

Hartley Domiciliary Care Ltd

York - Hartley Care

Inspection report

Suite 3A, Ground Floor
Tower House Business Centre
York
YO10 4UA

Tel: 03333231717

Date of inspection visit:
25 October 2022

Date of publication:
20 December 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

York- Hartley Care is a domiciliary care agency providing personal care to people in their own homes. The service provides support to younger adults, older people and people who may be living with dementia. At the time of our inspection there were 51 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Governance systems were not sufficiently robust. Records were not always accurate, up to date or accessible. Information given during the inspection was not always accurate. Audits had not ensured the areas we identified at this inspection had been addressed.

Medicines were not managed safely. Medication records were not always completed in line with best practice and we could not be assured people had received their medicines as prescribed.

Improvements were required to support staff. This included, induction, training, competency assessments and supervision.

We could not be assured complaints were managed appropriately as records were not accessible. We have made a recommendation about this.

Risk assessments were not always in place, accurate or up to date. We have made a recommendation about this.

People were supported with their nutrition and health care where appropriate. Improvement was needed to ensure care plans were up to date in relation to areas that could affect people's health such as weight loss.

People were supported by kind and caring staff who respected their privacy and dignity. People felt comfortable with the staff who supported them, and staff promoted their independence were appropriate.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 06 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to medicines, staffing and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

York - Hartley Care

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors. An Expert by Experience supported the inspection making telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager was in post and was intending to submit an application to register.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 25 October 2022 and ended on 9 November 2022. We visited the location's office on 25 October 2022 and 3 November 2022.

What we did before inspection

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 family members and 6 people who used the service about their experience of the care provided. We spoke with 10 members of staff including the nominated individual, the operations manager, branch managers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of care records and medicines records. We looked at 5 staff files in relation to recruitment and staff supervision and records relating to the management of the service. We reviewed a range of records off site including policies and procedures and monitoring systems.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medication was not managed safely or in line with best practice.
- Medicines records were not completed to evidence people had received their medicines. This included, gaps in medication records and stock not been appropriately recorded.
- Medication records were not always robust or completed in line with best practice. Handwritten medication records had not been signed or checked and when people were administered variable doses the amount administered were not recorded.
- When people's care records detailed they had allergies to medicines, they had not always been written on the medication administration record.

The failure to safely manage medicines was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Risks to people were not managed. Care plans and risk assessments were not always in place when there was an identified need or there was inconsistent information in these records.
- Accidents were not consistently reported. For example, in one person's care records staff had noted they had bruising. This had not been recorded on the providers accident tracker. This meant we could not be assured actions had been taken to investigate and mitigate further risk to the person.
- We requested to review accident and incident records that were detailed on the providers tracker, however these were not accessible during the inspection.

We recommended the provider review their systems and processes in relation to the management of risk.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding records were not available during the inspection. We requested to review safeguarding records and were provided with a tracker, which did not contain full details of the events.

We recommended the provider review their systems and process for managing and recording safeguarding allegations.

- The provider had a safeguarding policy in place. Staff we spoke with were confident to identify and raise any allegations of abuse.

- People told us they felt safe with the support they received from the service. One person told us, "I feel very safe, I really like them all and I have no faults with them at all."

Preventing and controlling infection

- Although staff had received some infection, prevention and control training. They had not received competency assessments in practice relating to the spread of infection, this included the correct use of PPE and hand hygiene.
- People did not have individualised COVID-19 risk assessments in place.
- Staff told us they had adequate supply of PPE and were able to access this from the office when required.

Staffing and recruitment

- Recruitment checks had been carried out to ensure staff were of suitable character.
- People told us that staff always turned up and they were on time for their calls.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Training records were not accessible to evidence staff had received the required training. Not all staff were on the training matrix and training records were not in the staff files.
- Staff did not receive moving and handling competency assessments to ensure they had the knowledge and skills to support people safely.
- Feedback from staff was that induction and shadowing needed improvement. Relatives also felt new staff needed further support. One relative told us, "The regular carers are very good. I do think the new ones need more experience before they begin with people."
- The provider's supervision matrix only started in October 2022 and not all staff were on this matrix. Staff files did not have supervision records in. One staff member told us, "No, I have never had a supervision, just spoke on the phone. I have never had anybody assess my competency in practice."

The provider did not ensure that staff received the appropriate training, supervision, and appraisal as necessary to enable them to carry out their duties. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recently implemented a new induction and employed a new trainer.

