

Hartlepool Care Services Limited

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Inspection report

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30 May 2018

05 June 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 29 May, 30 May and 5 June 2018 and was announced. This was to ensure someone would be available at the office to speak with us and show us records.

Hartlepool Care Services Limited is a domiciliary care agency and is known locally as 'Carewatch'. It provides personal care to adults living in their own houses and flats in the community.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

On the day of our inspection there were 324 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

We last inspected the service in May 2016 and rated the service as 'Good'. At this inspection we found the service remained 'Good' however some statutory notifications had not been submitted to CQC. We are dealing with this matter outside the inspection process.

People told us they felt safe with the staff at Hartlepool Care Services Limited. Some people told us staff did not always arrive on time. The provider was aware of this and was implementing a new call monitoring system.

There was an effective recruitment and selection procedure in place and relevant vetting checks were carried out. Staff were suitably trained and received regular supervisions and appraisals.

Accidents and incidents were appropriately recorded and risk assessments were in place. Safeguarding procedures had been correctly followed and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at

Hartlepool Care Services Limited.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were protected from social isolation.

The provider had an effective complaints procedure in place and people who used the service were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service and staff were regularly consulted about the quality of the service via meetings and surveys.

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 improved to Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Requires Improvement ●

The service deteriorated to Requires Improvement.

Hartlepool Care Services Limited

Detailed findings

Background to this inspection

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

Inspection site visit activity started on 29 May 2018 and ended on 5 June 2018. It included three visits to the provider's office to speak with the management team and office staff; and to review care records and policies and procedures. One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

During our inspection we spoke with 23 people who used the service and two family members. In addition to the registered manager, we also spoke with the director, care manager, marketing manager and five members of staff. We looked at the care records of five people who used the service and the personnel files for four members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

At the last comprehensive inspection, we rated the service Requires Improvement due to inconsistencies with staffing and rotas. At this inspection, we found that although some people told us staff sometimes did not always arrive on time, this did not make the service unsafe. Other people told us, "When I first started with Carewatch they were not coming to me until 11am which is no good as I am often need help to get out of bed. It is better now" and "Regular carers come and we have got to know them all."

We discussed staffing and rotas with the director and care manager. The director told us they had identified there were still some issues with the timeliness of staff and had recently purchased a new electronic call monitoring system that was expected to significantly reduce the number of late calls. In most cases, people were visited by the same staff at each call to provide consistency. Staff worked in small teams and often covered the area local to where they lived.

People we spoke with told us they felt safe with the staff at Hartlepool Care Services Limited. People told us, "My two main carers are very, very good. They know the drill. Sometimes I have had an attack and they know exactly what to do", "I feel very safe with the carers who come into my home" and "I feel very safe and cared for by the people who come in." A family member told us, "I am very happy with the carers. I know my mother is safe and well cared for."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

We found safeguarding procedures had been correctly followed. Investigations had been carried out as necessary and appropriate action taken. Staff had been trained in how to protect vulnerable people and were also aware of the provider's whistleblowing procedure.

The service has implemented the use of the 'Herbert Protocol'. The Herbert Protocol is a national scheme which encourages care staff to compile useful information that can be used in the event of a vulnerable person going missing.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. Lessons learned from accidents, incidents and complaints were discussed and shared with staff. Regular health and safety checks were carried out, home health and safety checklists were completed and staff were appropriately trained in health and safety procedures.

We found appropriate arrangements continued to be in place for the safe administration and storage of

medicines. Monthly medication audits were carried out and staff were appropriately trained.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. People who used the service received effective care and support from well trained and well supported staff. People who used the service told us, "They [care staff] are all wonderful. I can't praise them enough", "They [care staff] are very good and I look forward to seeing them. They are lovely" and "The carers are marvellous, lovely girls. We always have a nice chat."

Staff were supported in their role and mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans. People were supported with their dietary needs where appropriate.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection.

We checked whether the service was working within the principles of the MCA. People who used the service had the capacity to make their own decisions. We saw care records included documented consent from people. For example, reviewing care, medicines, personal care, shopping and help with bills, accessing and sharing information, restraint and keys to premises.

Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). People also had emergency grab sheets in place in case of emergency.

Care records contained evidence of involvement from health and social care professionals such as occupational therapists, physiotherapists, dietitians, social workers and district nurses.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

We saw several compliments received by the service regarding the care provided and people we spoke with told us they received support from caring staff. For example, "I would hate to be without the carers, they are very kind", "The carers are lovely. They sometimes call me themselves to see if it is okay to come sometimes earlier or later. This is no problem for me" and "Sometimes I am in a lot of pain and don't want a shower. The carers are quite encouraging and very kind."

