

Always Here for You Ltd

Holmfield mills Holmfield Halifax HX36SN offices 3.12 and 3.13

Inspection report

Holmfield mills Holmfield Halifax HX36SN offices 3.12 and 3.13

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Holmfild mills Holmfild Halifax HX36SN offices 3.12 and 3.13 (known as My Homecare Halifax) is a domiciliary care agency providing support to people in their own homes in the community. Not everyone who used the service received personal care. Care Quality Commission (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. At the time of the inspection the service was providing personal care to 16 people.

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

The service had improved areas relating to how they managed medicines and risks to people, infection, prevention and control, recruitment of workers and governance since the previous inspection. Further improvements were needed to make sure the service was consistently good. Safe recruitment procedures were usually followed to ensure staff were suitable to work at the service. The registered manager was introducing additional measures to make sure every recruitment process was robust. The service had enough staff to meet people's needs and usually the same care workers visited so people received continuity of care. Risks were usually assessed and managed, and people received their medicines as prescribed. The service followed safe infection, prevention and control procedures. People felt safe when care workers visited.

People and their relatives were happy with the service and leadership. Systems to measure the quality and safety of services provided were driving improvement but many were new and still needed to embed to guarantee consistently. Staff were well supported in their role.

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

The last rating for this service was inadequate (published 8 June 2021) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulation 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and the provider had made improvements and now met legal requirements in relation to Regulation 12. This report only covers our findings in relation to the Key Questions Safe and Well-led which

contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holmfield mills Holmfield Halifax HX36SN offices 3.12 and 3.13 on our website at www.cqc.org.uk.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Holmfield mills Holmfield Halifax HX36SN offices 3.12 and 3.13

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 and an Expert by Experience carried out the inspection. 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.

The service had a manager registered with CQC. 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.

Notice of inspection

We gave the service 24 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.

Inspection activity started on 15 December 2021 and ended on 22 December 2021. We visited the office location on 15 December 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch and the local authority commissioning and safeguarding team. 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. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, care co-ordinator, field care supervisor and care workers.

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



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 inadequate. At this inspection this key question has improved to required 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

At our last inspection the provider had failed to manage medicines safely. 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.

- Systems were in place to make sure people received their medicines as prescribed. The service used an electronic system which sent an alert if medicines were not administered at the correct time.
- Staff completed Medication Administration Records (MAR) accurately. The management team had introduced an auditing process and checked regularly to make sure the MAR were completed correctly.
- Staff were trained, and their competency was assessed to make sure they understood how to administer medicines safely.
- The service had guidance for staff to follow when people required support with their medicines including as required medicines and topical creams. Some daily notes indicated staff were applying creams, but MARs were not in place. The registered manager confirmed these were cosmetic creams and said they would ensure future records were clear.

Preventing and controlling infection

At our last inspection the provider had failed to prevent and control infection safely. 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.

- The service had systems for managing infection risks including those presented during the COVID-19 pandemic.
- People who used the service and relatives consistently told us care staff wore appropriate personal protective equipment (PPE) during their visits. They told us staff practice around the standard of hygiene and cleanliness was good and their homes were left in a clean and tidy condition. One person said, "I was very worried about PPE and cleanliness at the beginning but I need not have been as they have been very,

very careful with it all, without fail."

- Staff completed infection, prevention and control training and had been provided with additional guidance around COVID-19. Staff told us they had received good support during the pandemic and had received regular updates.

Staffing and recruitment

At our last inspection the provider had failed to recruit staff safely. This was a breach of regulation 19 (Fit and Proper Persons Employed) 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 19.

