

Hallam Homecare Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Hallam Homecare Services Ltd is a domiciliary care agency registered to provide personal care. The agency provides support with personal care and domestic tasks. The agency office is based in Sheffield and support is currently provided to people living in their own homes in the Sheffield area. At the time of the inspection one person was receiving a service.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

Hallam Homecare Services Ltd was registered with CQC in October 2017. The registered manager told us the service started supporting people in December 2017. This was the service's first inspection.

At this inspection we found the registered provider was in breach of one regulation.

The person who used the service told us they felt safe. At the time of the inspection there were no recorded safeguarding concerns. The management team knew how to identify and report suspected abuse and had clear systems in place which ensured safety and legal standards were met. Systems were in place to manage medicines in a safe way.

Feedback obtained during the inspection showed people received appropriate care and support. However, we found areas of risk which were not effectively managed or mitigated against, such as not always completing a relevant risk assessment when a risk had been identified.

The person who used the service said staff were well-trained and on-time for care calls. Staff told us they felt supported by the management team. However, we saw the registered provider was not following their own supervision policy. Feedback showed support was provided by the same staff which promoted good continuity of care. The management team were exceptionally caring and we saw clear evidence they listened to people and staff. We saw care records contained limited details about special dietary requirements and food and drink preferences.

We saw evidence of a collaborative approach to planning people's care and support. The person who received a service told us they were provided with a copy of their care plans which was reflective of their needs. We saw the service had received no complaints since they began operating. At the time of our inspection, the service was not supporting anyone who required end of life care.

During the inspection we received very positive feedback about the service. They said the service was well-run and the management team were approachable and friendly. We found the registered provider had some systems in place to evaluate and improve the quality and safety of the services provided. However, they

were not always sufficiently robust and had not identified some shortfalls in the service highlighted in the body of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We found some risks had not been assessed or identified.

Staff knew how to safeguard people from abuse and had received training in this subject.

We found satisfactory procedures in place for the administration of medicines and staff employed at the service had been provided with training in the safe administration of medicines.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role. However, staff were not provided with regular supervision for development and support.

People's communication needs were not always being met as information about how to access the service was not translated to their first language.

Meals were prepared to an excellent standard, which also reflected people's cultural preferences. More detail was needed in people's nutritional support plans.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

The person who used the service said staff were very caring in their approach.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs

Is the service well-led?

The service was not always well-led.

The service promoted a positive and open culture, where people who used the service had confidence in the management team.

We found some of the provider's systems or processes were not established to ensure compliance with the requirements of regulations.

Requires Improvement 

Hallam Homecare Services 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 10 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure the registered manager would be available. The inspection team was made up of one adult social care inspector.

The inspection activity started on 9 October 2018 and ended on 10 October 2018. On the 9 October 2018 we visited the person who received a service from Hallam Homecare Services Ltd, to gather feedback about the service and look at the care records held at their home address. We also spent time observing staff who were present at the visit. We visited the office location on 10 October 2018 to speak to staff and review records relating to the regulated activity.

Prior to this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury.

During the inspection we spoke to the one person who received support from Hallam Homecare Services Ltd. We also spoke to the registered manager and the business owner, who were responsible for the running of the service, three care staff, the human resources manager and an external interpreter who was commissioned as part of the person's support package. At the time of the inspection there was one commissioner of Hallam Homecare Services Ltd, a Sheffield based community mental health service. The commissioner's feedback about this service was considered as part of our inspection findings. We spent

time looking at written records, which included one care record, two staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

We found not all risks relating to the health and safety of the person who used the service were assessed and effectively mitigated. We checked the person's care plans and risk assessments contained the information staff required to meet their individual needs safely and to mitigate any identified risks. We saw risk assessments were in place to promote the safety of staff, such as moving and handling when shopping or providing support in people's own homes. However, there were no risks assessments relating to the person receiving support when there were several areas of risk which had a clear need for assessment. For example, we identified the person was a diabetic and staff provided support with their meals. The registered provider identified they were diabetic in the admission assessment but failed to assess the level of risk this presented to the person and what control measures were appropriate to keep this person safe. We found no information on their diabetes type, whether this was diet or medication controlled, or the signs, symptoms and procedures for staff to follow should the person have an attack. This risk was compounded by the lack of dietary information available to staff in the person's nutritional care plan. Although we found the lack of a risk assessments had no impact on care delivered, we expect improvements in this area and this concern was fed back to the registered provider. We recommend the registered provider prioritise the completion of all risk assessments where a risk has been identified.

