Heath Lodge Care Services Limited

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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?	Requires improvement

Overall summary

The inspection took place on 9 April 2015 and was announced.

Heath Lodge Care Services is a domiciliary care agency that provides care and support to people with a range of needs such as people living with dementia, older people, people with a physical or learning disability or sensory impairment. Care is provided to people in their own homes or who live in sheltered accommodation.

The service has not had a registered manager in post since May 2013. 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 said they felt safe and were cared for by care staff who were honest and trustworthy. Staff knew how to recognise the signs of abuse and what action to take if they suspected abuse was taking place. They had been

Summary of findings

trained in safeguarding adults at risk. Risks to people were assessed and reviewed on a regular basis, with three monthly checks. There was information and guidance for staff on how to manage people's assessed risks. Staff knew what action to take in the event of a person sustaining a fall or needing medical assistance. Staffing levels were sufficient to keep people safe and people received copies of staff rotas so they knew when and at what time care staff would visit. The service followed safe recruitment practices and necessary checks were in place before new staff commenced employment. People's medicines were managed and administered by staff who had received training in medicine administration.

Staff had the knowledge and skills to meet people's needs effectively and had received training in a range of areas such as health and safety, food hygiene, moving and handling and first aid. All new staff were offered the opportunity to take a level 2 qualification in health and social care. New staff shadowed experienced staff before they worked independently with people. Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act (MCA) 2005 and staff had been trained in this area. People were supported to have sufficient to eat and drink and were supported by care staff as much as they needed. Food and fluid monitoring charts were completed to ensure people ate and drink sufficient to their needs. People had access to healthcare support when this was needed and care staff liaised with health and social care professionals about people's health needs.

People felt well looked after by caring and friendly staff. Staff knew people well, including their likes and dislikes and personal preferences. People were involved in all aspects of their care and were encouraged to express their views. Their privacy and dignity were maintained by staff who were sensitive to people's needs. People were supported to be as independent as possible.

Care plans provided comprehensive information and guidance to staff about people's needs and what duties needed to be undertaken at each visit. Staff arrived at the allotted times to deliver care and would call the office if they were going to be late. A member of office staff would then ring the person to inform them. Concerns or complaints were dealt with promptly and action taken to prevent similar events from reoccurring. People and their relatives were encouraged to provide feedback about the quality of care they received and other aspects of the service.

People thought that staff were polite and helpful and that communication was good. Staff were asked for their feedback about the service. The provider had systems in place to audit the quality of the care delivered and other aspects of the service and took action where needed. They completed quarterly monitoring forms for the local authority. Compliments were recorded and there were several compliments from relatives recorded on file.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were safe as they were visited by care staff who had been suitably trained. Risks to people were managed safely and were assessed appropriately. Accidents and incidents were recorded and action taken as needed.

People's medicines were managed and administered by staff who had been trained in the administration of medicines. Records were completed to show that people were given their prescribed medicines as needed.

Staffing levels were sufficient to keep people safe and meet their needs. The service followed safe recruitment practice.

Good

Is the service effective?
The service was effective.

People received care from staff who had received all essential training. New staff would shadow experienced staff until they felt confident to deliver people's care without support.

People were supported to eat and drink and care staff either heated up or prepared simple meals or would spend time with people if they needed more assistance.

Staff had a good understanding of the requirements under the Mental Capacity Act (MCA) 2005 and put this into practice.

Good

Is the service caring?
The service was caring.

People were attended by staff who knew them well and this was reciprocated.

People's choices and preferences were known by staff and they were actively involved in all aspects of their care.

People were supported to be as independent as possible by staff who took steps to encourage and promote people's independence.

Good

Is the service responsive?
The service was responsive.

Time was allocated to visits to ensure that staff had sufficient time to attend to people's care needs and to socialise with them.

Care plans provided comprehensive information to staff about people's care needs.

Good

Summary of findings

Complaints were dealt with promptly and effectively. People and their relatives were encouraged to express their views about the service.

Is the service well-led?