- Safe recruitment procedures were usually followed to ensure staff were suitable to work at the service. Disclosure and barring service (DBS) and reference checks were in place before staff commenced employment. However, only one reference had been received for a new employee when two were required; the provider had been following this up although their efforts were not clearly recorded.
- Staff provided details of their previous employment history. The provider usually followed up any gaps in employment, but they had not done this on every occasion. Interview records showed candidates were asked appropriate questions as part of the recruitment process.
- The registered manager told us they continued to improve their recruitment process and after the site visit confirmed they had introduced a new checklist to ensure all checks were completed robustly in future.
- Sufficient numbers of staff were employed to meet people's needs. Records showed that people usually received continuity of care as they were supported by a regular care team.
- People and their relatives told us they were happy with the staffing arrangements. One person said, "The staff do have a chat and I never feel like they are trying to rush me or rush off to their next client." One relative told us they were worried about the retention of staff because two staff were leaving.
- Staff told us the visits were well planned and they always had enough time to support people and never had to rush. One member of staff said, "There are no concerns about visit times. I have time to have a chat. If there is a new client, we spend more time and get into the routine, get to know people. It is not often we go to different people. We go to the same ones; they love that, and I love that."

Assessing risk, safety monitoring and management

- Risks associated with people's care were usually assessed and managed safely. People's care files had risk assessments which showed action was taken to reduce the risk of harm. For example, one person had comprehensive guidance around how they should be supported with moving and handling.
- Some safety concerns were being managed but had not been formally assessed by the service. For example, daily notes showed staff supported one person to use pressure relieving equipment but there was no assessment or care plan. The registered manager acted as soon as we brought it to their attention. They told us they continued to improve their care records and had further work to do to ensure information about risks was consistently identified and comprehensive.
- The service carried out assessments to make sure people lived and staff worked in a safe place. The environment was reviewed and included areas such as, checking smoke alarms were in working order.
- Staff were trained and understood how to support people safely. They told us they received updates when people's needs changed. One care worker said, "Staff are not allowed out until fully trained up. Staff are trained on supporting people and must be signed off as fully competent."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the company of staff. One person said, "I do feel safe, I am always safe and happy with them looking after me." Another person said, "I feel safe with all of the carers who have crossed the threshold, I have no issue with any of them."
- Staff received safeguarding training and were confident any issues would be dealt with promptly and appropriately. One member of staff said, "If I ever reported a concern it would get sorted straight away."
- The registered manager understood their responsibility to report all safeguarding concerns to the local authority. They confirmed there had been no safeguarding cases since the last inspection.

Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed. The service identified actions to help prevent repeat events and recorded lessons learnt on individual forms.
- The service did not use an overarching system to look for patterns and trends. The registered manager explained this was because they had such a small number of events, for example, only three accidents and incidents since the last inspection. They said they would introduce a system if ever the number of events increased.
- The service communicated learning and important information to staff. The management team used different communication systems, such as, team meetings, emails and safe social media group chats to ensure staff were kept up to date.

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 inadequate. At this inspection this key question has improved to required improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective governance systems were in place. This was a breach of regulation 17 (Good Governance) 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 17.

- The service had introduced better governance systems and improved how they managed medicines and risks to people, recruitment of staff and infection prevention and control. Further development was required to ensure service delivery was consistently safe and monitoring was embedded.
- Systems and processes for monitoring quality and safety were usually effective. The service had an action plan which showed they were making progress.
- The service carried out different audits such as care files, medicines, and staff files, which were driving improvement. A recent audit of staff files did not pick up all shortfalls in the recruitment process, which meant this was not applied robustly. The registered manager introduced an additional check to prevent this from happening again.
- The registered manager had recognised they needed to make more progress and a few weeks before the inspection had stopped delivering direct care so they could focus on managing the service. They said, "We almost have the foundations in place and then we need to build on them." A member of staff told us, "They have made really good changes in the last few months, everyone is generally happier and it is definitely more organised."

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

- People told us they were happy with the care they received. Comments included, "The management do a good job, get the carer to me on time and without fail.", "They are polite and listen to what I want and do not

just do things how they want things done." and "I know who the manager is and they are very helpful and accommodating."

- The service had systems in place to gather feedback from people and their relatives. The management team contacted people to check they were satisfied with their care package and sent out surveys. One person said, "They do contact us quite regularly to make sure we are alright with the care."
- Staff felt well supported and communication across the service kept staff up to date. The service had developed better systems to help ensure staff received relevant information when any changes were made. Regular staff support sessions and team meetings were held which covered important areas relating to quality and safety. One member of staff told us, "[Name of registered manager], I cannot sing her praises enough, she goes above and beyond for every member of staff."
- Records showed staff contacted other agencies and professionals to make sure people received the support they needed.