

Haverhill Community Care Ltd

Haverhill Community Care Ltd

Inspection report

Menta Business Centre
21-27 Hollands Road
Haverhill
Suffolk
CB9 8PU

Tel: 07379007008

Website: www.haverhillcommunitycare.com

Date of inspection visit:

22 March 2018

28 March 2018

Date of publication:

17 May 2018

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

Haverhill Community Care Ltd is a domiciliary care agency. The service provides personal care to people living in their own homes in the community. At the time of this inspection 30 people were receiving personal care from the service. This was the first inspection of the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The caring staff of the service knew the people receiving support very well. Without exception, people their relatives and professionals told us they were content with the support provided. People informed us they were truly respected and valued as individuals and empowered as partners in their care by an exceptional and distinctive service of caring staff. The support plans were person-centred. People informed us they were able to clearly express their views to the staff and their privacy and dignity were respected at all times.

People informed us they felt safe and comfortable when staff were in their home providing support. People were provided with a copy of the staff rota so they knew who was due to visit them. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

The support plans had clearly written instructions of how to support the person and to keep them safe. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medicine administration records (MAR) after giving people their medicines. The MAR were audited to ensure people had received their medicines as prescribed to promote good health.

Staff were designated to work with small numbers of people and were supported by knowledgeable senior staff.

Safe staff recruitment procedures were in operation. This helped reduce the risk of the service employing a person who may be unsuitable to work in care. Staff were provided with training, supervision and on-going support.

People were supported by a team of staff who were skilled and experienced in the assessment of and meeting people's individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible.

The staff supported people to make decisions and choices in their lives having ensured capacity assessments had been completed. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005.

People's support plans were written and developed with each individual. They described the support the person needed to manage their day-to-day health needs. Each person had a clear detailed assessment of their needs in their support plan. The support plan was reviewed regularly as required and at set times.

The service sought regular feedback from the people using the service. People informed us they were asked for feedback over the telephone, during visits and care plan reviews. People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously.

People informed us the management were approachable and they were very happy with the service. The registered manager was keen to develop and improve the service they attended local provider forums and accessed professional websites. This meant they kept up-to-date with good practice and knew what was happening in the care profession. An audit system was in place to monitor the quality of the service. Checks to observe staff's competency were carried out on a regular basis.

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.

People were protected as far as reasonably possible by staff who had received training to recognise abuse and how to report the matter.

There were enough competent and caring staff to carry out people's visits and keep them safe.

Robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

Is the service effective?

Good 

The service was effective.

The induction for new staff was robust and all staff received regular and effective supervision and support.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and best interest meetings.

People were supported to maintain good health and an appropriate diet for their needs.

The service worked with other professionals to support people to meet their needs.

Is the service caring?

Good 

The service was caring.

People benefited from staff who took time to listen to them and get to know them. Staff had formed caring relationships with people.

People and their relatives were involved in their care and staff respected people's wishes.

People benefited from staff who promoted their independence and encouraged them to do as much for themselves as possible.

Is the service responsive?

The service was responsive.

Care plans were developed with the person. They described the support the person needed to manage their day to day health needs.

Staff responded to people's requests and met their needs appropriately. The service was flexible and responded to changes in people's needs.

People were encouraged to give their views and raise concerns and complaints if the need arose.

Good ●

Is the service well-led?

The service was well-led.

Systems were effective in assessing, monitoring and improving the quality of care provided to people. The service had used a consultancy company for guidance and support.

People benefited from a service that had a registered manager and a culture that was open, friendly and welcoming.

People benefited from a service that worked in partnership with other professionals to ensure joined up care was delivered to people.

Good ●

Haverhill Community Care Ltd

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 was 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 22 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. On March 22 2018 we visited the office, interviewed staff and visited people using the service and their relatives in their own homes. On 27 March 2018 we spoke with professionals on the telephone about the service.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. The provider also 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.

We visited four people who used the service to find out about their experiences and spoke with three relatives. We also spoke with the registered manager and four other members of the care staff, plus two professionals.

