

Heywood Carers Limited

Heywood Carers

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 10 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be available. Phone calls to people and staff took place on 06 April 2017.

Heywood Carers is a domiciliary care agency providing hourly support to older people in their own homes. At the time of our inspection they were supporting 45 people.

There was a registered manager in post. 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 received support from experienced, committed and compassionate staff. Staff were always looking for ways to improve people's lives and frequently went the extra mile. This support had resulted in improvements in some people's welfare and quality of life. For example one person who could not go out was helped by their carers who used their initiative to help them get a wheelchair and they now went out.

People and professionals provided overwhelmingly positive feedback about the service and individual carers. Staff liaised with healthcare professionals and community services to meet people's needs and achieve outcomes for them. Staff practice was regularly checked through frequent robust spot checks.

The provider had a strong vision and identity for the service. The service had a very good reputation and strong links with the local community. Recruitment processes made sure staff were appropriate for their roles and a strict selection criteria ensured staff were skilled and experienced enough to provide a high quality of care. Staff were deployed in a way that meant people received support at the times they specified.

The provider regularly sought people's feedback to identify any changes or improvements that could be made. People knew how to make a complaint. The provider had never received a complaint about the service but they had received 60 compliments in the last 12 months.

Staff worked around existing caring relationships to ensure people's needs were met in a person centred way. Care plans contained all the information that staff needed to provide responsive care. Risks to people were assessed and plans implemented to minimise hazards. Reviews were undertaken regularly.

People were matched with staff that they got along with. Staff were consistent and had access to information to get to know people. People told us that staff were respectful when entering people's homes. Staff promoted people's privacy and dignity.

Staff understood their roles in safeguarding people. Staff received training to ensure they were effective in

their roles. Staff were trained in how to manage medicines and knew about medicines that people were taking.

People's dietary needs were met by trained staff. Staff felt supported by management and received regular supervision. Staff understood the Mental Capacity Act (2005) and how it applied to their work. Staff had regular contact with management and were able to make suggestions to improve the lives of people at the service.

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.

Risks to people were assessed and plans were implemented to minimise them.

People were supported by staff who understood their responsibilities in safeguarding people.

Where accidents or incidents occurred, actions were taken to prevent them reoccurring.

Staff were trained in how to manage medicines.

Checks were undertaken to ensure staff were appropriate for his roles.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and experienced.

People's dietary needs were met and people received food in line with their preferences.

Staff worked alongside healthcare professionals to ensure people's needs were met.

Staff understood how the Mental Capacity Act 2005 applied to their work.

Is the service caring?

Outstanding ☆

The service was extremely caring.

Staff found creative ways to improve people's lives.

Support was provided in a way that supported both people and relatives with caring roles.

People were supported by consistent staff who knew them very well.

People's privacy and dignity was promoted by respectful staff.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and reflected people's needs.

People's needs were regularly reviewed and changes were actioned by staff.

People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The provider had a strong vision and identity for the service. Systems were in place to maintain a high standard of care.

People's feedback was sought proactively by the provider.

Staff were involved in the running of the service and were able to make suggestions to improve people's lives.

The provider kept up to date records and information was stored securely.

Heywood Carers

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 checked 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 10 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available to assist us during the inspection. The inspection was carried out by one inspector due to the size of the service. Phone calls to people, relatives and staff took place on 06 April 2017.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

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 improvements they plan to make.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at four care files, risk assessments, three staff files, training records, complaints logs and quality assurance monitoring records.

Before the inspection, we received feedback through questionnaires from seventeen people, two staff and two healthcare professionals. We spoke to three people and one relative to gain their views of the service. We spoke to the registered manager and three members of staff.

Is the service safe?

Our findings

People told us that the service was safe. One person told us, "It's very safe, my carer is very alert." Another person said, "It's quite safe, they are always ready to help." A relative told us, "Oh yes, it is safe."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. A staff member told us, "We're kept updated if people's needs change and there might be any new risks to be aware of." One person was assessed as at risk of falls. This was due to a lack of balance caused by their medical condition. Staff supported the person with all transfers. When mobilising, staff provided hand to elbow support to reduce the risk of falls. The person was also referred to healthcare professionals who prescribed a shower seat. This meant staff could support them to shower safely, reducing the risk of falls. Where risks to people changed, they were reviewed. Staff involved healthcare professionals where necessary to help keep people safe.