Requires improvement

Whilst many aspects of the service were well led, there was no registered manager in post. This is a legal requirement of the provider's registration.

People were asked for their feedback about the care they received and the service provided. They thought that staff were polite and helpful.

Quality assurance systems were in place that measured the care delivered and audited all aspects of the service.

Heath Lodge Care Services Limited

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.

The inspection took place on 9 April 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure that the office was open and that staff would be available to talk with us.

An inspector and an expert by experience with an understanding of older people undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with people, relatives and staff. We also spent time looking at records including nine care records, four staff records, medication administration record (MAR) sheet, staff training plans, complaints and other records relating to the management of the service.

On the day of our inspection we spoke with a representative of the provider, the office manager and a care co-ordinator. Following the inspection we spoke with a care assistant and contacted social care professionals for their feedback. Telephone interviews were conducted with 19 people and two relatives.

The service was last inspected on 21 November 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe with the care staff that came to visit them. They felt them to be honest and trustworthy and respectful of being in their home. One person said, "I find them all very nice and polite. I'm not worried about being on my own with any of them; none of them are brisk or anything like that at all". Another person told us, "I trust them all, they seem very experienced". People also felt they could and would speak up if they were worried or concerned about anything. One person said, "I'm ever so happy and delighted and I'd say if I wasn't. You can speak to any of them".

Staff undertook training in safeguarding adults at risk on an annual basis. The service followed the guidance and requirements under West Sussex County Council's multi-agency safeguarding policy. Staff were able to name the different types of abuse such as physical, mental or financial. They told us that if they suspected abuse was taking place, then they would report it to people in the office, who would then raise a concern with the local authority's safeguarding team. One care assistant told us, "I would report it to our office. They would follow it through".

Risks to individuals and the service were managed so that people were protected and their freedom supported and respected. When people contacted or were referred to the service for the first time, then a home visit was undertaken. People's needs were assessed and potential risks were identified. Comprehensive risk assessments were then drawn up and a copy of these was placed in their care record and in a file that was kept at the person's home. Risk assessments in care records showed areas where people were at risk, such as self-neglect, falls, and medicines administration. There was guidance for staff on what action to take to mitigate the risks. For example, one person was identified as being at risk of falls. The care plan stated, 'Is at risk of falls due to her poor mobility and breathlessness. This is reduced by the use of a walking aid. Carers to encourage her to use this'. Risk assessments were reviewed every three months and updated if needed. One care assistant told us, "If we notice things have changed, we tell the office and they send someone in".

Accidents and incidents were recorded appropriately, although there had only been one incident recorded for the year. Appropriate action had been taken in order to prevent further reoccurrence. One member of staff said that she always checked to see that people's homes were safe saying, "We look out that everything's safe in their homes". People said they felt confident that care staff would respond if there was an emergency or that they needed medical attention. One said, "They notice if my skin needs cleansing or my skin needs more attention and it's always recorded and passed on to the office". Another person referred to care staff and said, "Oh they're very good. If my legs get swollen, they point it out straight away, in case I need to see the nurse".

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The service employed 26 care staff and three office staff. People's visits were undertaken by staff from the provider's Crawley location, however, staff from the provider's other locations could also offer cover if needed. Staff rotas were drawn up a week or two in advance, so care staff would know the visits they were expected to make to people. Staff were asked if they felt they had enough time to undertake people's care. One care assistant told us, "Sometimes you're pushed, on 15 minute calls for example" but all staff felt that staffing levels were sufficient. People provided consistent feedback that care assistants used disposable gloves, washed their hands, wore their uniforms and name badges. Rotas were provided so people knew who was attending to them on each call.

The service followed safe recruitment practice. Statutory checks were undertaken for new staff, for example, the provider requested two references, one from a previous employer and one character reference. Disclosure and Barring Service (DBS) checks were undertaken to investigate criminal records and ensure that new staff were safe to work with people. Identity checks were also undertaken.

