Calderdale Home Care Limited

Calderdale Homecare - Rochdale

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Calderdale Home Care Associates is a Domiciliary Care Agency based in Middleton which provides care and support to people living in their own homes in the Greater Manchester area.

This is the first rated inspection for this service.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager left in May 2017. The area manager showed us her application for her Disclosure and Barring service check to show the service was filling the registered manager post promptly.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

Staff were trained in the administration of medicines and managers checked the records to help spot any errors and keep people safe.

Staff were trained in infection control topics and issued with personal protective equipment to help prevent the spread of infection.

Staff received an induction and were supported when they commenced employment to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics.

People were supported to take a healthy diet if required and staff were trained in nutrition and food safety.

Staff told us how they would support someone if they thought their liberty was being deprived to help protect their rights.

We observed a good rapport between people who used the service and staff. People who used the service told us staff were reliable and they knew them well.

Personal records were held securely to help protect people's privacy.

There was a complaints procedure for people to raise any concerns they may have.

People were assisted to attend meaningful activities as part of their package or staff good will.

Plans of care gave staff clear details of what care people needed. People helped develop their plans of care to ensure the care they received was what they wanted.

There were systems in place to monitor the quality of service provision and where needed the manager took action to improve the service.

The office was suitable for providing a domiciliary care service and was staffed during office hours. There was an on call service for people to contact out of normal working hours.

People who used the service thought managers were accessible and available to talk to.

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.

The service used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People who used the service were supported to take a nutritious diet.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily support the people who used the service.

Is the service caring?

Good

The service was caring.

Records were maintained securely and staff were trained in confidentiality topics.

People who used the service told us staff were trustworthy, reliable and friendly.

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. The registered manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

If it was part of their care package people were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were developed with people who used the service were individualised and kept up to date.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and managers were approachable.

Calderdale Homecare - Rochdale

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and was conducted by one adult social care inspector on the 06 and 07 June 2017. We visited people with their permission in their own homes to talk to them and gain their views about the service.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We asked the local authority contracts and safeguarding teams for their views about the service. They did not have any concerns. We did not send for a Provider Information Return (PIR) because the service would not have had time to fully complete it.

During the inspection we talked with four people who used the service in their homes with permission, the area manager and three support workers.

We looked at the care records for four people who used the service and medicines administration records for seven people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "I feel safe and can trust the staff who come here", "The staff are trustworthy" and "I feel very safe with my staff."

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow a local initiative. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. There was a copy of the 'No Secrets' document staff could refer to for advice around safeguarding issues. All the staff we spoke with were aware of their responsibilities to report any suspected abuse to help protect people who used the service.

We saw that any safeguarding incidents had been reported to the relevant authorities and action taken to identify the causes and minimise future occurrences.

A member of staff said, "They undertook all the checks before I started. My references and I had a DBS." We looked at four staff records and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people.

When we looked at the records we hold we saw that there had been some concerns over missed visits in the past. However we saw that new staff had been recruited. We asked people who used the service and staff if there were still times when staff were late or did not arrive. People who used the service said, "There used to be a problem with staff numbers at weekend but it has got better" and "They didn't have enough staff but they do now and they are much more reliable." Staff said, "We were short of staff a few months ago but they recruited some more and it is fine now", The staffing has improved and people get the same staff. We have more staff now" and "You get enough time to do your jobs. There are enough staff to do this. I get enough time to carry out my care shifts." We saw that there were enough staff to provide a reliable service.

We saw that the office was suitable for running a care agency. Equipment in the office had been tested to ensure it was safe. There were fire extinguishers which had been regularly serviced to ensure they were in good working order. There were smoke detectors to warn staff of a fire. The area manager was aware that electrical equipment would need to be tested when it became due.

We looked at three plans of care in the office and one when we visited a person in their home. Plans of care contained risk assessments for personal risks such as for moving and handling, finance, personal care and for fire safety. There were also risk assessments for the environment, for example any possible hazards in

people's homes such as slips, trips and falls or dangerous equipment. The assessments were reviewed when the care plan was updated or sooner if a person's needs changed. People who used the service were risk assessed to help keep them safe and not to restrict the things they did.