People benefited from a safe service where staff understood their safeguarding responsibilities. In their PIR, the provider told us that, 'We have the necessary procedures in place to safeguard our clients and staff to ensure they are safe.' Our findings supported this. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. One member of staff told us, "First I'd speak to management. We know we can always ring the safeguarding team, or CQC." Staff had completed training in safeguarding and the agency had a safeguarding policy in place. At the time of our inspection, there had been no safeguarding concerns. The provider had a system in place to respond to and log safeguarding concerns, should they arise. The registered manager was aware of their responsibility to notify CQC of any allegation of abuse.

Accidents and incidents were documented and measures were introduced to support people to remain as safe as possible. The service supported people whose needs were quite stable, which meant there had been very few accidents or incidents. The provider had a system in place to record accidents and actions were taken to prevent them reoccurring. One person had fallen. Staff notified healthcare professionals and the person was provided with equipment to prevent them falling again. Following this, their care plan was reviewed to ensure their needs could be met.

People told us that staff were deployed in a way that ensured they received the support they required safely and punctually. One person told us, "They are very rarely late." Another person said, "They're always on time." A staff member told us, "They factor in the travel time which means we get there when we say we'll get there." Staff rotas showed that the right numbers of staff were being deployed to provide support to people at the correct times. Visits were close together as the provider kept to a geographical area where they supported people. Visits were planned with plenty of travel time for staff. The provider was proud of their record of having never missed a single visit. The provider's office was in close proximity to the people that they supported. This meant staff regularly visited to collect up to date information. Information on how to access people's homes, such as key safe codes, was stored securely by the provider.

The provider carried out appropriate recruitment checks which helped to ensure they employed suitable

staff to work at the service. The provider had obtained appropriate records as required to check prospective staff were of good character. These included two written references, proof of the person's identification, employment history and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At the time of inspection, staff did not administer any people's medicines. Systems were in place to ensure that when people required support with medicines, this would be done safely. Staff had been trained in managing medicines and their competency had been assessed. Care records were clear that people administered their medicines themselves. Where people needed prompting or reminding, this information was in their care plan. Staff knew about people's medicines and we saw evidence of staff liaising with healthcare professionals where appropriate.

Is the service effective?

Our findings

People told us they thought staff were trained for their roles. One person told us, "They (staff) are very well trained." Another person said, "They are properly trained." A relative told us, "I think they've all had training."

People's needs were met by trained and competent staff. The provider told us that they were very selective with recruitment. They recruited staff who had a lot of existing skills and experience. Staff received an induction and training was refreshed regularly. A staff member told us, "I did an induction and had lots of training." New staff shadowed experienced staff to pick up skills and meet people before they worked on their own. The provider observed the practice of all new staff following their induction, to ensure they were competent in their roles. Spot checks happened regularly for all staff. These were followed by one to one supervisions in which best practice was discussed. The provider told us they had never had a negative spot check with their staff. Records confirmed this to be the case.

Staff discussed their performance through appraisals and discussed any development needs. In their PIR, the provider told us that staff had completed training in areas such as safeguarding, health and safety and moving and handling. Our findings supported this. Staff training was refreshed regularly to ensure that their knowledge remained up to date. The provider used an online training system. Staff told us that this was more flexible and made it easier for them to complete courses. Staff were knowledgeable about people's needs. One staff member told us, "If people have particular treatments for example, we read up on it. I would like to do more nutrition training and they are looking into it for me."

Where people had specific dietary requirements, records contained guidance from healthcare professionals. One person was allergic to gluten. This information was clear in their records and staff were aware of this person's allergy. A recent review had documented that the person was happy with staff supporting them to prepare gluten free meals. Staff discussed recipe ideas with them. People's records contained information on what support they needed to eat. One person told us they cooked for themselves, but staff helped them with shopping so that they could maintain a balanced diet.

People's care records showed relevant health and social care professionals were involved with people's care. One person told us, "They (staff) sometimes take me when I need to go to the doctors or dentist." Records contained information on people's medical conditions and what support they needed. One person had a long term health condition. Information on this was clear in their records. Staff asked for updates on their condition following appointments and this was documented. Where changes in needs were identified, reviews were carried out. Staff regularly liaised with the GP and had a good working relationship with the local surgery.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People were supported by staff who understood the MCA. At the time of our inspection, everyone who was receiving a service had the mental capacity to consent to their care. Staff demonstrated a good understanding of the MCA. Management knew when to follow the MCA should they need to in the future.

Is the service caring?

