Holderness Home Care Limited

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Inspection report

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East Riding of Yorkshire
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Tel: 01964204815

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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

The inspection took place on 9 August 2017 and was announced. This was the first inspection of this service.

Holderness Home Care is a small domiciliary care agency which is located in Withernsea, a village in the East Riding of Yorkshire. The service provides personal care and support to people living in their own home. At the time of the inspection 25 people were supported by the service.

The service had a manager who was registered in August 2016. 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. The registered manager (who is also the registered provider) was present during this inspection. The registered manager will be referred to as 'manager' throughout the report.

Staff understood they had a duty to protect people from harm and abuse. They understood how to report concerns about potential abuse to the manager or local authority. This helped to protect people.

Care plans were in place to inform staff about people's individual needs. Risks to people's health and wellbeing, as well as potential risks in their home environment, were assessed and monitored. Staff contacted relevant health professionals for help and advice to help maintain people's health and wellbeing.

We looked at how the service was staffed. Two staff members spoken with said they were happy with how their visits were managed. They told us they were allocated sufficient time to be able to provide the support people required. We visited two people who used the service. They informed us they were satisfied with the care they received. They told us they were supported by the same group of staff who were reliable and never let them down with late or missed visits.

An 'on call' system was in place. This was provided by a care supervisor and the manager.

Staff had received infection control training during induction and were provided with a plentiful supply of appropriate personal protective equipment such as disposable gloves and aprons. This meant staff and people who used the service were protected from potential cross infection when delivering personal care.

We found staff had the skills, knowledge and experience required to support people with their care and social needs. All staff received induction training which included subjects such as information governance, health and safety, basic life support, moving and handling and safeguarding. They worked alongside experienced staff and had their competency assessed before they were allowed to work on their own.

Staff we spoke with understood that if people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 must be followed. Staff we spoke with told us how people

consented to the care and support they received.

Staff were caring and they worked in ways which helped people to remain as independent as possible. Assistance was provided with preparing food and drinks as people needed. People told us the staff who visited them treated them with dignity and respect at all times.

People were provided with a complaints policy. This gave people information about how to make a complaint and how the issue raised would be investigated and responded to.

The care records of people, including people's medicine administration records, were looked at by the manager when they were returned to the service office for storage. They were also inspected during 'spot checks' undertaken by a care supervisor to monitor the quality of the service.

People spoke positively about the way the service was run. The manager and staff understood their respective roles and responsibilities. Staff told us that the manager was approachable and understanding.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their responsibilities to ensure people were kept safe.

People felt safe with the staff who supported them because they knew them well and staff came at the expected time.

People's support risks were assessed, mitigated and documented.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure they had the skills and knowledge to support people appropriately and in the way that the person preferred.

People were involved in decisions about their care and support needs and staff understood the requirements of the Mental Capacity Act 2005.

People were supported to access relevant health professionals to ensure they received the care and support they needed.

Is the service caring?

Good

The service was caring.

People we spoke with were complimentary about the staff and about the support they received.

Staff helped people maintain their independence.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed prior to the staff working with them to provide support.

People received support that was personalised to meet their individual needs. Care plans were detailed and reviewed regularly to ensure the information was up-to-date and relevant.

There was a complaints procedure for people to voice their concerns. No formal complaints had been made to the service since the service had been registered.

Is the service well-led?

Good

The service was well-led.

People felt the manager was approachable.

Procedures were in place to monitor and review the safety and quality of care being provided.

Staff were supported and felt able to raise concerns and issues with the manager.

People and their relatives thought the service was managed well and they received a good service.

Holderness Home 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 9 August 2017 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone whose uses this type of service. The expert by experience conducted telephone interviews with people who used the service and some relatives.

Prior to carrying out the inspection, we reviewed all the information we held about the service. The manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service, how it is addressing the five questions and what improvements they plan to make. We also reviewed information from the local authority commissioning and safeguarding teams who had no concerns to raise with us about this service.

During our inspection we spoke with the registered provider (who is also the manager), one care supervisor, one care staff and an administrative staff member. We also spoke with eight people who used the service and four relatives over the telephone.

