

Henley 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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Henley Care Limited is a domiciliary care service providing personal care to people living in their own homes in the community. At the time of our inspection there were 41 people using the service

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe when being supported by the service. Medicines were managed safely. Where risks were identified there were plans in place to manage those risks. There were sufficient staff to ensure people's needs were met.

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

Staff had the skills and knowledge to meet people's needs. Staff competencies were checked to ensure staff were able to meet people's needs safely.

Where people required support with eating and drinking this was provided to ensure dietary needs were met.

The service worked closely with health and social care professionals to ensure people had access to appropriate support.

People were supported by caring staff who treated them with dignity and respect. People were involved in the development of their care plans and felt involved in all aspects of their care.

People received person-centred care and care plans reflected how people wished their care needs to be met.

There were systems in place to monitor the quality of the service. The management team had plans to improve the effectiveness of the quality assurance systems to enable them to monitor and improve the service.

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 remains Good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Henley Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 14 December 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that there would be someone in the office.

The inspection was carried out by one inspector on site. An Expert by Experience made telephone calls to people who use the service and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and notifications. Notifications are events that providers must notify us about by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection site visit we spoke with the registered manager and the quality and compliance manager. We looked at four people's records, medicine records, five staff files and other records relating to the management of the service.

Following the site visit the ExE spoke with five people and eight relatives. The inspector spoke with three care workers, a team leader and three health and social care professionals.

Is the service safe?

Our findings

People continued to feel safe at the service. One person told us, "Oh yes, very safe. I'm unsteady on my feet now, and it is reassuring to have [care worker] here to help me shower. I'd probably fall if she was not here". Relatives were also confident people were safe. One relative said, "I think [person] is very safe in the care of the staff. They know how to assist her when they give her a bed bath and I have no concerns regarding her safety".

Medicines were managed safely. Medicine administration records (MAR) were fully and accurately completed. Staff completed medicines training and their competency was assessed. One relative told us, "[Person] has specialist needs and requires peg feeding. Medication goes through the peg feed as well. [Care worker] is trained to do this as I am too. He fills in a MAR Chart for medication and fluids and he does this very well".

Risks to people were assessed and where risks were identified there were plans in place to manage the risks. For example, one person had a mobility risk assessment as they required support with all transfers. The care plan detailed the equipment required to transfer the person and guidance for staff in how to move the person safely.

Staff had completed training in how to safeguard people from harm and abuse. Staff had a clear understanding of their responsibilities to identify and report concerns. One member of staff said, "I would report to the office and social services. We report absolutely all concerns. The clients are the most important thing. We must protect them".

There were sufficient staff to meet people's needs. People told us staff were on time and stayed for the allocated time. No one we spoke with had experienced a missed visit. One person told us, "Always on time. If they are going to be late, they ring to say so". A relative said, "[Person's] carer will look for things to do to fill in the remaining time with him on the days she visits if there is some spare time. She might take him for a walk around the garden or even sit with him and have a coffee and a chat. He loves that. She is never in a rush to get away".

The provider had safe recruitment processes in place that ensure staff employed were suitable to work with people using the service. This included recruitment checks, including references and Disclosure and Barring Service (DBS) checks.

There were systems in place to monitor accidents and incidents for trends and patterns. All accidents and incidents were recorded and investigated and action taken to mitigate the risk of a reoccurrence.

Is the service effective?

Our findings

The service continued to be effective.

People were supported in line with current best practice and legislation. For example, people's communication needs were assessed in line with the Accessible Information Standards (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

People were complimentary about the skills of staff providing support. One person said, "My carers use a hoist when they get me up each morning and take me for a shower. They use it very well and I am confident with them". A relative told us, "[Person] has become quite negative and depressed with her condition (dementia) they [care staff] are really good with her. Probably better with her than I am. They are really good at speaking to her and don't patronise her".

Staff completed training that ensured they had the skills and knowledge to meet people's needs. Where staff were required to support people with delegated health tasks they received training specific to the person and were signed as competent before providing the support needed. One health professional told us, "[Registered manager] keeps herself up to date as a registered nurse and is able to train staff". Staff felt well supported through regular spot checks and supervision. One member of staff said, "I am very supported, absolutely".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). Staff had completed training in MCA. They had a clear understanding of how to support people in line with the principles of the Act. One member of staff told us, "We always assume capacity. If they don't have capacity then we always have to consider what is in their best interest and make sure we use the least restrictive option". People told us staff always sought consent before supporting them. One person said, "My carers know exactly what I want and how I want them to do things for me and they just get on and do it. They are great".

