

Hafod Care Organisation Limited

Hafod Care in the Community

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hafod Care in the Community is a domiciliary care service providing personal care to people with a variety of needs including dementia, physical disability and sensory impairment. People are supported in their own homes, at the time of this inspection, 15 people were receiving personal care from the service.

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

At our last inspection the registered manager had failed to ensure staff rota planning was effective in supporting staff to carry out their duties, staff training was not planned effectively to support staff and auditing systems in place did not provide oversight of the service. At this inspection we found improvements had been made, but more work needed to be done.

Safeguarding concerns, accidents and incidents were reported and acted upon. Audits were in place to identify any trends or lessons to be learnt. Work was underway to improve the information documented in people's care records, but this had not been consistently completed and information was still missing in some plans. Staff were aware of the risks to the people they cared for and people felt safe supported by the same group of staff.

People felt safe when staff attended to them and confirmed staff wore PPE (personal protective equipment) when entering their home and supporting them.

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

Staff worked in partnership with external healthcare professionals to ensure people's healthcare needs were met.

People were happy with the service they received. People did not experience any missed calls and were supported by a consistent group of staff who knew them well. People's views of the service were sought.

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 requires improvement (published 6 May 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Hafod Care in the Community

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of care staff including the provider and the registered manager. We reviewed a range of records. This included four people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, training plans and care records. We spoke with one professional who was in contact with 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe. A member of staff told us, "We are given all the information we need to know in their care plan. [Person's] care plan is quite thick, there's a lot of information in there."
- Following the last inspection, action had been taken to ensure care plans and risk assessments provided detailed information on how to support people safely. We found some work was still required in this area, but staff spoken with were aware of the risks to people and provided detailed explanations as to how they supported people safely. Staff consistently gave the same responses when talking about particular people they supported. A relative told us, "They [care staff] know [person] so well, I'd find it hard if they weren't in existence. I believe [person] is in safe hands."
- Risks associated with people's behaviours and medical conditions had been risk assessed. The registered manager confirmed this work was still in progress as more information was being added to care plans.
- People told us they received their medication on time. A relative confirmed their loved one received their time specific medication on time and had no concerns regarding this. Body maps were in place and in use to demonstrate the correct rotation of medication administered by patch.
- Accidents and incidents were recorded and reported to the registered manager. Records showed where people had suffered a fall, appropriate action was taken, agencies notified, and medical attention was sought.

Staffing and recruitment

At our last inspection service users were at risk of their needs not being met due to not enough staff or staff not having enough time to meet their needs This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 18.

- The registered manager confirmed before they took on any additional packages of care, they assessed existing capacity in the service.
- Staff confirmed they received their rotas on a weekly basis. A member of staff told us, "I receive my rotas usually on a Friday and I know what I am doing [the following week]. Rotas give you all the information you need." Staff confirmed they were allocated travel time between calls and were happy with the arrangements in place to cover staff vacancies. The registered manager told us, and we observed that if a member of staff was unexpectedly absent, they, the provider and another member of management were able to step in at short notice and cover calls.
- All people and relatives spoken with told us their calls were on time and they had never had a missed call. One person told us, "I have two staff, we agreed the times and they always stick to those times and stay the correct amount of time. I am very happy with the service."
- At our last inspection we established checks had been carried out on staff suitability to work with people who use the service. Checks including criminal records and references from previous employers. We were informed no new staff had been recruited to the service since the last inspection.

Systems and processes to safeguard people from the risk of abuse

- Where safeguarding concerns arose, they were reported and acted on appropriately. Staff were aware of the processes they should follow should they need to raise a concern. A social care professional told us how the service had raised a safeguarding concern with them. They said, "I have no concerns regarding how they dealt with the situation. They had a very good understanding of the person's care needs and how to support them."
- People and relatives told us they felt the service was safe. One person told us, "[The service] feels safe, they are so used to our routine."

Preventing and controlling infection

- People were protected from the risk of cross infection. During the COVID-19 pandemic, additional training and measures were in place for staff to follow to help keep people safe. These included wearing personal protective equipment (PPE) and ensuring staff had access to an adequate supply. A member of staff told us, "They [management] have been very good on that front. They gave us everything we needed (PPE) when we started and it feels safe [at work]."
- People told us staff wore PPE when they supported them and they felt safe when they were in their home. A relative told us, "Staff wear masks, aprons and gloves, we had a letter at the start of the pandemic explaining how things would be."