We undertook two visits to people who were receiving a service, accompanied by a care supervisor. We looked at the care records of three people. This included support plans, assessments undertaken before a service commenced, information regarding potential risks to people's wellbeing, medicine information and

records made by staff following their visits to people.

We looked at records relating to the management of the service, quality assurance documentation, policies and procedures and complaints information. We inspected staff rotas, six staff files, which included recruitment information and staff training and supervision records.

Good

Is the service safe?

Our findings

Everyone we asked told us they felt safe in their own homes when visited by staff from Holderness Home Care. People's comments included, "The carers make me feel safe" and "I feel safe just by them [staff] doing things and being there for me."

During our inspection we visited two people who used the service. They confirmed that they did feel safe and well cared for by the staff who attended them. One person told us, "Oh yes, of course I feel safe with these lot [staff]. I also have a lifeline which helps me feel safe." Lifeline is a personal alarm service.

Staff employed by the service were issued with uniforms. They had identity badges which helped to make sure staff were identifiable to people who used the service. Information about people's home security and key codes for key safes, which allowed staff to gain access to people's homes, was kept securely. One member of staff told us, "I always make sure I leave people in safe surroundings and the house is secure before I leave."

We found that there were effective procedures in place for protecting people from abuse. We had received no safeguarding or whistleblowing reports since the registration of the service. Training records showed that staff had received training during their induction, in safeguarding vulnerable people. Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. They were able to state what they would do and who they would report any concerns to. The provider had safeguarding policies and procedures in place for recognising and dealing with abuse.

Training in subjects such as moving and handling, health and safety and basic life support was in place to help staff maintain people's safety. Risks to people's health and wellbeing were assessed and risk assessments were produced. For example, assessments in relation to people's mobility, medicines and hazards in their home environment. These helped to inform and protect all people involved.

Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. One member of staff told us, "[Name] has a risk assessment in place for a hoist as her mobility has deteriorated. Her skin has been assessed and she now has an air mattress. If I am using people's slings I always first make sure they are not frayed anywhere and safe to use."

The manager told us they met with people and relatives at their home before a package of care commenced. This was after an individual or a local authority commissioner had contacted the service and the necessary referral information had been received. We saw that each person had an individual needs assessment completed. This captured key information like the type of care required, the frequency and length of required visits and how many staff were needed to complete the care. In some examples, people's care was safely provided by one member of staff, but some people's support required two staff. For example, this was required if the person needed a hoist and sling to mobilise. We saw that the care plans created from people's moving and handling and mobility risk assessments detailed the action needed to minimise any risks identified. Care plans and risk assessments were updated and reviewed regularly.

Staff employed by Holderness Home Care had been through the provider's recruitment process before they started work, to ensure they were suitable and safe to work with people who used the service. Records showed that all necessary checks were in place before each staff member began work. These included reference checks and Disclosure and Barring Service (DBS) checks. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

We looked at staffing levels within the service and judged there were sufficient staff deployed to meet people's needs. Staffing consisted of a care supervisor and 11 care staff. The manager was based in the office but regularly participated in providing personal care for people. People's support was planned using a number of elements, which included information from their individual needs assessments, the number of staff required to attend to the person's care and the distance between people's houses. The manager told us that new referrals for people's care were only accepted if the service had capacity to cover the care calls. They also explained there were times when they had refused to take on new packages of care because they could not assure themselves that enough hours were available from the existing staff.

No one we spoke with who used the service raised concerns regarding staffing levels, whether this was the consistency of care staff or their timeliness when visiting their homes. People told us they were satisfied with the number and times of calls they received from staff. Comments included, "I can honestly say they are very good. They [staff] are nearly always on time", "They are very rarely late", "I have never had a late call" and, "I don't get let down." Outside of business hours, a management on-call arrangement was in place, with a phone number which staff could call if there were any problems or if any additional support was required.

People's medicines were safely managed. There was a medicines policy. We found staff had received training in how to manage people's medicines. Only staff that had completed medicines training were permitted to prompt, assist or administer medicines. Audits of people's medicines administration records (MARs) were completed by the manager each month to check for any potential errors.