Where people were supported with eating and drinking, staff ensured people received food and drink that was safe and met their dietary needs. One relative told us, "Yes, the carers do help her with food preparation. Sometimes it is a ready meal, sometimes there is food in the freezer that [relative] makes for her and occasionally, the carers make a simple meal from scratch. They monitor the food in the fridge and the freezer and tell me when it is getting low and more shopping needs to be done and they check 'use by' dates and throw food out if it is out of date".

The service worked closely with health professionals to ensure people had access to health care support in order for them to live healthier lives. One health professional told us, "We work closely together and [registered manager] ensures people get the right care from the right carers".

Is the service caring?

Our findings

People continued to benefit from staff who were caring and compassionate.

Without exception people and relatives told us staff were kind and caring. Comments included: "Staff are very kind and caring. They make [person] laugh. Sometimes they ask her if she would like to go outside for a little walk around the block and she loves that"; "Yes, this week [person] has been feeling poorly, over and above her usual. The carers were very caring about her health and carried out an additional visit, just to make sure she was okay" and "Yes they are kind. I suffer from very dry skin and they look at sections of my skin and comment on how well certain areas of my skin is improving. They bother to take notice of it. Telling me things are improving makes me feel much better somehow".

People were treated with dignity and respect. One person told us, "I am treated with dignity and respect all the time. They either shower or wash me every day and I feel completely comfortable with it. They chat while they are doing it and put me at my ease".

Staff understood the importance of supporting people to maintain their independence. One person said, "Yes, they do, absolutely. I hate to ask people to do things but they help a good bit. [Care staff] helps to shower me and change my bed but only helps me, she doesn't actually do it all for me".

People were involved in decisions about their care. Records showed that people had been involved in the planning of their care. One person told us, "When [person] first needed carers, they came out to speak with him, my sister and me to talk about what we all thought his care needs were".

Is the service responsive?

Our findings

The service remained responsive.

People received person-centred support from staff who valued them as individuals. One member of staff told us, "Each person is different. If you know the client you know how to talk to them. Everyone is unique". One person told us how staff made them feel valued. They told us, "Many of the carers are Polish or Romanian and try very hard to speak English well. They know that I used to be a Head Mistress in my working life, and often ask me questions about grammar because they want to improve their English. I can't tell you how good that makes me feel".

Care plans were individualised and included information about people that enabled staff to know them well. For example, one person's care plan described the person's personality and that they needed to be supported by staff who were 'cheerful and happy'.

Care records reflected people's diversity and included people's' religious and cultural needs. Care plans also recognised the impact of people's disabilities on their lives and how care staff should be respectful of these feelings.

People and relatives were aware of their care plans and everyone told us they had been involved in developing them. Comments included: "Yes, We've had carers for three weeks now and very happy with the care. We have a care plan with exactly what we want them to do. They came out and asked us what we needed and it's now in place. There's a file on the table and the girls fill it in every time they visit"; "We have a file with the details of the care provided in it. It is very detailed and we were consulted when it was put together. The file is kept up to date at all times" and "I have a care plan in my file, which the carers fill in every time they visit. It is reviewed".

At the time of the inspection no one was receiving end of life care. However, we saw letters of thanks from relatives who described staff supporting people at the end of their lives as "Sensitive, practical and completely trustworthy".

People knew how to complain and were confident any concerns would be dealt with appropriately. One person told us, "I do know how to complain but it hasn't been necessary so far".

Records showed that complaints had been investigated and responded to in line with the provider's complaints policy.

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in post who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission 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.

People and relatives were extremely positive about the registered manager and told us they were approachable. Comments included: "I know who the manager is and trust them to do a good job"; "[Registered manager] was very good when we needed the care to start. It was quite a shock when my [person] became ill when we were on holiday in the summer and I felt very reassured when the Manager came out to see us both" and "Yes, they are very approachable. Anything we needed was provided".

Health and social care professionals were equally positive about the management of the service. One professional told us, "[Registered manager] is very efficient and does assessments quickly. Very thorough assessment to ensure they can meet needs".

Staff were well supported by the registered manager. They felt valued and listened to. One member of staff told us, "They [registered manager] are so helpful and kind. Very approachable and will always help me if I have a problem".

There were some systems in place to monitor and improve the quality of the service. The registered manager, with the quality assurance and compliance manager were enthusiastic about improvements they planned to make. A new electronic system was being introduced which would hold all the information relating to audits and monitoring systems which would enable the registered manager to have an overview of the service and develop improvement plans from the information.

There were systems in place to gather the views of people about the service and action was taken to address issues. One relative said, "Yes I have completed a questionnaire before. I mentioned that I thought evening calls to put mum to bed at night were getting earlier and earlier and they changed that straight away".