People who used the service person said, "I take most medicines myself but the carer gives me my morning pills and they are always on time" and "Staff give me my medicines. I always have them before meals and I get them on time." Two other people we visited said they self-medicated.

There were policies and procedures to guide staff in the safe administration of medicines. People being looked after in their own homes can often self-administer their medicines or just require prompting. We saw that were possible people were supported to take their own medicines. However, some care packages required staff to administer medicines for people who used the service. We saw from the training matrix that all staff had completed training for medicines administration.

We saw from looking at the care plans that the support a person needed to take their medicines was recorded for each visit. This told us if the person needed the medicines to be administered or prompted. The medicines were recorded on a medicines administration record (MAR). Any medicines staff did administer were recorded and the area manager checked to see if there were any gaps or omissions when the MAR's were returned to the office. Any action required was followed up by the area manager. We looked at seven MAR records and saw there were no errors or omissions. Staff had their competency checked to administer medicines correctly during spot checks.

People who used the service lived in their homes independently or with family support and were responsible for any infection prevention and control issues. However, part of the staff's training package included infection prevention and control. Staff were also issued with personal protective equipment (PPE) such as gloves and aprons. We saw that staff wore PPE when delivering personal care and carried supplies around with them. The area manager said that although it was people's own choice how they lived they would offer advice if they saw any infection control issues or report it to a professional. This would help protect the health and welfare of people who used the service.

We saw that staff wore uniforms and carried their identity with them so people were aware of who was entering their property. This helped protect the health and welfare of people who used the service.

Good

Is the service effective?

Our findings

People who used the service told us, "I get the same staff and they are reliable. They arrive on time and stay for the correct amount of time", "We tend to have the same staff team who know what to do", "I am now getting the same staff and it is good. They even stay over the time now and again" and "My staff member always turns up on time and stays for the allotted time. She sometimes stays later if she can." People who used the service thought staff were reliable.

There was a system for checking staff visits and a person was employed to audit the system. This system was used in line with the local authority (Rochdale Metropolitan Borough Council) guidelines. We saw that where possible the service was flexible to meet people's needs and people got the assistance they needed it at the time they wanted it.

People who lived in their own homes were responsible for the foods they chose to eat. We asked staff what they would do if a person was seen to take a poor diet. Staff told us they would report poor nutrition to a manager. The area manager also said they would seek professional help if required to ensure people took a good diet but also recognised that people who had the mental capacity to make their own decisions should be allowed to do so.

Staff cooked for one person we visited who commented, "My carer is a good cook and will make me what I want." Staff also assisted with shopping if it was a part of a person's care package.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People in their own homes are not usually subject to DoLS. However, staff were trained in the MCA and DoLS to ensure they were aware of the principles. There were policies and procedures for the MCA and DoLS for staff to follow good practice. Some staff were also trained in how best to care for people with behaviours that may challenge others. A care staff member said, "I would contact the office if I thought someone was being deprived of their liberty and ask them to raise a safeguarding." The area manager was aware of the MCA and DoLS and said the service would contact social services if they suspected someone was being deprived of their liberty. The service had been involved in best interest meetings for two people who used

the service. Best interest meetings are held with professionals, family members and the agency staff to discuss the care of people who lack the mental capacity to make their own decisions. The group discuss what they think a person would want and try to make any decisions be the least restrictive.

We looked at three plans of care in the office and one in a person's home. We saw that people signed their agreement for their care and treatment which showed that the care delivered was what they expected and wanted.

Two members of staff said, "I completed the induction training. The induction gave me the skills to feel confident to do the job" and "I completed an induction. It took four days. I then completed all the training. I was then supported and shadowed until I felt confident to work with my service users." Staff attended the induction for four days and a fifth was used to check that staff understood what they had been taught. Staff were then mentored until they felt confident to work upon their own and managers felt they were able to do so competently. The service were not currently using the documentation from the care certificate which is considered best practice for staff new to the care industry. However the induction was thorough and gave staff the necessary skills to meet people's needs. Staff were also subjected to regular spot checks to check their competency. Staff were then encouraged to take further training in health and social care.