We looked at six people's care records. We viewed the medicines procedure and the safeguarding policy. We also looked at three staff recruitment records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We looked at information which related to the

management of the service such as health and safety records, quality monitoring audits and records of complaints and compliments.

Is the service safe?

Our findings

Each person told us they felt safe when receiving support from the service staff. People informed us their support was provided regularly by the same staff. One person told us, "I have got to know my carers well because they are always the same staff and they cover for each other."

The service had effective safeguarding systems in place designed to protect people from harm. Staff had completed safeguarding training and had access to information in the service's safeguarding policy. Staff had a good awareness and understanding of abuse and knew how to recognise signs of potential abuse. A member of staff told us, "The safeguard training was very good and informs you about all the different sorts of abuse." Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns.

Risk assessments had been undertaken for each person when they first received support from the service. The risk assessments were updated at each review of the person's support needs or in response to an event. With the people's consent, photographs had been taken of manual handling aids and the person being supported at each stage of the operation. The photographs were kept in the person's support plan with written instructions to provide further clarity of how to keep the person safe. Risk assessments relating to each person's home environment had been completed and were easily accessible in the person's support plan. Staff had completed training in safe working practices such as moving and handling and falls prevention to ensure they could support people to stay safe.

There were enough caring and competent staff to carry out people's care visits and keep them safe. The registered manager and senior staff were able to provide additional cover when needed. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely. One person told us, "The staff have never missed a visit and they are always here within a few minutes of the stated time." A relative informed us, "It gives me peace of mind that the staff are reliable and come on time."

Arrangements were in place to deal with foreseeable emergencies. The registered manager had a plan of the action to be taken in events such as severe weather conditions and staff shortages. Visits to people who may be at risk were prioritised.

The recruitment procedure had been designed to ensure caring staff were employed to support people to stay safe. Staff files contained checklists to ensure all of the required information was obtained. Staff files included an employment history and checks upon any gaps in the employment history. The registered manager had checked upon written references and with the Disclosure and Barring Service (DBS) to determine if candidates were suitable to work with people using the service. This helped reduce the risk of the service employing a person who may be unsuitable to work in care.

People were supported safely with their medicines and informed us they were happy with the support they received. Staff had completed medicines training and had been assessed as competent to administer

medicines. Staff had completed medicine administration records (MAR) after giving people their medicines. We saw people's MAR sheets and found they were fully completed. The registered manager audited the MAR sheets every month to ensure people had received their medicines as prescribed to promote good health.

Each person told us staff did all they could to prevent and control infection. One person told us, "The staff are very clean and tidy whenever they come to help." Good infection control practices were followed. Staff told us and records showed staff were provided with infection control training to ensure they followed good infection control principles. Staff were provided with gloves, aprons, and alcohol gel and we saw these were freely available from the office. Staff had a good understanding of food hygiene and safety as they had completed training. A member of staff told us, "There is training in the staff induction about health and safety and infection control and then there is more training planned on a yearly basis."

The registered manager informed us how the service staff learnt lessons to improve and develop the service. They explained that all incidents, accidents and near misses were recorded and then analysed by themselves and senior staff to implement any necessary changes and improvements. This also included gathering and analysing information from care reviews and implementing resulting changes into policies and procedures.

Is the service effective?

Our findings

People's needs were assessed and support planned having spoken with them regarding their choices of how the support was to be provided. The registered manager told us they and their senior staff carried out regular visits to people so they could understand their needs, likes and dislikes and respond accordingly. People using the service and the staff confirmed this was the situation. One person told us, "Very important to me that the staff have taken into account my thoughts and feelings about how the care is given, you are not just a number and you feel like a real person."

People benefited from effective care because staff were trained and supported to meet their needs. Staff told us they were happy with the training provided. A member of staff told us, "The training is in different ways face to face training, online learning and quizzes to see that you have understood." New staff completed training before going out to visit people. The induction programme for new staff included fire procedures, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping. We saw the training matrix and this informed us that training was planned into the year ahead.

New staff worked alongside experienced staff to observe how people had their support delivered. Staff were observed and assessed during these shifts and they could ask questions to develop their knowledge and skills. A senior member of staff supported new staff and deemed they were competent before they were signed off to work on their own. This was also the opportunity to introduce new staff to people using the service.