Learning lessons when things go wrong

- Systems were in place to record any accidents, incidents, complaints or safeguarding events. This information was analysed on a monthly basis for any trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were trained to meet the specific needs of some service users. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- A training matrix was in place to demonstrate staff had received training to support them in their role. Staff told us they felt well trained and confirmed they had received training and guidance in particular areas such as catheter care and supporting people living with Parkinson's disease. A member of staff told us, "Nurses also provide particular guidance and training for different people we support. We follow exactly what they ask us to do."
- People and relatives told us they considered staff to be well trained. A relative told us, "I consider them [care staff] to be well trained." They went on to describe how a carer had noticed their loved one required more support and ensured the correct equipment was put in place to assist them safely. They added, "I feel the service is safe and staff know how to support [person] safely."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to eat and drink. A relative told us, "Staff know what [person] likes. They know their appetite is really poor and I know they coax them to have something to tempt them. They write it all down and I get to see the overall picture."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff spoken with provided detailed explanations as to how they supported people safely and it was evident from our conversations, that staff knew people well and what was important to them.
- People told us staff knew them well and understood and respected how they wished to be supported. A relative described how their loved one liked to be supported a particular way, and all staff who cared for them, respected this. They told us, "They [care staff] know [person] so well and if something changes I can tell them and I know it's taken on board."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- We saw the service liaised with other agencies to ensure people's healthcare needs were met.
- A relative told us, "They [care staff] noticed a bit of a sore starting to develop and the carer got hold of the district nurse and got it sorted. Any problems and they get what is needed. It's reassuring."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were not deprived of their liberty and told us they were involved in the planning and review of their care.
- People told us staff asked for their consent prior to supporting them. A relative told us, "They [care staff] are respectful and obtain [person's] consent before supporting them. They don't rush things and know they have to be patient and they take their time. Every day is different."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the providers systems and processes were not operated effectively and did not identify where quality and safety were compromised. This was a breach of regulation 17 (Good Governance) of the Health and social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however there was still work to be done. The provider had eight months to achieve the requirements, but their systems had failed to identify some areas for improvement that had been found on inspection.

- Information was missing in care records and not all risks assessments had been consistently completed. For example, a 'risk assessment summary sheet' which provided useful information to staff had not been fully completed in two care files seen. Staff spoken with were aware of the risks to people and how to support them safely. The registered manager told us they were working on this.
- A system for monitoring calls had not been implemented. The registered manager told us, "On odd occasions I drive past houses and also ring service users and staff." This meant if staff did not turn up for a call, there was no way of the registered manager knowing this without being alerted by the service user. People spoken with confirmed their calls were on time and they had not experienced any missed calls.
- At the last inspection, the registered manager failed to effectively operate the provider's governance system. At this inspection we were told the electronic system purchased to provide this oversight, was not felt to be suitable for the service and alternative systems were being looked at. A paper-based quality assurance system was in place in the interim.
- An alternative paper-based quality assurance system was in place. Monthly audits were in place to provide oversight of the service. Records showed this information was reviewed and analysed for any actions to take by both the registered manager and the provider.
- 'Resident of the day' had been introduced and involved the registered manager contacting people to check their needs were being met and they were happy with the service received. We saw 10 surveys had recently been completed by service users and all responses were positive. One person had written, "I have recommended you to other people and you have been amazing during what's going on."

- Staff reported that if they had any concerns they had to report them directly to the registered manager. One member of staff told us, "I get in touch with [registered manager] and they are responsive. I raised some concerns about a client needing some new equipment and they arranged it straight away."

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Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they were happy in their role and enjoyed working at Hafod Care in the Community. They told us they felt supported by the registered manager and several staff described how they had been personally supported.

- At the last inspection, staff had raised concerns regarding staffing levels and the hours they worked. At this inspection, staff spoken with advised they had no concerns regarding their hours and felt supported by management. One member of staff told us, "I can always call [registered manager] on the phone. They are a good company to work for and very supportive, they don't expect me to do more than I can do."

- Staff confirmed following the last inspection, travel time had been introduced between calls.

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 registered manager had oversight of potential safeguarding issues, accidents and incidents. Staff were aware of the processes they should follow in these circumstances and we saw appropriate action was taken following these events.

- Relatives informed us they were kept informed of their loved one's wellbeing and any concerns that arose. People and relatives were complimentary of the service and told us they would recommend it to others. One relative said, "I have no complaints and they are easy to get hold of."

Working in partnership with others

- The registered manager and the provider worked in partnership with other organisations including people's GPs and other healthcare professionals.