People who used the service told us, "The staff seem to be well trained", "My staff member seems well trained and knows what I need" and "My carer is well trained and looks after me well." Staff said, "We get enough training to do the job", "I have done all the mandatory training. My end of life training gave me the skills to help a relative who was diagnosed with a serious illness" and "The training was very useful to me."

The training matrix showed staff had completed mandatory training for moving and handling, health and safety, basic life support, safeguarding adults and children, food hygiene, infection control, medicines administration, fire safety and the MCA/DoLS. This meant staff were given sufficient training to meet the needs of the people they looked after. Some staff had undertaken training in the care of people with dementia and end of life care. Some staff were champions for dignity in care which meant they had undertaken further training and could advise other staff on this topic. Staff received the training they needed to help them meet the needs of people who used the service.

Staff said, "I am a supervisor so I carry out supervisions with some staff. Do spot checks and update care plans. I get regular supervision and you can bring up any problems", "I get supervised by the new manager. I also get spot checked. You can bring up your own needs at supervision. They have changed shifts to suit me because I have a member of my family who needs care and they are flexible with that" and "I have had two supervisions up to now. I get the chance to bring up my own needs. "

We saw from the staff files and training matrix that staff received an appraisal, regular supervision and competency spot checks. Staff received regular support in their roles.

The service had a business continuity plan to ensure the service functioned during times of crises such as bad weather or loss of the office.

Although staff were not responsible for arranging visits to doctors or specialists the manager said staff would call the doctor or other professional if required and give any support a person needed to keep them well, including appointments if required.

The service was run from an office near the centre of Middleton. There was limited parking to the front of the office. Access to the office was suitable for a person who may have mobility problems. The office operated

during normal working hours and there was an on call service. There was a reception area with several desks where the coordinators worked, an office for private meetings, a training room, kitchen and toilet facilities. We saw there was all the equipment needed to run an office including computers with internet access and telephones.

Good

Is the service caring?

Our findings

People who used the service told us, "The staff are all very good. It is a good service. They become like family and you get very attached to the staff", "The majority of staff are very good. They are all pleasant", "I love the care staff I get now. The staff are kind and have a good sense of humour. They are like friends" and "The staff are reliable. She is very friendly and I could not wish for better."

Staff said, "I like hands on care. I like my work here and I would be happy for a member of my family to use the agency", "I love this work. Your main to role is to make sure staff get there on time and stay the allotted time. It would be the first agency I would use if a member of my family needed this type of care" and "I like working here. I like this type of work. I would recommend this agency to a family member if they needed care."

When we visited people who used the service we saw a staff member supporting a person. The staff member was talking to the person whist undertaking tasks and making arrangements for later in the week. The person who used the service and staff member had a very good rapport and knew each other well. The staff member who accompanied us to the visits was also well known to all the people we visited and also had a good rapport with them.

People were encouraged to be independent if they could manage tasks safely. One person told us they did their own cooking and cleaning and another said they managed all their own household duties.

We looked at four plans of care during the inspection. Plans of care were personalised and had been developed with people who used the service so their choices were known. People's likes and dislikes were included in the plans. This helped treat people as individuals.

We noted all care files and other documents were stored securely to help keep all information confidential and were only available to staff who had need to access them. Staff were taught about confidentiality and had a policy to remind them to keep people's information safe.

Most staff had completed palliative care training. This meant they could offer people who used the service and their families support at the end of their lives.

Good

Is the service responsive?

Our findings

People who used the service told us, "I don't have any complaints but staff would listen to me if I did and I can contact the office. They would sort out any concerns I had and I can also contact my daughter", "We had a meeting and brought up some points we were not happy with. They took note of what we wanted" and "I don't have any complaints but we have the office numbers if we ever do."

We saw that each person had a copy of the complaints procedure within their documentation. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission (CQC) and Rochdale Metropolitan Borough Council. We saw that any complaints had been investigated and a solution sought to prevent further occurrences.

Where it was a part of their care package staff supported people to attend activities. One person told us, "They have sorted out an extra hour for me so I can go out." This person wanted to be taken shopping and go out when the weather was fine. Activities included shopping, taking people out to places of interest such as Manchester and going out for a meal, to garden centres and markets. One person had three hours per week. The area manager said they could be flexible with the arrangements and take time to go further one week and balance it out the next.

