]. They appear to know what they are doing when using the equipment.

Staff we spoke with understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse. Training for staff took place every year. A 'safeguarding vulnerable adults' policy was available to support staff with potential types of abuse and the procedure for reporting them.

Risk assessments and support plans had been completed for everyone who was receiving care to help ensure people's needs were met and to protect people from the risk of harm. We saw risk assessments had been completed for medication, mobility, the use of hoisting equipment, falls, nutrition and pressure area care.

Care staff we spoke with had a good understanding of how to keep people safe in their own home. This included the use of equipment such as hoists to transfer people safely. Assessments were reviewed regularly by the deputy or registered manager to help ensure any change in people's needs was reassessed so they received the appropriate care and support.

Medication was administered safely by suitably trained staff and was recorded correctly. Information was recorded in people's care record which included a full list of their current medication, a medication administration record (MAR), body map and MAR for the correct application and recording of the use of creams. Staff we spoke with confirmed they had received training. A competency assessment of staff was completed by the registered manager to ensure people received their medication safely.

Staff were recruited safely as the provider had a robust recruitment process. We found copies of application forms and references. Staff had been subject to a Disclosure and Barring (DBS) check, to ensure they were entitled to work in the UK and police checks had been carried out. We found they had all received a Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. In the event that a DBS was not clear a risk assessment was used, to determine if the person was safe to work with vulnerable adults.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received the support at a time when they needed it. Everyone said the visits by the care staff were on time and staff always stayed for the full time. Staff we spoke with confirmed this to be the case. They told us they had enough time to get to their next call so people received the whole time allocated to them. This ensured staff were able to support people with all the care and support they needed.

We asked people if they had ever experienced staff not arriving to help them when they were expected. People told us that staff always arrived. The registered manager explained to us how the Nurse Buddy

system helped to ensure nobody missed a call. Staff were expected to log in and out each time they visited a person's home. This information was transferred to the electronic system. If a staff member had not logged in 30 minutes after the expected time of arrival, a message was sent to the registered manager or deputy manager to alert them. This meant that in the event of a staff member not visiting a person the manager could arrange for another staff member, or even the registered manager or deputy manager themselves to go out to the person.

People told us that staff used protective clothing, for example aprons and gloves, when working in their home. The registered manager told us they delivered supplies of gloves and aprons to each person's home for staff to use. People we spoke with confirmed this and that staff regularly used them. This helped to promote good hygiene and prevent any cross- contamination and infection.

Accidents and incidents were recorded by staff. The registered manager completed an analysis of these each month to look for any trends or themes which may require action. For example, someone falling regularly at certain times of the day or incidents of aggression by people towards staff.

The provider had a whistleblowing policy. To ensure staff had a good understanding of the policy and what whistleblowing meant, staff completed a short test after reading the policy. We saw evidence of this during the inspection.

Good

Is the service effective?

Our findings

People's needs were assessed prior to them receiving a service. We saw assessment documents had been completed to enable people to receive the right support to meet their needs. Care documents had been completed and shared with people receiving the service and when appropriate, their relative. People had signed their care plans to show they agreed with the outcome of the assessment and the care to be provided.

A social care professional told us, "This service accepted a package of care, maintained clear lines of communication throughout, fed back to myself following their own assessment and provided regular updates and action plans, which enabled me to further ensure that the care and support that was being provided was appropriately meeting assessed eligible needs. Information from the provider was consistent with the experience of the service user, and they were treated with dignity and respect throughout my involvement with this case. [Registered manager] demonstrated professionalism at all times and went above and beyond to ensure that the service user received the best possible service."

The provider used an electronic system called 'Nurse Buddy' to record a person's service, which included their assessed needs and care plans; staff rota and any updates or messages regarding people's health and support. Staff and people receiving a service had access to the system information via the application on their mobile telephone, tablet or computer. This informed them of people's needs and any changes to their care needs. The PIR states, 'We have a rostering system called 'Nursebuddy' that allows us to allocate work to each member of staff based on their work availability. It works on a two-weekly basis so staff have the option to have a week on, week off rota for weekend cover if they can elect to do set days, with one of them being part of the weekend. Staff and customers like this aspect of the care planning as it ensures that everyone knows what is going on and both staff and customers can access this data in real time.'
One person who received the service told us they liked using this as it reassured them which staff were due to visit them and they could check on it anytime.