Experienced staff had completed training that was up-to-date in areas relating to care practice, people's needs and health and safety. Staff had completed training in areas such as dementia awareness, falls prevention and conditions regarding people's specific needs. Staff had regular meetings with the registered manager to talk about their job role and discuss any issues they may have. Staff told us they felt well supported and they could go into the office at any time. These meetings gave staff an opportunity to review their progress and agree future training and development goals. Staff appraisals were planned for the year ahead. Staff had planned supervision sessions with the registered manager or senior members of staff and were also supported with spot checks. A spot check is when a senior member of staff unbeknown to the staff member will assess their practice and provide feedback after they have provided the support.

Supporting people with their nutrition and fluid intake was a role for the staff, when identified, that the person required help and support. Some people required little support while others required staff to assist them with each meal. A person informed us the staff came everyday including weekends and they never went hungry or thirsty. The staff prepared them meals and drinks at the visit and ensured they were left with drinks and snacks within easy reach at each visit.

The staff we spoke with informed us that part of the role was to monitor people's overall well-being and this included noting if they lost their appetite, losing weight or were throwing food away. The action should this happen would be to discuss with the person, relatives and also the registered manager in the first instance.

During our home visits to people, we observed staff offering a choice of drinks. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating. For example, staff identified concerns about one person's eating. They had worked with the family to ensure the person had a choice of tasty, balanced meals and monitored their food intake. This had supported the person to maintain their health.

Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would ring the appropriate professional themselves or let the office know. They were confident action would be taken. We saw evidence of occasions when people were not well and staff had supported them to seek advice.

We saw in the support plans that as part of the assessment the service identified how people were supported to maintain good health. This included recording information about the GP and dentist appointments. Information was recorded about how people accessed those services and if and when staff would be required to support them to attend appointments. A person told us, "No problems as soon as you attend one appointment, they make another for you and as soon as we get back the staff record this."

The support plans included information about people's past medical history and current health needs. People informed us that they were asked about their health and well-being. Any changes were agreed and recorded in the care plan. The staff worked with the person their families and GP's to arrange medicine reviews and health checks.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager and staff had a good awareness of the MCA and how to gain people's consent to care and treatment.

Is the service caring?

Our findings

People and their relatives told us the care staff were kind and caring, and they were always treated with respect and dignity. One person said, "They are a caring bunch and you can have a laugh and joke with them." There were numerous compliments and comments on quality assurance questionnaires that showed the caring nature of the staff. People and their relatives had written, "A wonderful standard of care, good knowledge, approach, ability and support," and, "We truly appreciate your dedication and attention."

All of the people using the service and their relatives we spoke with commented positively about the quality and strength of the relationships that had developed between them and the staff. One person told us, "They are gentle people and they really do care for me." One relative said, "I cannot fault them and we would be lost without them." Another person told us, "I am very happy with the staff, caring lovely people and they go the extra mile, nothing is too much trouble."

People knew the staff who supported them. They benefited from small, regular staff teams who they had built relationships with over time. All of the staff we spoke with told us they enjoyed their role and were passionate about achieving high quality care for each person. They knew people well and were able to discuss people's care needs, preferences, and interests in detail. Staff told us they had enough time at each visit to get to know people. One staff member told us how they chatted with one person about music and games as they knew they were interested in these.

The registered manager informed us that prior to any member of staff working with a person they were introduced to them by an experienced colleague. The registered manager or a senior member of staff would then speak with the person shortly after the new staff member had been introduced to check the person was happy with the new member of care staff.

Members of staff informed us that the caring ethos of the service commenced at the interview when first meeting the registered manager and senior staff. The registered manager spoke to them about the expectation for care to be delivered as the person wished. This was followed by the induction training where all training was related to person-centred care and how to support the person. A member of staff told us, "I love working here as we have time to care for the person properly as they wish."

