

Heydayscareandsupportservices Limited

Heydays Care & Support Services LTD

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

About the service:

Heydays Care & Support Services is a domiciliary care agency that provides personal care and support to people living in their own homes. This includes personal care, respite care, overnight care and home care services. Not everyone using Heydays Care & Support Services receives regulated activity. CQC only inspects the service being received by people provided with 'personal care' (help with tasks related to personal hygiene and eating). Where they do we also take into account any wider social care provided. When we inspected the service was being used by 91 people.

People's experience of using this service:

People told us they felt they received care in a safe and supportive way. We were told, "I feel safe and comfortable every time they come" and "All are friends, always kind and caring." People and relatives told us the service was "very caring" and management were "friendly" and always available to listen to them. People spoke about staff and the service going the "extra mile."

People told us the service was well managed and the staff supporting them knew them well and respected their needs and preferences. Some said staff were more like friends than care workers. Care staff told us the management team set high standards for care and support.

Staff had received appropriate training, induction and development to carry out their work and support people safely. There were sufficient numbers of skilled staff working with people and they received supervision and support so they could support people effectively. There was a thorough recruitment process to help make new staff were suitable to work with the people in their homes. Only staff who had received training in safe medicine administration were able to give medicines and we saw this was being done safely.

Staff were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control. Staff told us they could restock this equipment whenever they needed.

The provider had safeguarding systems to protect people from the risk of abuse or unsafe care. Staff were aware of the procedures, had received training on it and knew what action to take. There were effective systems for assessing and managing risk to help make sure people and staff were kept safe from foreseeable risks.

The registered provider had procedures in place for assessing a person's mental capacity in line with the Mental Capacity Act 2005. 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 assessed and regularly reviewed people's physical, mental health and social needs and updated the care plans when changes happened. Care plans had been developed with the close involvement of the

person and where appropriate their families and representatives. People told us staff were reliable and acted quickly if they needed any help or if they were feeling unwell.

People's social and emotional needs were considered as part of the overall service and social isolation was recognised as a major issue for some people. The registered provider had introduced social events for people to help reduce the risks from social isolation. Staff actively promoted people's independence and respected their privacy.

People and their relatives were aware of how to raise concerns or complaints. Complaints received by the service had been investigated and responded to in line with the provider's own procedures. People told us, "I would not hesitate to contact the office if I had a problem, the office staff are approachable and kind." The service acted upon the comments people made with them to try to make sure lessons were learned.

The nominated individual and registered manager demonstrated strong leadership, oversight and daily involvement in the service. They understood their duty of candour and the requirement to notify us of any significant incidents at the service. The service had systems to assess quality and people told us they were asked for their views about the support they received.

Rating at last inspection: At the last inspection the service was rated good (published 28 September 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service and plan to inspect in line with our inspection schedule for those services rated good. If any concerning information is received we may inspect sooner.

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

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 remained good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good..

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained good.

Details are in our Well-Led findings below.

Heydays Care & Support Services LTD

Detailed findings

Background to this inspection

The 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 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 team consisted of an adult social care inspector 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

Heydays Care & Support Services is a domiciliary care service providing support and personal care to people in their own homes. 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: We gave the service 48 hours' notice of the inspection visit because we needed to make sure that the appropriate people would be available and consent obtained for visits and telephone contact. Inspection site activity started on 27 March 2019 with a visit to the location and ended on 28 March 2019.

What we did before the inspection

Our planning considered information we held about the service. This included information about incidents the provider must notify us about, such as safeguarding. We looked at issues raised in complaints and how the service had responded to them. We obtained information from the local authority commissioners and safeguarding team.

We asked the service to complete a 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. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed care records and records relevant to the running and quality monitoring of the service. We looked at ten care records and a selection of records including, medication administration, quality monitoring records and the training and recruitment records for ten new staff employed in the last year.

We spoke with three people in their homes and looked at the records they kept at home, we telephoned and spoke to six people and four relatives to ask about their experience of the service and the care provided. We spoke with five care staff, two of whom were senior care staff, about their experiences of working for this service.