This was a breach of Regulation 12 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

The person who used the service told us they felt very safe when receiving support from staff. We saw a policy on safeguarding vulnerable adults was in place and the registered manager was clear about their responsibility to report safeguarding incidents as required and in line with safe procedures. All staff had completed training on safeguarding adults. The registered manager confirmed there had been no recorded safeguarding incidents since the service began operating in December 2017.

We found satisfactory procedures in place for the administration of medicines and staff employed at the service had been provided with training in the safe administration of medicines. The registered manager confirmed they were not presently providing support with medicines, though should the need arise they were capable of providing this service to people. We saw care records included details of people's allergies, medication, dosage and administration frequency. People who were able to self-medicate were assessed as safe to do so and this information was clearly documented in their care plans.

We checked two staff files and saw the provider had checked staff's suitability to work with people prior to them commencing work at the service. These checks included obtaining Disclosure and Barring Service Checks (DBS). Completing these checks reduces the risk of unsuitable staff being recruited.

The service had sufficient numbers of staff employed to meet the person's care and support needs. At the time of this inspection the service provided approximately 5 hours of support per week. Staff confirmed they had enough time to complete their care and support tasks at each call. We saw after each visit a record was completed by the visiting staff member. We found the quality of daily records was inconsistent so it was not

always clear what care and support had been provided. The registered provider said they were aware and this was because some staff were less proficient at written English as it was not their first language. To address this concern the registered provider was developing a new system of recording to simplify this process to promote quality and consistency in people's daily records. However, this system was not yet implemented. We expect improvements in this area before the next inspection.

We saw the registered provider had a policy and procedure in place for controlling the risk of infection spreading. Staff confirmed they were provided with Personal Protective Equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures. The person receiving support did not have any concerns about infection control practices. However, we saw no audit system in place which meant the registered provider was not able to show us evidence staff were following correct procedures.

Is the service effective?

Our findings

Staff told us they felt well supported by the management team and they communicated effectively as a service. We saw the service used less formal methods to communicate with each other, such as sending and receiving messages via their mobile telephones. All staff were part of a work group, which they could communicate important information to each other via a web-based platform on their mobile telephone. Staff commented favourably on this method and said it was more versatile than face to face meetings. However, as this was the management team's most utilised means of communicating with staff, they were unable to show us evidence of recorded supervisions with staff. This was also contrary to the registered provider's supervision policy which stated staff must receive six supervisions per year and a legible and permanent record of each supervision must be kept. We also found team meetings were not always recorded. We discussed this concern with the registered manager and they submitted evidence after the inspection to show a supervision template had been implemented so these discussions could be recorded and clearly evidenced.

The person who received support said care staff knew what support was needed and had the skills to do their jobs effectively. We checked the staff training matrix, which showed staff were provided with relevant training, so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, infection control, safe handling of medicines and safeguarding was provided. This meant all staff had appropriate skills and knowledge to support people.

We saw evidence of most communication needs being met. As part of the person's care package an external interpreter attended each care call with care staff so they could communicate effectively. The person who used the service told us with the support of their interpreter they participated in care reviews and important information, such as contract agreements and complaints procedures were explained to them. We identified information held at the person's home address about how to access the service was not written in the person's first language, which meant unless their interpreter was present they were not able to access important information. We discussed this concern with the registered provider who assured they had systems in place to translate written information and would therefore endeavour to correct this.

The person who received a service told us they received appropriate support at mealtimes. They said staff cooked food to an excellent standard, which also reflected their cultural preferences. We identified improvements to nutritional support plans to guide staff on people's food and drink preferences and specialist dietary needs. We recommend the registered provider review and update this person's care and support plan to include more information about their individual nutritional preferences.