A relative spoke with us about concerns and experiences in the past of problems regarding their relative's care delivery. They told us, "When we started to use this service it was a breath of fresh air compared to the past." They informed us the staff were always on time and they knew from the rota what staff to expect. The staff always stayed the length of time as per the support plan and were very good at communicating with them and their relative. They told us, "The thing I like best of all besides the professionalism is that the staff are cheerful and they enjoy the job." They further explained to us that the staff had got to know their relative and had an eye for detail.

Before a person received the service, a comprehensive assessment of their needs was completed to gather information from the person and where appropriate the family members. An emphasis was placed upon not

only the needs but also the preferences and how the person wished to receive their care. One person told us, "When they asked me if I wanted to use the service it made me feel very important." Having visited the person and recorded their aspirations with them a package of care was then designed for the person. The registered manager informed us they took time to assign staff to the person having considered if they had interests and experiences in common.

The management team and staff recognised the importance of people being able to observe and practice their religious, personal and cultural beliefs. This information was discussed at the assessment and at reviews.

Each person had detailed support plans and other related records in place. One person told us, "I was fully involved in writing the plan, they asked for my consent about sharing information and taking photographs." They also spoke with us that this was checked at each review of their care. The plans fully reflected the person's choice and preferences and were supported by detailed risk assessments with which the person had been involved. A relative informed us that they had been involved with the planning of supporting the person regarding risk. They told us, "The fact is I was listened to and that makes such a difference and is a relief." This meant the service were supporting the person and also reassuring and working with their relative.

We saw that reviews of people's needs and levels of support were regularly being carried out as planned and also as needed. People and their relatives informed us that they were aware of and had been involved in writing and reviewing the care plans. One person told us, "They tell me it is my plan, ask who I want at the review." Another person informed us that they liked their relative to be present. The relative told us, "They welcome my input and I would say they are caring and thoughtful staff."

The staff told us the support plans were useful and said they referred to them during their work with the person. Staff viewed the support plans as fundamental in providing good person-centred care. We saw there were systems in place to alert the management team of any changes in people's needs or concerns raised by the staff. This meant that processes were in place to respond to people's needs in a timely manner. We saw in the support plans that people were referred to as they wished and in a respectful manner.

The registered manager and staff had recognised that some people were at risk of social isolation. They had worked with them to develop a day club meeting once per week for people to attend called 'Memories are Golden.' All of the people we spoke with using the service and their relatives were enthusiastic about this initiative and one person told us, "I think to arrange this shows they really do care about us."

The service was responsive and flexible to people's needs and preferences. The registered manager regularly spoke with the local authority staff to check they were content with the service being provided. A professional informed us, "It is marvellous that this service is here because the staff are so caring." They further informed us, "They know what they can do and will not over extend themselves if they cannot do so. However they will help whenever they can and I appreciate the support they have given me in providing support to people."

People's independence was promoted and care plans told staff to encourage people to do as much for themselves as possible. People told us they liked to be independent and staff respected this, offering help when needed. One person informed us that they had used many care services over a number of years and said, "I like this service because not only do they look after and care for me they do not take over and are helping me to maintain and regain my independence.."

Is the service responsive?

Our findings

We found the service provided person-centred support that focused on the individual's needs and preferences of people. One person told us, "I have reviewed my care plan with the manager, we did not need to make any changes but it was reassuring to check." The needs of each person had been assessed before they started to use the service. The registered manager met with the person and their family, where appropriate to determine if and how the service would be able to meet the person's needs.

Each person had a detailed support plan that had been written to identify how the service staff would meet the person's individual needs. These plans described the support people needed to manage their day to day needs and on-going health support. This included information such as their preferred routine, times staff would visit and time required to provide the support. The support plans contained guidance about how to meet people's needs and other information including their food and drink preferences.

A member of staff explained to us about the importance of being responsive to a person's support needs. This included giving reassurance they would be at the person's home to support them when they returned from a regular appointment. Staff gave us further examples of how they provided support to meet people's diverse needs such as those related to disability, gender, and sexual orientation. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Staff told us they read the care plans and checked them at each visit for any changes. When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately. One person told us, "The staff read my support plan when they come and always write in it before they leave and they tell me what they have written."