People's medicines were managed so that they received them safely. All care staff had been trained in the administration of medicines. Some people required prompts from staff to take their medicines, whilst others had their medicines handed to them. Staff completed Medication Administration Records (MAR) sheets appropriately to show that people had taken their medicines as prescribed. People who relied on care staff to assist with their medicines reported that this was always done on time during allocated calls. Medicines administered were recorded in the person's home care file. Some staff will collect repeat prescriptions for people.

Good

Is the service safe?

Medicines were stored appropriately. For example, medicines could be kept in a locked box at a person's home which only staff or relatives had access to. This was necessary to keep people safe, where they had been identified as at risk of taking medicines inappropriately. MAR sheets were audited monthly by office staff and any anomalies were discussed at staff supervision. One member of care staff said, "If you don't write it down, it didn't happen", referring to whether medicines had been administered or not. Another care assistant told us, "We give a prompt or administer it [medicine]. The care plan provides the information we need". Any unwanted or out of date medicines were disposed of safely by care staff.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People told us that care staff were competent and skilled in their roles. One said, "They know what they're doing I'd say, especially the older ones, they're very good". Another person told us, "They're first class and do everything properly, just as it should be". Some people struggled to understand care staff where English was not their first language. However, they added that often two care staff would attend, where the other care assistant spoke English fluently, so that this was not generally a problem. Overall people were positive about staff. One referred to staff and said, "Although they come in and get on with things, they don't just barge in. They do talk to you and ask you things as they go along". Another person told us, "They know what they're doing so get on with it, but they are chatting to you along the way".

Staff received essential training in health and safety, food and hygiene, protection of adults at risk (safeguarding), moving and handling, first aid and medicines administration. All care staff were offered the opportunity to undertake a level 2 qualification in health and social care which was available from a local college. Staff were encouraged to take additional training and training that was pertinent to people's particular care needs, such as catheter care and peg feeding. Whilst staff confirmed to us the training they had received, records were not available to confirm that the most recent training had taken place. The provider told us that the training records had not been updated since Christmas due to staff sickness.

New staff shadowed experienced staff for three days to enable them to decide whether they were interested in the job or not. If they were, then a second interview was arranged by the provider, checks and references obtained and essential training was completed. New staff would work alongside senior care assistants for guidance at home visits, until they felt confident to visit and care for people independently. Unannounced spot checks were carried out by senior care staff who would oversee staff delivering care. This on the job supervision ensured that staff were delivering personal care in line with people's assessed needs and preferences. Staff also had supervisions in the form of face-to-face meetings with their supervisor and annual performance appraisals and records confirmed this.

A member of care staff described her supervision and said that it was, "Generally about the job, how I'm feeling, our aims, things like that". Reminders of the provider's policies on a range of issues were sent out to staff with their weekly rotas, so they could be updated on current procedures and good practice.

The office manager told us that it was difficult to organise formal staff meetings as staff worked at different times of the day. However, when staff handed in their time sheets on a Monday, then any issues could be discussed then.

Consent to care and treatment was sought in line with legislation and guidance. Staff had been trained on the relevant requirements of the Mental Capacity Act (MCA) 2005 and put what they had learned into practice. One member of staff confirmed she had received MCA training and said, "People have got capacity as much as they can" and another member of care staff identified mental capacity as, "People have the freedom to do as they wish". She went on to say that people's capacity to make decisions was assessed and that the service worked closely with the family and also liaised with Social Services. When one member of care staff was asked what she would do if a person did not give their consent to receiving personal care, she responded, "I ask them and encourage them, but if they say 'no', that's it".

People were supported to have sufficient to eat, drink and maintain a balanced diet. Some care staff prepared simple meals for people or would heat meals up for them. A care plan recorded that one person, 'often refuses food and hydration. Care staff to ensure they give her encouragement to eat and drink and record on nutritional intake chart'. People who received support at mealtimes had no concerns about this. They reported that 15 minute calls were sufficient for care staff to just microwave or present food, when they could eat their meal independently. Where people did require support to eat their meals, then more time was allocated to them by staff on their visits. Staff confirmed that people's food and nutrition was recorded on the daily contact sheets, so that risk of malnutrition was negated. Completed daily contact sheets confirmed this.