The people who used the service said they regularly had the same staff and knew them well. Likewise staff confirmed they attended the same people regularly and knew what people wanted. This helped with people's continuity of care.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. The assessment covered all aspects of a person's health and social care needs and the information was used to help form the plans of care. The local social services department also provided an assessment for their clients. The assessment process ensured agency staff could meet people's needs and that people who used the service benefitted from the placement.

People who used the service said, "I read my care plan regularly and it is accurate. What I want", "A manager came out to see me to check on my care. I have never read the care plan but I get the care I need" and "I get the care I need. I tell them what I want and they do what I ask."

Plans of care were divided into headings, for example personal care, communication, nutrition or mental health. Each section had what the need was, what the goal was and a lot of details around how staff could support them to reach the desired outcome. The plans clearly set out what staff had to do at each visit. For example, what was required in the morning, lunch time, tea time or evening. Each task told staff what level of care a person needed and what level of support was provided by family. The plans of care were regularly reviewed and updated. Plans of care contained sufficient health and personal details for staff to deliver effective care.

The service liaised with the local authority in a scheme which helped people receive care at home sooner freeing up hospital beds. This helped people with their recovery and independence.

When we were in the office we heard staff making arrangements to cover shifts and ensure people got the care they needed.

Good

Is the service well-led?

Our findings

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager left in May 2017. The area manager showed us her application for her Disclosure and Barring Service check to demonstrate the service was filling the registered manager post promptly.

We asked people who used the service and staff if managers were available to talk to and how they rated the service. People who used the service told us, "I am happy with the agency and very happy with the supervisor. This agency are better than others we have used", "The manager came to see us so she is available and sorted things out for us. We are happy with this agency", "The manager is very nice" and "I have not spoken to the new manager yet but you can contact the office if you want to."

Staff said, "The manager is supportive. You can talk to her about anything", "The manager is very supportive and you can go to her with anything. She knows what she is doing" and "The manager is very supportive and available to talk to." People and staff thought the managers were approachable and they rated the service as good.

A member of staff said, "I have been into two team meetings. You are given the chance to bring up topics or ask questions." The last staff meeting was held in May 2017 and items on the agenda included ensuring people received sufficient fluids in hot weather, staff updates, CQC inspection, confidentiality, completing paperwork correctly, the on call service, upcoming training, pay and health and safety. Staff signed the attendance sheet so managers knew who had been updated.

We saw the service regularly asked people for their views about the service through surveys, spot checks and quality assurance questionnaires. We saw the results were mainly positive but any answers which were not as positive as the service wanted we saw action was taken to improve. This included improving communication with people who used the service if staff were running late, employing an extra member of office staff to help ensure people got the same member of staff, providing better information to care staff for new 'service users' and updating risk assessments. The manager used the results to improve the service.

We saw there had been many compliments which included, "To all the girls and your boss manager. You are all awesome", "To all at the staff who looked after our relative. She appreciated everything you did for her", "To all the Calderdale girls and boys. Thank you very much for your help with my relative and myself. It is reassuring. I know there are so many people struggling so we never take you for granted. We appreciate everything sincerely."

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included infection control, challenging behaviour, confidentiality, medicines administration, the emergency protocol for hospital admissions, equality, diversity and inclusion whistle blowing, mental

capacity, health and safety, medicines administration and behaviours that may challenge. The policies were reviewed to keep information up to date.

Information in the form of a statement of purpose/service user guide was issued to each person when they used the service. This told them of the aims and objectives of the service, the range of needs they could care for, the organisational structure, how to complain, staff structure and training and other details around what the service did or did not provide. This helped people and professionals make an informed choice to use the service.

The area manager conducted audits of care plans, risk assessments, the times and duration of support visits, medicines, training, supervision and continuity of care (this checked people were receiving the same staff members who would know them well).The manager used the audits to improve the service. We saw that extra training and more frequent checks had ensued from the audits.

The area manager was aware of the need to make the results of the inspection available on their website and in the office.