After the inspection

We continued to seek clarification from the registered manager and provider to corroborate what we found. This included training information and on call records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems, policies and procedures in line with local authority guidance to protect people from avoidable harm. All the feedback we received was positive. This included, "At all times I feel safe and comfortable. I have a good team around me" and "Oh Yes, I feel safe and comfortable every time they come."
- Relatives were also positive about the service. We were told, "My [relative] is extremely safe and comfortable with all the care workers."
- The registered manager understood their responsibility to report abuse to the local authority safeguarding team where it was identified. Staff knew how to recognise abuse and protect people from the risk of abuse and had received safeguarding training relevant to their roles. Staff we spoke with were confident the registered manager would act quickly if they reported any concerns.

Assessing risk, safety monitoring and management

- The registered manager made sure individual risks were assessed and managed to keep people safe.
- Staff completed assessments for each person that identified their individual needs, preferences and any foreseeable risks.
- The assessments of risk included people's medicines, falls, mobility, equipment in use, fire safety and the environment people lived in.
- Staff regularly reviewed people's support plans and these contained detailed and up to date instructions for staff to follow to keep people safe.
- The provider had a system to make sure equipment staff used in people's homes was safe.

Staffing and recruitment

- The service has sufficient staff to cover across the geographical areas they visited. This helped to make sure people received consistent and reliable care from a staff team they knew well and who understood their needs. People told us, "I have never had a problem. I have a team of care workers who always turn up" and "They [care staff] have always turned up. They have never let me down."
- People always knew in advance who would be calling and told us, "I have a rota that is sent so I know who is coming."
- The provider followed an effective recruitment procedure to help make sure that the care workers they recruited were suitable. We examined ten recruitment records of care staff employed in the last year. All had the necessary documentation such as a Disclosure and Barring Service check (DBS), references and proof of identity.
- Since the last inspection the registered provider has set up an arrangement to rent a car if a carer's car is was off the road. This improvement meant care staff could continue to work their rota and people did not

have disruption in the continuity of their support.

Using medicines safely

- People received their medicines when they should and in line with the registered providers policies and procedures. Staff completed risk assessments with people for the management of their medicines and care plans contained information on the support people needed. People told us, "They [staff] check that I have taken the tablets, this gives me comfort in case I forget" and "They [staff] make sure I take the tablets, I have never missed any."
- Staff had the skills and knowledge to support people with their medicines safely. They had received training in the safe management of medicines and received regular updates to this training. Senior staff checked staff competency with medicines and did spot checks in people's homes to make sure staff were following the service's procedures.
- The registered manager and staff recognised the need to support people to stay as independent as they could with taking their own medicines. Staff prompted people or administered the medicines when the person needed help with this. Relatives also often supported people with their medicines.

Preventing and controlling infection

- People were protected against the risk of infection. The registered provider had a policy on the control of infections and staff were given training on infection control and food hygiene.
- Care staff confirmed they had access to personal protective equipment such as disposable gloves and aprons. Staff told us they could restock this equipment whenever they needed to at the office and so did not run out.

Learning lessons when things go wrong

- The service acted upon the issues people raised with them to try to make sure lessons were learned and service improvements made. For example, staff had received additional information and instruction on maintaining confidentiality in their practice following an incident reported to the registered manager.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- The provider had systems in place to assess capacity and then act in the person's best interests.
- Staff had received MCA training and understood the principles. Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise. People confirmed staff asked their permission for the care and support given at each visit.
- We noted information for staff was not always clear on what sort of power of attorney had been registered and if another person had legal authority to make decisions on an individual's behalf. The registered manager began to address this straight away.

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

- Staff assessed people's physical, mental health and social needs and provided support in line with their preferences, recognised standards and evidence-based guidance.
- We looked at people's care records and their individual assessments and found they clearly identified the expected outcomes for people. Staff regularly reviewed and updated people's care plans when changes happened.
- The registered manager and senior staff monitored and spot-checked staff practices in people's homes to help to make sure staff applied their training effectively and in line with best practice. This helped the service maintain its high standards of care and promoted good outcomes for people.

Staff support: induction, training, skills and experience

- Staff had undertaken training in areas relevant to their roles and the support they provided. Staff confirmed this and that they received supervision and support from the senior staff and that they could contact the office for advice at any time.

- Staff told us they felt supported and valued by the registered manager in their work and were encouraged to develop their knowledge and skills.
- Records showed new staff had completed an induction to the service and a probation period.
- We received only positive feedback from people about the staff skills and service they provided. This included, "They do support me well, I am very happy with the support they give me" and also "They [staff] are always on the ball, they always look after me well."