People were supported to maintain good health and received ongoing healthcare support. Care staff told us that they would contact Social Services if people's needs changed significantly. She said that they would also liaise with GPs and people's relatives as needed.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and care staff. People provided very positive feedback regarding the caring nature of the staff. People described staff as being polite, courteous and told us that they were treated with respect. Comments from people were: "They know me really well and are very kind to me", "They notice things too and do little things like always put the towel on the heater rail, so it's nice and warm for me after my shower", "I like them all, they're so nice and easygoing", "I'm really well looked after; I've no grumbles" and "They're very friendly and approachable". Apart from periods of annual leave and sickness, people received care from the same staff. People told us, "It's much better when you get regulars. We always have a laugh and a chat and you get to know them" and "I've had the same lady for four years and she understands me ever so well". People could choose whether they preferred to be looked after by a male or female member of staff.

People were supported to be as independent as possible. One person said, "I don't see a soul all day, so it's important to me for them to have a chat with me. I don't want them coming in and doing things I can already do, sometimes their company is more important". A care assistant told us it was about, "Working it around them. I'm not going to take their abilities from them. They can choose their own clothes, breakfast and what's on TV". People viewed staff not only as care staff who were employed to deliver their personal care, but as friends and companions.

Staff knew the people they cared for and supported, including their preferences and personal histories. A member of staff confirmed she would know people's preferences and said, "I read the care plan and then ask them how they would like things done". She added that she felt proud about, "Getting on with people, building up trust and, little by little, you feel you've achieved something".

People were supported to express their views and were actively involved in making decisions about their care, treatment and support. Senior care staff visited new clients, assessed their needs and these were discussed with the person and their relatives. A care plan was then drafted and, if accurate, was signed by the person or their relative. A member of staff confirmed that people were involved in all aspects of their care and said, "Oh yes, they're always asked what they think".

People's privacy and dignity were respected and promoted. One member of staff said she would, "Make sure the bathroom door is shut" and that she put towels around people when washing them, that the curtains were drawn and that windows were closed. She said that she would give people their privacy when showering, for example, she would wait outside the door if they wanted to bathe independently.

Good

Is the service responsive?

Our findings

People receive personalised care that was responsive to their needs. Care plans gave information that provided a 'pen picture' of the person. For example, one care plan showed the person's service plan and identified their needs. It read, 'Morning lunch and tea, wash and dress. She will need a bit of gentle persuasion. Prepare breakfast and drinks. Leave a jug of water and encourage her to drink. Record all fluid and food intake. Administer medication. Make sure walking frame and commode are within easy reach. Use time available to socialise with her'. Personal information about people was also recorded which included their religious preferences, their GP's contact details and their next of kin.

Visits and the times that care staff were expected to arrive were recorded in people's care records. Feedback from people consistently indicated that calls were on time (within a 15 minute window) and that calls were rarely missed. One member of staff said that if she was going to be late for a call she would, "Tell the office to let them know and they contact the person". People told us that they were happy with the length of visits and that they felt their calls were long enough for staff to thoroughly complete the tasks involved; they did not feel rushed. One person said, "I'm showered every day and as I have psoriasis, they have to cream me. They come in the afternoon to cream me too for 15 minutes and it's always done properly". Another person commented that care staff, "Always ask if there's anything else I need before they go and that I've got what I need".

People were encouraged to raise any concerns or complaints they had and these were investigated and responded to in a timely fashion by the provider. The majority of people told us that they did not have any complaints. One person had raised issues about care staff and said, "I spoke to them about all these different carers and it's much better now". If a staff member received a complaint, they would telephone the office to let them know. A visit or telephone call would then be arranged and the person contacted by a senior member of staff. Most complaints were dealt with within 24 hours and all complaints within seven days. The provider ensured that lessons were learned from complaints and that any significant issues would be shared with staff at the provider's other locations. Two complaints had been recorded recently and appropriate action had been taken promptly. One member of staff said, "If we get a complaint, we deal with it straightaway". People and their relatives were encouraged to provide feedback. The service undertook telephone spot checks and senior staff visited people to obtain their views about the service they received.