We saw there were contracts of maintenance in place for ensuring the office premises were safe, such as checks of fire extinguishers. The provider also had public and employers' liability insurance.

Good

Is the service effective?

Our findings

People received effective care from Holderness Home Care. We asked people and their loved ones whether they felt they received the support they needed. Comments included, "Yes I do", "My care has been reduced to one day as I have improved", "They [staff] are fantastic" and, "Yes I am happy, they [staff] get me up and help me to wash, dress and make my breakfast." A relative told us, "They [staff] chat to my mum and do all the tasks."

We heard from people how staff had provided support which helped them to feel better and to cope with certain situations. For example, one person told us, "It's just like having another friend coming to see me. I was panicking about coming home from hospital and having a key safe but they [staff] made everything run so smoothly for me."

Staff we spoke with told us they had received an induction at the start of their employment and had initially worked alongside another staff member so they were supported to learn about people and their needs. This was a way of helping people feel confident and comfortable with new staff. One member of staff told us, "[Name of care supervisor] always comes with you on your first visits. When I started I was monitored by another carer and I had a week of working in a pair. I visited most of the people using the service and read their care plans."

We reviewed the individual induction and training records for six staff. We saw the two week induction programme included training in safeguarding, health and safety, information governance, fire safety, infection control, equality and diversity, first aid, basic food hygiene, medicines and moving and handling. The manager told us that all staff had their own log in details to access and complete on line training courses through an external training provider. Staff new to adult social care work also completed the 'Care Certificate', which is a nationally-recognised induction standard.

The manager showed us their records for staff competency checks, supervision and performance appraisal. We saw from these records that staff received supervisions and competency checks of their practice approximately every three months and these included observations of work practice, arrival times, appearance, timekeeping and areas of direction, support and development.

Staff we spoke with told us they felt valued and supported in their work and felt comfortable to raise any concerns or training needs. One member of staff told us, "[Name of manager] talks with me about my work and what I can improve on. The support in this job is really good and the staff are looked after. [Name of manager] is currently sorting out for me to do an NVQ (now known as the QCF – Qualification Credit Framework) and Train the Trainer." The Train the Trainer model is a training and learning strategy that is used in the workplace, where staff are provided with the skills to train other staff in specific topics.

People's rights to make their own decisions, where possible, were protected. 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.

The manager had an understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. The manager was aware of the legal safeguards in the MCA in regards to depriving people of their liberty and that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, no people who used the service were being deprived of their liberty.

Staff spoke to us about giving people choices and asking them what they wanted or needed, in order to promote independence and encourage people to remain in control of their everyday lives. One member of staff said, "If you know that the person has capacity then I always ask them if I can help them. We have to abide by people's wishes and what they want." Another told us, "We were helping one person with all of their personal care and they are now doing this themselves with some support." People told us they were always asked for their consent before care was provided. Where possible, care plans had been signed by people showing they consented to the care planned.

People were supported at mealtimes, where required, to access food and drink of their choice. One person told us, "I get enough to eat and drink and they always leave me some water." The support people received varied depending on people's individual circumstances. Care plans contained people's dietary requirements. One person's care plan we saw contained specific information regarding how staff should support with their meals throughout the day. For example, 'I would like help with preparing all of my meals and cooking.' Another care plan we looked at said, 'My brother makes a packed lunch for me to eat during the day.' We observed this during the inspection and the person told us, "I have just had a bacon and egg sandwich for my lunch."

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their GP or occupational therapist.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received and that staff were caring. One person told us, "They [staff] just make sure all is okay." Others said, "They have good manners and would do anything for me" and, "I feel like they are all my friends."

Staff had established good working relationships with people they supported and had a good understanding of their care needs. We observed a member of staff in the homes of two people who used the service (with their permission). We saw the staff member showed an understanding of people's needs and supported them at their pace in a kind and caring manner.

People told us staff checked to see if they needed any further support before they left. One person told us, "They [staff] always check my pillows" and another said, "They always ask before leaving."