Staff received training and support so they had the skills and knowledge to meet people's needs.

Staff told us they mainly visited the same people, so they were familiar with their needs. People who received a service who we spoke with confirmed this to be the case.

Staff training was provided on a regular basis. A training matrix was kept up to date to show when staff had completed each training course and when they were due an update. We found that all staff members had completed training in subjects relevant to the needs of people they supported. For example, moving and handling, safeguarding vulnerable adults, medication, food hygiene, infection control and health and safety. Some staff had completed specific training relating to the needs of the people they supported. For example, epilepsy, dementia and nutrition. Some staff were trained in first aid. Fifty percent of people working at the service had achieved a recognised qualification in health and social care at level two or above.

The PIR states, "We induct staff into the company and train them on a one to one and online with learning

modules. Staff job shadow and get to know each customer and build their confidence with the work and their role. The management team are available to staff for additional help and advice, including supervision and spot check session so that we are making sure staff are safe in the work they are doing. We offer ongoing training for all staff and ensure they are competent to complete their role safely. This includes observing their competency with medication and moving & handling." We saw evidence of staff induction and 'spot checks' on individual staff files. Staff we spoke with confirmed they had received an induction to working at the service.

The registered manager had supported staff whose first language was not English to receive training translated into their own language. A staff member told us that they found this very helpful and that it was better to learn it this was to fully understand it.

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 must be made to the Court of Protection. The service was not supporting anyone where an application had been made to the Court of Protection.

The Mental Capacity Act 2005 is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff told us they would always ask a person before carrying out a task to ensure they consented to it taking place. Care records showed that people had signed consent forms for care, medication and sharing their information with other professionals. Staff confirmed they always asked a person's consent before carrying out any support or care.

We found that care plans for people who had a diagnosis of dementia recorded information about what the dementia means to that person and what staff should do when supporting them. For example, if a person required more prompting to carry out a task or routine.

We saw from care records that people were supported to eat and drink regularly by staff. People told us they were happy with the meals and snacks staff prepared for them.

Where appropriate staff supported people to maintain good health, staff sought the input of health and social care professionals if people's needs changed. For example, we heard the registered manager liaising with occupational therapist staff on people's behalf when alternative mobility aids were required. A relative we spoke with told us how their family member had recently received different equipment as a result of the intervention and support from the registered manager.

Good

Is the service caring?

Our findings

We asked people to share their thoughts about the staff and whether they were caring. People's comments included, "Staff are very efficient and caring", "They are very good, I am very pleased with them", "They are very kind and caring" and "They are so considerate" and "It's never too much trouble if I need them to come earlier, if I am unwell".

We saw that the service had received a compliment from one person whose relative used the service. The compliment said, "We have received care from various care providers; this company is by far the best. We are extremely happy with the services provided."

Staff we spoke with demonstrated a genuine positive regard for the people they supported. They told us they provided care to a number of the same people on a regular basis which meant they had the opportunity to develop good relationships with the people they supported. Some of the comments from staff included; "I love my job; it's so rewarding", "I really love this job. I am very happy doing the work" and "I love being able to spend time with people".

Staff told us the information recorded in the care records also helped them understand what support people required. They had access to this information from the Nurse Buddy application. They were informed of any change in people's needs or circumstances by a text message. This information was updated through consultation with people and evidenced that people were involved in discussions about their care.

People told us that staff supported them in a respectful and dignified manner and their privacy was maintained when being supported with personal care. People said they did not feel rushed when being helped to wash or dress. When asked, staff were able to give examples of how they maintained a person's dignity when supporting them and offered them privacy. For example, covering people with a towel, and closing bedroom/bathroom doors before carrying out any personal care.

Good

Is the service responsive?

Our findings

A healthcare professional told us, "Before each person required support, [registered manager] visited and spoke with me about each person, in order to match the person with the right carer. The service has always fulfilled the contract in a timely manner and the staff have been polite."

People told us they received care when they wanted it and staff did what was required of them. A person who received a service told us they often have to request a different time for staff to arrive, at times when are unwell and therefore want to retire to bed earlier than planned. A relative told us the registered manager was able to change the times of the carer's visit when their family were visiting.