A social care professional provided feedback about the service by email and stated, 'I find the staff at Heath Lodge who answer my calls extremely helpful and very polite at all times. They respond well to our request to provide a service for our customers'.

Requires improvement

Is the service well-led?

Our findings

The service has not had a registered manager since May 2013 and satisfactory steps have not been taken to recruit one within a reasonable timescale. This is a breach of the condition imposed upon the provider's registration contrary to the Health and Social Care Act which requires that the regulated activity 'Personal Care' is managed by an individual who is registered as a manager in respect of that activity.

People were actively involved in developing the service and they were asked for their feedback about the service provided. Questionnaires had been sent out during the year and overall people felt happy with the care they received. People were asked for their views about the care staff with questions such as, 'Are they polite, professional and cheerful?', 'Do staff treat your home with respect and clean up areas they have used?' and 'Do you receive a weekly time sheet that tells you who and what time the carers will be with you?' Eleven completed questionnaires had been received in March and overall people felt the service was rated either 'Excellent' or 'Good'. During the period from 1 December 2014 until 28 February 2015, 63 people had completed these questionnaires, with similar results. One person told us, "They come round about every six months or so and have a chat with me at home". Another person said, "Yes, they come every three to four months and come and check the paper work and ask if everything's all right". Another comment was, "I think the office rang once not long ago to ask if everything was all right and ask me a few questions".

People confirmed that communication with the provider's office was generally positive and that the telephone was answered promptly when they rang. People thought that staff were polite and helpful over the 'phone. One person said, "I know my son keeps in contact with the office and he's always happy with them. The communication between them is good". Concerns were raised by three people about one particular care assistant. We followed this up with the provider who was already aware of these concerns and was able to confirm to us that action had been taken to deal with the concerns raised. The majority of people contacted said they would recommend Heath Lodge Care Services and the care staff. One person said, "I would definitely recommend them, I'm definitely with the best".

There was a culture of openness and one member of staff felt it was a, "Friendly and open service. I think we provide a fairly good service". The provider's representative felt that it was a challenge recruiting new care staff and told us that he had to turn down new clients because, "Demand outstrips supply". He added that he was proud of, "My staff, my team definitely. I am here because of my team, that is my success". Twelve care staff had been with the service since the day it became operational 13 years ago.

There were robust quality assurance systems in place to drive continuous improvement. The provider undertook checks in medicines management, complaints and failed or missed calls. They also completed quarterly monitoring forms for the local authority about training and qualifications of managerial and supervisory staff, care workers who had joined or left, mandatory and specialist training, supervision, client numbers, customer reviews and outcomes. Where areas had been identified for improvement, these were discussed with care staff at their supervision meetings and action was taken.

The provider recorded compliments that were received from people and their relatives. One comment was, 'Please can you pass on my thanks to everyone in the office who supported us and dealt with matters so efficiently when my aunt had a fall on Monday. I also much appreciate Heath Lodge being able to provide an additional visit each day for four days to supervise the taking of antibiotics'. Another comment from a relative stated, 'Cannot thank the team at Heath Lodge enough. You have exceeded every expectation and helped to make a very difficult situation bearable' and added, 'You have gone over and above to make sure mum has a better quality of life'.

Staff knew what to do if they had concerns about a co-worker and what action to take under the provider's whistleblowing policy. Staff were asked for their feedback and the last employee survey was sent to 18 care staff in January 2015; 11 completed surveys were returned. Staff were asked about communication, recognition and reward, training and development and job satisfaction. Some people did not feel that they were fairly paid for the job they did, but overall the feedback was positive. One person stated, 'I love my job. It's the perfect job. I wouldn't work anywhere else'.