Our findings

People told us that the staff were caring and went the extra mile to help them. One person said, "They (staff) are very caring, all of them. They always ask if I need anything else done." Another person said, "They are caring. They've really helped me." A relative said, "They're kind. Always prepared to do extra things, always offering."

People were supported by staff who found creative ways to improve their lives. One staff member told us, "One person was quite isolated with poor mobility. I thought a wheelchair would help them to get out into the community more. I discussed it with the people who managed their money and we arranged it. Now they are able to go out." Staff regularly liaised with GP and health services for people. Prior to the inspection, we asked people to provide us with feedback. People and professionals contacted us to offer positive feedback. Comments included, "Heywood Carers enjoy an excellent reputation in the area. They will help their clients attain a change of GP when this is necessary for whatever reason. They will also change a carer if difficulties should arise, tactfully and smoothly." We saw evidence of strong communication with local GPs and community health services. Staff had a good knowledge of local services and how to access them. One person had recently been supported by staff to trial a local day centre, which staff had suggested to them. Where people needed equipment or health services, we saw evidence of staff advocating for people. People and relatives told us staff were always offering to help with additional tasks, such as cleaning and shopping. These were often over and above what was detailed in people's care plans. A relative told us, "I had an operation last year and their support was so important. They even helped me get to my appointments."

People often felt moved to write letters to compliment the exceptionally caring service that they received. In their PIR, the provider told us that they had received sixty letters of compliment in the last twelve months. Our findings supported this. Letters were long, detailed and full of warm hearted praise. People expressed gratitude and regularly pointed out where staff had made a real difference to people's lives. One letter said, 'Thank you for all your considerable efforts, performed with such kindness and understanding that kept (person) living in their own home.' One stated, 'Words cannot express my gratitude to you for the wonderful care you gave (person).' Another said, 'All the girls were so caring, compassionate and understanding.' Where people had moved on to residential care, staff sometimes remained in touch with relatives and visited them at their new placements. One letter said, 'It was so kind of (staff members) to pop in and see (person) when you were visiting.'

Care records contained information about the role of people's relatives. For example, whether they were the primary carer for the person. Care plans contained information on outcomes relatives wished to achieve, as well as outcomes for people. One person had a history of self-neglect. Their care plan stated that this was something relatives had been concerned about. Staff worked with their relatives to meet the person's personal care needs. Staff and relatives maintained communication and worked together to prompt and encourage the person to complete personal care. Support was arranged flexibly around relatives who provided care, which enabled them to have breaks. This was discussed regularly with people and relatives at reviews. In one review a relative had said they found the support very helpful as it allowed them to have, 'the odd day out'. Where people or relatives wished to change call times, staff were flexible. This made it easier

for people and relatives to be involved in arranging and choosing their care.

People were supported by staff that they got along well with and who knew them well. One person told us, "The carer gets to know you and you get to know the carer. They've done their best to make sure it's the same staff." Staff were deployed in a way that ensured people received consistent staff. This consistency meant people could build positive working relationships with staff and helped staff to get to know the people that they supported. Staff rotas showed the same members of staff being deployed to the same people in order to ensure consistency. The GP surgery provided positive feedback to management. They stated that they had been impressed at a staff member's knowledge of a person's needs, following an appointment they attended together. At a recent review, one person had stated staff were 'so friendly and helpful'.

Staff understood that personalities did not always match and encouraged people to say when they wished to change. One staff member told us, "I always tell them to say if they don't click with someone." Initial assessments explored people's wishes and preferences to establish which staff they would get along with. The registered manager regularly asked people if they were happy with the staff that visited them through reviews and audits. People had an opportunity to meet staff before they were provided with support by them. Records contained important information about people that enabled staff to get to know them. A staff member told us, "People let me know how they like things and I have a good read of their care plans."

People told us that staff respected their privacy and dignity and were respectful visitors to their homes. One person told us, "They (staff) are always very considerate." Staff demonstrated a good understanding of how to promote people's dignity. One staff member told us, "If I'm doing personal care I always make sure I close the door and use a towel to cover people." People's personal information was stored securely at the main office. This demonstrated to us that people's privacy was taken seriously.

Is the service responsive?

Our findings

People told us that staff provided care that was responsive to their needs. One person told us, "I fell and haven't been the same since. They (staff) give me the help that I need." Another person said, "They are willing to do anything and they do it very well." A relative said, "There is nothing we have asked that they have not been able to do."