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

- The service supported people to have a balanced diet. Staff assessed people's nutritional and hydration needs. Where people were identified as being at risk of poor nutrition and dehydration staff monitored their diet and sought professional input and advice.
- People told us they were happy with the support staff gave them with meals. One person told us, "I do not have a great appetite, but the care workers really do try their best and they make me what I like. Another person said, "Oh yes, they do give me good support they know exactly what I like to eat and they make it exactly how I like it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service provided consistent and timely care and treatment. People told us staff did not miss calls and acted quickly if they needed any help or were feeling unwell.
- People spoke very positively about the support and care staff provided in helping them stay well. Comments included, "They always keep an eye on me. If I am under the weather they will call the GP or my relatives." A relative told us, "They [staff] always go the extra mile to ensure that my relative is well- anything they do not think is right they will always flag this to me or tell the agency or GP."
- We saw that the service worked closely with the hospital to encourage independence when people were discharged. Staff had received specific training from the hospital or nurses, when needed, to continue to support people with their reablement once at home. For example, exercises advised by the physiotherapist.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service gave us overwhelmingly positive feedback about staff and the service and the positive impact the high standard of service provision had on their lives. Staff were highly motivated to deliver a person-centred service in line with the services stated person centred values. They knew people and their relatives very well and their individual preferences. Staff used this knowledge to communicate with, empathise and care for people in the way they wanted.
- People spoke a lot about staff and the service going the "extra mile." All comments we received were in praise of staff. This included, "They [staff] are brilliant, always go the extra mile and more like friend's than workers" and "Brilliant, wonderful people, in a nutshell" and "We have a laugh and a joke, I can talk to her [carer], these two [carers] are great."
- People told us that staff respected them as individuals, which they clearly valued highly. They told us, "They [care staff] are brilliant, more like friends, we have mutual respect" and "Wonderful, caring, kind care workers, they are more like family to me. We have such respect for each other and "They [staff] respect me, I respect them. They treat me with dignity, cover me up and do not treat me like a child, my previous company did not do that."
- Relatives also praised the service and staff very highly. One told us, "They treat my [relative] as a person, with total respect, always smiling. They [staff] are more like family friends than care workers doing a job." Another commented, "We have got real consistency, this is great and the relationship is brilliant with my [relative]. They [staff] are so caring and kind, they have built a way to speak to each other and this is so heart warming to see and hear."
- We visited people in their homes with staff and saw staff knew people and their families very well and displayed positive, warm and familiar relationships with the people they were supporting. We saw this had a positive effect upon people's well-being.
- The service had links with advocacy services and support for people to use these. Care staff had received training on equality and diversity and on respecting human rights.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and to choose how care and support was delivered to them. We saw that care plans had been developed with the person and their relatives to reflect clearly what the person wanted and needed from the service and staff.
- People were consistently positive about being able to speak freely and decide on what they wanted doing to help them. They told us, "Absolutely marvellous, they [staff] always respect my choices at all times" and also "They [staff] always respect my choices and care about what it is I want "and "Do the girls respect my wishes? Always, at all times, they would never try to force me in anything, they really listen and we work together."

- Staff told us they were actively encouraged to focus on developing and maintaining meaningful relationships with people and their relatives. We asked people about how well their care team worked for them. We were told changes were made to carers to make sure the relationships were good and positive and people had a choice on the gender of their care team. People told us this approach helped them feel in control over their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff actively promoted people's independence to help give people greater confidence and boost their self-esteem.
- People spoke a lot about staff promoting their independence and letting them "set the pace" and not being rushed by staff. One person told us, "I am quite a stubborn and independent person, they [staff] always respect my choices and give me freedom to do what I want to do."
- Relatives also praised the way staff supported people as they wanted. One told us, "Oh yes they [staff] always respect my [relative] choices and they encourage their independence at all times."
- The registered manager told us the importance they placed on making sure staff had time to care for people in an unhurried manner so people could do what they were able for themselves. Staff had travel time built into their visits to help ensure this.
- Other comments included, "At all times, in all the jobs they [staff] do for me they always treat me with respect and dignity" and "I am very independent, they would know about it if they did not let me have my own choice. In all fairness they have always discussed things with me, they know what I can or cannot do and we work around this."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which met their needs and reflected their preferences. Staff had developed and regularly reviewed care plans had been with the close involvement of the person and/or their family members where appropriate.
- People told us that the service was flexible and worked with them to meet their needs and that they felt "in control". All the comments we received from people and their family members were positive and appreciative of the service provided. One person told us, "It's been a life saver for me personally, I can have a life, but someone around to look after me."
- People told us the staff checked "all the time" to make sure the support was what they wanted and were "always happy to make adjustments." People told us, "My plan is reviewed informally by me and the care workers all the time and whenever we need to change something. There's a bigger formal review too about once a year."
- People told us staff visited on time and stayed the agreed amount of time and made sure they had everything they needed before leaving. Comments included, "No, they have never been late for me." and "The office are always there for me, they will listen and calling is never too much trouble for them."
- Since the last inspection the service had continued to support the use of technology to help people feel independent and safer at home. One item was 'Telecare' used by people at risk of falls. The service supported people by acting as their emergency contact. For people with no relatives close by this gave the reassurance that someone would be able to respond quickly if they had an emergency.
- People's social and emotional needs were considered as part of the overall service and social isolation was recognised as a major issue for some people. To help combat loneliness and social isolation the registered provider had recently set up a monthly social group for people at a village hall. This included a variety of crafts, singing, afternoon tea and the chance for people to meet up, have a chat, make friends and be part of a community again. Transport was available, as some people lived in rural areas without good transport links.