Care records we looked at showed people's needs were assessed by the registered manager before receiving a service. Care plans had been developed where possible with each person and their family, identifying the support they required. We found evidence of people and their relatives being involved in their care plan and providing information about people's preferences and daily routines; their likes and dislikes and social histories. This gave staff some personal information about the person so they could be supported in their usual and preferred way.

A range of care plans were completed to identify people's needs and the support required during each visit. Care plans were completed in areas such as mobility, hearing, memory, sight, pressure area care/skin integrity and infection control. Reference was made regarding people's communication needs to ensure any information was recorded to make staff aware and to enable staff to converse with a person and be understood. For example, speaking slowly. For people who had a diagnosis of dementia a care plan described what dementia or their memory loss meant to them and what staff should do. For example, staff to prompt people when eating and drinking or when conversing.

Staff recorded in people's daily notes what support had been provided and any health issues or other information that needed to be shared with other staff also supporting the person. Staff would also send text messages of any changes to a person's health or circumstances, which was recorded directly on the Nurse Buddy system.

We found people's preferences had been recorded in respect of personal care routines, getting up and going to bed and likes and dislikes for food and drinks. Allergies and other medical information was also recorded.

Personal information and care plans were updated after each home review. However most of the people receiving a service had only done so for a short time and their information remained accurate.

The service had a complaints procedure, which was made available to people in the service user and staff handbook. We spoke to people who received a service and relatives and they said they knew how to make a complaint if they were unhappy. They told us they would feel comfortable raising a concern or complaint should it become necessary and would speak to the registered manager. No complaints had been received since the service began. Everyone we spoke with told us they had no complaints about the service.

Whilst no-one currently receiving a service was being cared for at the end of their life, some care records recorded people's end of life wishes. Records also indicated if a person had an active 'Do Not Attempt Resuscitation' (DNAR) agreement, to advise staff, in case they were with a person when they become ill and in need of emergency assistance.

Good

Is the service well-led?

Our findings

Everyone we spoke with and who completed a questionnaire said they would recommend the service to friends and family; one person told us they had already done so.

A social care professional described the service as "Very reliable". They said, "[Registered manager] always followed up any actions that were discussed. Continuity of care was provided and the service proved very reliable for the service user. [Registered manager] always responded to any contacts that were made and demonstrated a commitment to provide a high level of care and support. Another professional described the provider/registered manager as "a consummate professional."

There was a registered manager employed 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 day to day running of the service was led by the registered manager and deputy manager; we found they provided a quality and personalised service. Staff spoke positively about the registered manager and the support they gave to care staff. Staff told us the 'management' were supportive and approachable. Comments included, "[Registered manager] is always available", "You get good support from the management", "[Managers] are always available to help or support you when you need it" and "This is a great company to work for".

The registered manager was supported by a deputy manager, monitoring the quality of the service and updating people's care records. The registered manager carried out the initial assessment and information gathering in order that a service could be started and a person supported correctly. The service did not begin support packages until they had the care staff available to support them. This way existing packages of care were not compromised or rushed. People we spoke with who received a service told us that they did not feel staff were rushed or hurried when providing their support in order to get to another person.

The service provided an out of hours on-call service for people and staff in case of an emergency.

We found that the registered manager and deputy manager communicated well with the staff so they were kept up-to-date about any changes. Staff rotas were available to staff electronically through the Nurse Buddy system. Staff received regular supervision; annual appraisals were yet to be completed as staff had not worked at the service for 12 months.

There were systems in place to monitor the quality of the service provided. Incidents and accidents were recorded and analysed each month by the registered manager as well as MAR sheets, returned from people's homes. The registered manager did not currently record which records they had reviewed; we discussed the importance of this in case of regular errors that were found. Any action regarding particular people or staff could readily be found.

The organisation had systems in place to gather the views and opinions about the service from the people who received the service or their relatives. This information was currently gathered from home visits from the registered manager and deputy manager as the service was small.

The registered manager was aware of incidents that required the Care Quality Commission to be notified of. Notifications have been received to meet this requirement.

Policies and procedures were in place and provided guidance to staff regarding expectations and performance. These included policies regarding people's diversity, safeguarding vulnerable adults, infection control, staff supervision and medication management.