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

- People's needs had been assessed prior to them receiving a service.
- People and their relatives had been involved in their assessments and care plans. One relative told us, "They came to [Name's] and sat and did the care plan, of course I was there too and answered most of it, but they were good at involving [Name] as much as possible."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Care plans and risk assessments were not always in place when people were at risk in relation to their weight.
- People told us that staff supported them to access health care appointments where appropriate. However, on one occasion staff did not always recognise symptoms when potential health care support were required.
- Where appropriate people were supported with their food and drink. One relative told us, "[Name] always

chooses what they fancy to eat. We're very happy with the way this is done and knowing [Name] is eating and safe in the kitchen. Staff all make sure [Name] drinks, they make her the drinks she likes and always leave a hot and cold drink by her when they leave."

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 MCA 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 service was working within the principles of the MCA.

- People confirmed staff gained consent prior to providing them with care.
- When people had nominated people to make decisions on their behalf. This was recorded in their care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 supported by kind and caring staff. One person told us, "My carers are kind, understanding and friendly. They can't do enough when with me, they are gentle, and I feel very respected."
- Staff treated people with respect. One person told us, "I feel very respected. They are always polite and careful of my home too."
- People's wishes and beliefs were recorded in their care plans to ensure staff respected these.

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

- People told us they were involved in making decisions about their care and felt confident to inform the office if they required changes to their care. One person told us, "Someone came here, and we talked about what I needed, if I wanted anything altered, I would ring the office."
- People told us they felt listened to in relation to their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, this included with tasks such as personal care. One person told us, "No-one can see in anyway, but they close the doors, and ensure blinds are pulled and they cover me with a towel or clothing."
- Where possible staff supported people to maintain their independence. One person told us, "A couple of days ago, I wanted a biscuit and I said, I need to do it myself. They made sure I was safe while I got it, they wouldn't do anything unless I asked or wobbled."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Although people's care records contained person centred information, there was sometimes missing, or inaccurate information.
- People's daily records were not always person centred. For example, one person's daily notes recorded 'told not to fill in'. There was no detail of why this advice had been given or what care this person had received.
- People told us they were happy with the care they received. One person told us, "It always feels better to talk to people anyway and my carers always talks to me. If I'm having a bad day they are lovely to me, they talk to me and it always makes me feel better."

Improving care quality in response to complaints or concerns

- Records to evidence complaints and concerns were responded to and addressed were not accessible.

We recommended the provider seek advice from a reputable source regarding managing and recording complaints.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and recorded in their care plans.
- The provider had a policy in place for accessible information.

End of life care and support

- People's end of life wishes were not always recorded in their care plans.
- We received positive feedback regarding the support given to people at the end of their life. One person told us, "They are very compassionate and supportive, but they don't make me feel bad, they're very professional."

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.

This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider was not open and honest during the inspection. Inspectors were given incorrect information during the inspection; this included the amount of people the service supported.
- Records were not accessible during the inspection. This included some people's care records, records relating to staff, accident and incidents and complaints.
- Records supplied during the inspection were not accurate or up to date, this included the provider's training and supervision matrix.
- People's care records contained inconsistencies and risk assessments were not always in place or sufficiently robust.
- There was a lack of robust auditing to ensure the service identified and addressed areas of concern.
- Governance systems in place had failed to address the areas of concern we found at this inspection. This included, risk management, infection prevention and control, inaccuracies in care plans and medicines.

Systems processes were not established and operated effectively to manage risks to the health, safety, and welfare of people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager at the time of inspection. A manager was in post who was looking to register with CQC.
- The provider had an action plan in place that they were working towards to make improvements to 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 had failed to notify CQC of notifiable incidents that had occurred within the service.

This was a breach of Regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009. We will take action outside of the inspection process in relation to this matter.

- The lack of records in relation to accidents and incidents and complaints meant we could not see duty of candour had been applied or followed.

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

- No satisfaction surveys had been conducted to gather people's views and to develop the service. This was on the providers action plan to be completed following our inspection.
- The provider had recently started carrying out staff meetings.
- Staff we spoke with told us the management team were approachable.
- The provider had been working with the local authority to make improvements to the service.

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

- People were happy with the care and support they received. However, work was required to ensure the service was open and that records were person centred.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive their medicines as prescribed. 12 2(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not sufficiently robust to improve the quality and safety of the service. 17 (1)(2)(a)(b)(c)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not have sufficient, induction, competency assessments, supervision and training. 18(2)(a)