Improving care quality in response to complaints or concerns

- The service had a positive approach to handling concerns and complaints. The registered manager told us they saw all comments as a part of their continued learning and improvement.
- People told us, "I have raised issues which have been dealt with straight away. They were not major issues but they deal with them regardless. I am fully satisfied with them." Another person told us, "This is an excellent care service, I have no complaints at all."
- The provider had a complaints policy and procedure and people had copies of this in their homes. This was available in different formats to meet different needs, such as large print.
- There had been one complaint in the last year and this had been tracked and dealt with in line with the service's procedures. Records were available to show what action had been taken to resolve the issues

raised.

- The registered manager told us regular contact with clients was important to help make sure there was a good working relationship with people. People told us they felt they could contact the office at any time and felt comfortable to express any concerns.
- People told us, "The agency is always here for me. I can speak to them at any time and they never make me feel I am a burden ringing."

End of life care and support

- Staff worked closely with health and social care professionals to support people and families when people were approaching the end of their lives.
- Staff had received training from a local hospice on end of life care and care planning. This helped them understand what to expect and look for in a person's condition and support people in a sensitive way
- The registered manager was looking at how to improve the way information was gathered about people's end of life wishes. This was so any specific wishes, expectations and directives could be noted and planned for in advance of any changes in a person's condition.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The nominated individual and registered manager demonstrated strong leadership, oversight and daily involvement in the service. People, relatives and staff consistently told us the clinical team were accessible, supportive and "hands on" in making sure people's needs were safely met.
- Care staff we spoke with told us that the management team set high standards for care and they felt supported staff to give the best care they could. Staff told us, "Brilliant employers, they want you to be well and happy. They are not distant, just part of a good team."
- The registered manager and nominated individual understood their duty of candour and to notify us of any significant incidents or events that affected the running of the service.
- The registered manager and staff understood the importance of reporting any incidents and changes in people's health and social needs to the appropriate professionals and agencies. This understanding indicated that the principles behind a duty of candour were part of the service's culture.

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

- People told us that they were happy with how the service was managed. Everyone we spoke with said they would recommend the service to others and some had done so. One person told us, "Wonderful service, I have been to another company and can compare this is a wonderful company." They told us they felt well supported by the manager and office staff and they had regular meetings with management to discuss work and practice issues.
- The registered manager used a range of quality assurance systems to monitor service provision and get feedback to inform service development. These included using staff and client surveys, spot checks on staff, audits of care plans and medicine records, staff meetings, supervisions and performance appraisals. Regular 'spot checks' on staff helped to make sure their practices were in line with people's wishes and the service's procedures, dress code, and good hygiene .

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were asked for their views about the support they received both formally in surveys and by staff when they visited. They had been given quality questionnaires to give their views and share their experiences with the registered provider. They also confirmed they were asked for their opinions at meetings to review their care.
- The registered manager usually attended the first visit to greet the client and chat about their individual

needs and the outcomes they hoped to achieve. The registered manager told us they found this helped put people at ease and helped build a good base for communication.

Working in partnership with others

- The service worked with healthcare professionals who were involved in people's care. Care staff worked with the district nurses and followed their instructions when supporting people with their treatment and care needs.
- Feedback from social and health care professionals who worked with agency staff was positive about service provision and about joint working.