Care records described people's individual choices and preferences. For example, when one person went to bed they wanted the support worker to close all the blinds and check windows were closed. Where people had specific care needs, appropriate guidance was in place for staff. For example, "Staff to wash [name]. This must be a gentle motion due to [name]'s skin conditions."

Staff explained how they would protect people's privacy and dignity, particularly whilst delivering personal care. People we spoke with did not raise any concerns in this area.

People were supported to be independent where possible and this was documented in the care records. For example, "[Name] needs assistance with washing and dressing. [Name] can do as much as they can but this is difficult with their medical condition" and "[Name] can prepare a meal themselves." This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

People's communication needs were recorded, such as whether they had speech or hearing difficulties. For example, "Slow and clear speech" and "Can answer with a yes or not. Please talk slowly."

The care manager told us none of the people using the service had spiritual or religious needs. However, these would be recorded and people would be supported wherever possible.

The provider's marketing manager told us about the research they had carried out into caring for people with dementia and they had been approached by the local NHS trust to be a domiciliary care partner for dementia care. The marketing manager had attended training sessions with an international dementia specialist and was rolling out this training to all the care staff.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the

care manager who told us none of the people using the service at the time of our inspection had independent advocates.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive. Care records we looked at were regularly reviewed and evaluated. An action plan was put in place following each review and documented any changes required to the person's care and support and anything the person wanted changing.

Care records were person centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Lifestyle discussions had taken place and preferences were recorded, such as what the person wanted from their care package. For example, to feel safe and secure, to maintain a suitable diet, to maintain cleanliness and a presentable appearance, and to have access to interesting and stimulating social or recreational activities.

Care records described what was required from staff at each call visit, how often the visits were to take place and the length of the visit. For example, one person required support to mobilise. Their support plan described their wishes in this area, what actions staff were to take and what equipment was needed. An appropriate risk assessment was also in place for moving and handling support.

The care manager told us none of the people using the service at the time of our inspection visit were receiving end of life care.

We found the provider protected people from social isolation. People's social needs and interests were recorded and staff supported people to attend community activities and events. For example, art classes, dancing, sports events and meals out.

Complaints were appropriately managed and dealt with. We viewed a sample of complaints records and saw copies of investigation reports and correspondence with the complainant describing the action taken in response to their complaint. People we spoke with knew how to make a complaint. One person told us, "I can't remember what I had to complain about a while ago but they sorted it out quickly and I was happy."

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the provider had failed to notify CQC of five incidents of abuse or alleged abuse, or incidents where there had been police involvement. Although these incidents had been dealt with appropriately, a notification for each incident should have been submitted to CQC. A notification is information about important events which the service is required to send to the Commission by law. We discussed this with the care manager who agreed to submit retrospective notifications for these incidents straight away. We are dealing with this matter outside of the inspection process.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since October 2011.

We spoke with the management team about any improvements they intended to make in the next 12 months. The director told us about the new electronic call monitoring system and a new performance monitoring system that they were discussing with the local authority. The service had a senior management structure in place that included quality officers, operations managers and a marketing manager.

The service had implemented a governance management system (GMS) that provided information on performance including complaints, missed calls, safeguarding, and accidents and incidents. The provider had a GMS committee that met regularly to discuss and action any issues.

Feedback was obtained from people who used the service via questionnaires and 'client forums'. The questionnaires asked people to provide feedback on the quality of the care and the staff, and how likely they were to recommend the service. Analysis was carried out on the results and people were contacted if they had raised any concerns. Some people told us communication with the office was not very good but others we spoke with were happy with the service they received. We saw any issues or concerns were addressed in a timely manner and there was an open door policy at the service. Additionally, an annual open day took place for people and family members to meet informally with the management team.

Staff meetings took place regularly and staff were consulted and kept up to date with the service. Regular memos were sent to care staff with updates on the service. The provider also ran a confidential staff support initiative where staff could speak with the registered manager and receive additional external support if required. Staff told us, "I've got the best job in the world", "They [management] are all at the end of the phone", "I love it. It's a rewarding job" and "Anything I need, they [management] provide."

The service had good links with the local community including local charities, community organisations and groups, and lunch clubs. The provider ran its own day centre where people could take part in exercise classes, games and quizzes, and socialise with friends.