

Calderdale Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Calderdale Homecare Limited is a domiciliary care agency providing care to people in their own homes. At the time of our inspection there were 77 people receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Risks to people's health and safety were assessed and people and their relatives were involved in this process. Staff considered all types of risk to people's safety, health and comfort and took action to address this. Staff were recruited safely and were well supported through induction, training and supervision. Medicines were managed safely, and, through auditing, the provider had taken action to further promote the safety of medicines management.

Staff knew what to do to make sure people were safe and the service managed safeguarding issues well. Staff felt there were enough of them to meet people's needs safely. People told us they felt safe with staff and were complimentary of the care they received.

Systems to audit quality and safety within the service at branch and provider level were robust. Where auditing had identified issues, action had been taken to find the cause and address the issue. The provider used this process to learn lessons for future improvement of the service.

The provider was pro-active in getting feedback from people and responded appropriately to any issues raised, including going out to people's homes to have discussions with them. People and staff felt they were listened to by the management team and felt communication from them was good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 19 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Calderdale Home Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Calderdale Home Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post who had submitted their application to become registered manager with the CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 January 2023 and ended on 2 February 2023. We visited the location's office on 31 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also used information gathered as part of monitoring activity that took place on 17 January 2023 to help plan the inspection and inform our judgements.

During the inspection

We spoke with 4 people who used the service, 4 family members and 7 staff including the manager. We also spoke with the provider who is the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 7 people's care records and medication records. We looked at 3 staff recruitment files and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which sought to protect people from the risk of abuse. Staff knew how to recognise and respond to potential signs of abuse.
- Safeguarding incidents had been investigated appropriately and followed up.
- People felt safe when receiving care. One person said, "Yes I feel safe, the staff are respectful and listen to me".

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 MCA 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.

- We found the service was working within the principles of the MCA.
- Mental capacity assessments and care plans were in place. Capacity assessments reminded the assessor that the starting assumption must always be that the person has capacity.
- Record was made of who held power of attorney for people.

Assessing risk, safety monitoring and management

- Risks to people's health and safety had been assessed and risk assessments developed. People told us they were involved in this process.
- Risk assessments covered areas including environment, skin integrity, falls risk and continence care. They had been regularly reviewed to make sure the information was up to date. Staff said they read the risk assessments and contacted the office staff if they felt they needed to be reviewed and changed.
- Staff had recognised risks to people's health, safety and comfort and acted to resolve them. For example, when a person was not eating, they found they did not like the ready meals they had been provided with. The provider bought the person an air fryer and slow cooker so they could have fresh meals. Another person did not have essential household items and heating when they started to use the service. Staff donated some items and the provider liaised with appropriate people to make sure the person had the appliances they needed and heating to allow them to live comfortably and safely.
- Another example of action taken to maintain people's comfort and safety was when the service realised people were not able to have visits from podiatry during the pandemic. The manager completed a foot care course and, after qualification, was able to provide this service to people.

Using medicines safely

- Medicines were managed safely.
- Care notes had not always been made to say why medicines prescribed to be taken 'as needed' had been administered. The provider took action to address this during the inspection.
- Audits of medicines management had identified issues with the Medication Administration Record (MAR) not always giving clear information. A new MAR had been introduced to address this issue.
- Staff had received training in managing medicines and had their competence checked in this area. One member of staff told us, "Anything I was not sure with especially with medication, I will ring the office and seek advice."
- People said staff made sure they had their medicines. A relative told us how staff always leave a choice of drinks and a few snacks for their family member after giving them their medicines.

Staffing and recruitment

- Staff were recruited safely and followed a comprehensive induction process including studying for the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- People told us 2 staff always attended when this was needed.
- Nobody reported a missed call and said staff would let them know if they were running late.
- Some people felt there was a sometimes a lack of consistency of staff during the weekend. One person told us the office staff and the manager picked up weekend calls when needed.
- The provider had completed an overview of recruitment over the last 7 years to identify any themes and patterns of staff leaving and the reasons for this.

Preventing and controlling infection

- Staff had received training in use of personal protective equipment (PPE)
- People said staff wore masks and used other PPE such as gloves and aprons as needed.

Learning lessons when things go wrong

- The provider had taken action to address issues discussed during a remote assessment of the service known as a DMA by CQC prior to this inspection.
- Learning was taken from complaints received by the service with the complaint, and any outcomes, shared with staff during meetings.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People were supported in a variety of ways to make sure they achieved good outcomes. For example, staff arranged for one person's grocery shopping to be delivered to the agency's office because the person was not able to take their own delivery.
- The provider told us, "We always tell carers they can add an extra call which is not charged to the client but paid for to the staff where we think a client needs a little extra care and attention and this has created a culture where we are able to look beyond the tasks of the job and really get to the heart of caring".
- People and their relatives told us they had been involved in developing their care plans. One person said, "Yes my family member and I wrote it originally". A relative told us, "Yes I helped with the care plan and it can be reviewed and changed, it's very flexible".
- People said they could speak to a member of the management team whenever they needed to and found them helpful and supportive.
- Before the pandemic, the provider organised a focus meeting with staff and people who used the service. They discussed what people thought of the service provided, what worked well for them and what didn't, and what could be changed or implemented to provide a better service. The provider had plans to reinstate these meetings.
- Without exception, staff spoke positively about leadership and management. One member of staff said, "Management have a good relationship with staff, and I think it is really important. We get lots of support, it depends on what is needed; sometimes it can be a phone call, sometimes if it is in-depth she (registered manager) will come out to show us to make sure we are comfortable and confident, she will ask us if we needed further training".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The manager was well supported by the provider and a team of office staff who contributed greatly to the day-to-day management of the service. The registered manager and office staff also made care calls when needed.
- The provider told us, "We had a difficult time last year and having a fluctuating management team for a period had a real detriment to the quality of the service. (The manager) and her team supported by myself have gone back to basics in putting back all the weekly reviews around service delivery and ensuring that message of "Client first" is lived by everyone".

- Systems for audit, quality assurance and questioning of practice were robust and operated effectively.
- Systems were in place to identify themes and trends which sought to reduce the likelihood of an untoward event occurring again in future.
- The provider and manager were pro-active in responding to what people had said in quality assurance questionnaires. They went out to see people who had said they didn't know how to complain or people who had raised issues within the survey to ensure they were able to make improvements to the quality of care provided.
- Recently received quality assurance questionnaires had been reviewed with areas for action identified. The provider said they would be producing a 'You said, we did' type document to be shared with people who used the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider fully understood their legal responsibilities around duty of candour. The provider had a framework in place which sought to ensure investigations into accidents, incidents and untoward events were completed in a timely manner and findings shared with relevant people.

Working in partnership with others

- The manager and wider staff team worked well with other health and social care professionals. We saw evidence of contact with district nurses, GP's pharmacies, social workers and occupational therapy.