The registered manager showed us the care call system in operation so that they knew when the staff had commenced the visit. They informed us that by them and the senior staff knowing where the staff were at anytime this helped them to be flexible to support people with changing needs and if additional support was required. One person told us, "The staff are flexible, always listened to me and do their best to change times to meet my needs and choices." This meant people were able to attend events and appointments. A relative informed us about the hospital appointments their relative attended. They said, "The staff always came to get them ready beforehand, they provide them and me with lots of reassurance."

The registered manager informed us about the complaints procedure. The service had not received any written complaints but had received compliments from people and their relatives. One person told us, "I have no complaints in fact they could not be better." The registered manager informed us that they encouraged their staff to speak with the person at the first sign of any concerns or difficulties and try to resolve the issue at the time.

People informed us that they considered the service would respond well to any complaints or concerns they might raise. They were confident their concerns would be taken seriously. People were given information about how to complain when they first began to use the service.

People were supported at the end of their life by the service in response to their expressed wishes. The registered manager informed us they provided a small team of regular staff to meet the needs of each person and this meant the team got to know each person and would respect their wishes and preferences. Where specialist support from other professionals and the hospice was needed, this would be discussed with the person and their family to ensure the person remained in control.

Is the service well-led?

Our findings

There was a clear management structure in place at the service. There was a registered manager who was supported by senior care staff who in turn supervised and supported staff accountable to them. People using the service and their relatives told us they found the registered manager approachable and staff told us they were supportive. A member of staff told us, "The manager has a knack of running things smoothly, I think this is because they are hard -working and well organised."

There was a positive culture within the service, the management team provided strong leadership and led by example. The manager had a clear vision for the service and set the values to staff at interview and through induction. They had a keenness based upon empathy about how they wished the service to be provided. Records of engagements with staff showed these values were communicated and shared with the whole staff team.

People and staff told us the management was open and approachable. The registered manager said, "We have an open door policy where anyone can approach us. Our management team is also hands on, having regular contact with the people and their families." A member of staff told us, "I'm very happy, you only have to call into the office or phone and we can talk things through and get the advice I need."

The culture of the service was caring and focused on ensuring people received person-centred care that enabled them to remain in their own homes. It was evident from our observations and from what people told us the staff knew people well and supportive rapports had been developed. There was an emphasis on getting to know the person and tailoring the service to meet their individual needs and preferences.

People were asked for and encouraged to share their views. The registered manager carried out audits and questionnaires. This information was shared with the service staff to determine any improvements that could be made. This information had helped the service to develop its care plan template to be used when carrying out assessments. The registered manager also spoke to us about how they valued their staff and this was done through their own personal knowledge of providing care and listening to the views of the staff. They ensured the staff had enough time to travel between care visits and regularly checked this with them. The registered manager provided all new staff with a case of materials for them to keep of their training information and other essentials such as pens, daily recording sheets and personal alarms. Staff were encouraged to top up their supplies whenever they visited the office. The staff we spoke with all appreciated this additional support with which they were provided.

The registered manager shared information with staff in a variety of ways, such as face to face, text messages, telephone calls, and more formally through meetings. The registered manager and staff discussed people's care and support needs, shared information, and identified any training needs. Staff knew their roles and responsibilities. The registered manager worked alongside staff to deliver care and led by example. Staff told us they were treated equally. The senior team worked regularly with other professionals regarding assessments and on-going reviews. A professional informed us the service, "Seeks our advice and keeps us informed appropriately."

There was an on-call system to support staff seven days a week. A senior member of staff took turns to be on duty to support the staff by advice over the telephone or to be able to assign another member of staff to attend and support them. The service was currently provided to a small geographical area and hence staff were working in quite close proximity to each other. There were clear lines of accountability and responsibility within the management structure. There were policies and procedures in place which included information about how the service would check upon the quality provided and action to be taken. The senior management undertook spot checks when they would visit a person using the service and the care staff to check upon the care delivery. Also surveys were sent to people and relatives asking for their comments about the service and any ideas they had for improvements. Information learnt was used to aid learning and drive improvement across the service. We saw incident forms had been completed and were analysed to look for learning points and any trends.