People received care in line with their needs and preferences. Care, treatment and support plans were personalised. Staff had access to clear and concise care plans that detailed people's support as well as their background and preferences. The examples seen reflected people's needs and choices. One person had a medical condition that meant they took longer to complete tasks. This information was clear in their care plan. Enough time was allocated to their calls to allow them time to complete tasks with staff.

The service kept up to date records of people's needs. Before receiving support, people's needs were assessed. Assessments were thorough and captured important information about people and their preferences. People's needs were reviewed regularly, and where changes were identified these were put in place. One person lived alone and had daily support with personal care. Their care plan stated staff would help them with personal care, as well as domestic chores and 'a bit of company'. At a recent review, they had asked to split their call into two smaller calls. Their review identified that, '(person) likes this as it reduces loneliness and they like spending time with staff.' Where people's needs changed, staff took responsive action to ensure people's needs were met. A relative told us, "(Person) came back from hospital and the staff member came back to help us and make sure everything was alright."

People were supported to engage in their local community by knowledgeable staff. One staff member told us, "It is so important to be holistic. When a person comes out of hospital they will often need help with shopping or arranging their appointments." People told us that staff would offer them help with accessing the community. Staff worked in a close geographical area and demonstrated a very good knowledge of local services that were available to people. This meant staff were able to introduce ideas to people, where they felt people may be becoming isolated.

People told us that they were confident any complaints would be dealt with. One person said, "I've never had any need to (complain), but I speak to them (management) regularly." In their PIR, the provider told us they had received no complaints. Our findings supported this. The registered manager told us they were proud that the service had never received a complaint. People were told how to raise any concerns they had and management took a proactive approach and regularly contacted people for feedback to identify if any changes were needed.

Is the service well-led?

Our findings

People told us that they thought the service was well-led. One person told us, "It is very well managed. I can't fault them at all." Another person said, "It seems to be well-led." A relative told us, "It is very well-led. Their efficiency is excellent."

The service had a strong identity and an excellent reputation in the local area. Before the inspection planning, one person contacted CQC unsolicited to tell us how impressed they were with the service that they received. All feedback received from people and relatives as part of inspection planning, was very positive. There was a long waiting list as the service was highly sought after. The registered manager told us they did not need to place adverts, as demand was so high due to their reputation.

Systems were in place to ensure that people received care from experienced and committed staff. One staff member told us, "You couldn't ask for a better boss. They do all they can to make people happy." In their PIR, the provider told us that they did not employ any staff on a 'zero hours' contract and staff all received pay above the national living wage. Our findings supported this. The provider attracted experienced staff with good pay and conditions, which they recognised as important for recruiting and retaining the best staff. The service had a strong identity and only provided support to people when they were sure they could meet their needs. Efficiency was maintained by keeping the service within a close geographical area. The registered manager told us that it was more important to them to provide people with a high quality of care than to expand the service. This demonstrated that management put people and staff ahead of the business.

The manager took a proactive approach to feedback and routinely asked people about the service that they were receiving during regular spot checks. All feedback from spot checks was positive. Where new people received a service, the frequency of spot checks was increased. This was also the case where new staff joined. After their induction, staff had their practice observed frequently and people that they supported were contacted regularly for feedback. The provider regularly spoke to people on the phone. People told us that they valued this link with the main office. People were regularly asked about staff punctuality and the quality of the care they received.

Staff told us that they felt very well supported by management and were encouraged to develop their practice creatively. One staff member told us, "We went to a dementia event to learn more about what help was out there for people. It gave me a lot of ideas." We saw evidence of staff helping people and relatives identify additional services that would improve their lives. Staff were involved in the running of the service. A staff member told us, "(Registered manager) is very accessible, we have monthly meetings. They act on anything you say." Staff had monthly 'coffee catch ups'. This allowed them to discuss the support they provided and share good practice. Staff told us the format of these was relaxed and informal which created a friendly atmosphere. A monthly staff newsletter had been introduced. A recent newsletter recognised the amount of praise the office received about staff as 'heart- warming'. It reminded staff to maintain a high standard of care and conduct to sustain this. Staff also visited the office weekly to pick up rotas. Office staff maintained regular telephone contact with staff. This meant important information about people was

shared efficiently.

The provider kept up to date records. Important information was clear and up to date. The registered manager told us they wished to limit the amount of paperwork staff completed. Some of the positive things people fed back to us had not been recorded in notes. The registered manager told us that the informality was part of the identity of the service. Staff had found an appropriate balance between ensuring important information was documented and limiting time spent on recording. This ensured staff maximised the time they could spend with people. The provider was looking to introduce a new electronic system at the time of our inspection.