The person who used the service said staff were very reliable and stayed as long as they should. They confirmed support was provided by regular staff which had never missed a visit. This showed the service provided good continuity of care because the person who received support saw the same staff.

Systems were in place which ensured people's needs were assessed before a new care package

commenced. Staff were then selected to meet the person's requirements. We saw the service supported them to maintain good health by working collaboratively with external health services. Any assessments or information from healthcare professionals were recorded in their care plans so staff were aware of any changes in their condition and care requirements. We received very positive feedback from the community health team who commission this service and they said the management team were excellent and communicated effectively. This showed the service worked in partnership with external services to promote people's health and well-being.

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 so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. For people living in their own home, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager told us at the time of the inspection the person who received support was able to consent to their care and support but was aware of their legal requirements under the MCA. This corresponded with our checks of the person's care record, which showed proper consent had been obtained before care and support had been provided. The person who received a service said they felt consulted and staff always asked for permission before providing support.

Is the service caring?

Our findings

The person who used the service told us staff were caring and kind. When we spoke with the care staff they demonstrated a caring and compassionate manner and clearly understood how to deliver the personalised care and support the person required. Staff knew how to treat people with dignity and respect.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

The service had a collaborative approach to planning people's care and support so it was delivered in a way they liked. The person who used the service said they took part in regular reviews where they could voice their opinions about the care and were involved in decisions about any changes. We saw records of reviews which evidenced these discussions.

Is the service responsive?

Our findings

The person told us they were happy with the care and support they received. Care records we reviewed were up to date, person-centred and provided information about the individual's needs and preferences. They focussed on what the person could do for themselves as well as describing how they wanted staff to support them where they needed assistance. We identified some sections of the care plan where more detail was required and the registered manager took steps to address this immediately.

Records showed staff supported the person to lead the life they wanted, which included going out in the community.

Systems were in place to manage complaints. The complaints procedure was provided to people who used the service. The person who used the service told us they had no concerns but knew who to go to if they did and felt confident these would be dealt with appropriately. The registered manager told us there had been no complaints since registration.

People were supported to discuss their wishes in respect of end of life care with the involvement of anyone else they wished to be present such as their family, friends or advocate.

Is the service well-led?

Our findings

The person who used the service told us they felt the service was well-run and the management team were approachable and friendly. We also saw evidence of an open culture within the management team.

We found the registered provider had some systems in place to evaluate and improve the quality and safety of the services provided. However, improvements were required in this area. One way of monitoring staff competency is through regular spot checks, which are then recorded, so any issues of poor practice can be identified and followed up. We found no such system in place which meant the registered provider was not able to show us evidence staff were providing safe and high quality care. During the inspection we identified necessary improvements with people's care plans, risk assessments and daily logs. An audit tool which checks the quality of a care plan against a set criteria is one way of ensuring the quality and safety of people's records. Again, no such system existed which meant issues relating to quality and safety were at risk of not being identified and acted on. This shows the registered provider's systems or processes were not always established and operated effectively to ensure compliance with the requirements of regulations. After the inspection the registered manager submitted evidence to show they had implemented a care plan audit system. They also started recording spot checks to monitor staff competency.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date so they reflected current legislation. However, we saw the registered provider were not following their supervision policy. We recommend the registered provider always follow their own policies and procedures to ensure quality and safety standards are always met.

We saw the registered provider had carried out a satisfaction survey in July 2018 with the person who used the service and feedback obtained was positive. We recommend the registered provider expands their quality assurance processes by obtaining feedback from a wider range of stakeholders. The registered provider should actively seek the views of not only the people who use the service but anyone associated with the service, such as health and social care professionals, commissioners and other relevant bodies, about their experience of, and the quality of care and treatment delivered by the service. Feedback should be listened to, recorded and responded to as appropriate. Stakeholder feedback is a vital part of driving improvements to the quality and safety of services. Improvements are required in this area.

The registered provider told us they were trying to grow the service and forge new commissioning links through the local authority. We saw the service had plans in place to manage the expansion of new people joining the service so that the quality and safety of the service was maintained.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider failed to properly assess all risks relating to the health and safety of people receiving the care or treatment.</p>