In our conversations with staff they demonstrated they knew people well and encouraged people to make their own choices. One member of staff said, "I take some people shopping and we always go where they want to, for example, one lady likes to go to the garden centre for a bite to eat" and another told us, "[Name] likes to go out and do her shopping and we sit with her and help her make her list."

Staff told us they tried to keep people as independent as possible and assisted them with care and support, rather than doing things for them if they were able. For example, one member of staff described encouraging a person over a period of time to manage their own personal care, which the person was now doing almost independently.

People's care plans were written in a way to guide staff on how to promote people's independence. For example, one person's care plan stated what equipment they required to support their mobility and what this achieved, which was, 'To help and support me to live in my own home.' This helped staff to provide support in a way that maintained the person's level of independence.

People received their care in a dignified and respectful manner. Staff told us how they protected people's dignity; one member of staff described closing curtains and doors and covering people up as much as possible to maintain their dignity at all times.

Staff received training in information governance during their induction to the service. We saw care records were held securely in the office and only people with authorised access could look at computer records held by the provider. These procedures helped to ensure personal and private information about people who used the service was respected and remained confidential to staff.

Good

Is the service responsive?

Our findings

People's needs were assessed and recorded prior to the staff supporting them. The manager worked with the person and/or their relative in assessing whether Holderness Home Care could provide care which met the person's needs. Where people were funded by the local authority, the manager also used assessments undertaken by the person's social worker to help them decide whether they could provide a service for the person.

People told us they were involved in the planning of their care and support. Comments included, "Yes I was involved in the beginning", "Yes, they [staff] talked to me about my care plan" and, "I had a review of my care done last week." The manager gave us examples of when staff had responded to people's changing needs. For example, by increasing people's care package to support them to eat and drink better and providing additional support when people's other care providers were unable to support people due to illness. This meant that where possible support was provided in a flexible way and in response to people's needs.

We saw that the information provided in people's care plans was clear and detailed about their needs and the support they required. We saw a person was supported in bed for some of the time. The care plan clearly identified to the staff how to help the person with movement and mobility. This was so that it could be achieved safely and for the person's comfort.

People's care plans reflected their individual needs and people's preferences were considered. For example, one person's plan stated how they communicated and how they liked to spend their time. Another included detail about the person's likes and dislikes, such as, 'I like my tea quite strong with no sugar.' The care plans recorded the objectives of the care provision and the individual person's desired outcomes. Staff confirmed the care plans contained detailed and personalised information to help them to support people according to their needs and preferences.

Care plans contained information regarding a person's life history, for example what career or job they had in the past, what their interests were and how they liked to spend their time. One plan described a person as being very sociable and said they liked a party, while another referred to a person enjoying spending time with their grandchildren. It was evident when talking to staff and observing staff in the office environment that staff knew the people they supported well.

Care plans were reviewed regularly and as people's needs changed. There were records kept of individuals' care plan reviews. These were carried out with people and their relatives.

A weekly schedule was sent to each person in advance of their scheduled visit times, and included the staff that would be providing the support. Staff recorded the daily care they provided in logs which were kept in people's homes. This information provided details of the care and support provided to people and observations of their general well-being. This information helped to give the next member of staff visiting an up-to-date picture of the person's general health and welfare.

People told us they had confidence in the service to deal with any concerns they might have. One person said, "I know how to complain." Others said, "I have complained. The carer wasn't sent again so it was resolved", "I can't complain at the moment but if I needed to I would. I am forthright" and, "I would phone the manager." A relative told us, "The information I would need to complain is in the booklet."

The provider had a complaints policy which was given to people when they started to use the service. The complaints procedure guided people in how to raise any concerns or complaints they might have with timescales for a response. There had been no complaints made to the service since they registered with the Commission.

Good

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a manager registered with CQC to manage the service.

Holderness Home Care was registered with the CQC to provide personal care in August 2016. The provider was also the manager and supported their staff as well as providing care to people from time to time. The manager had many years' experience in care and as a registered nurse; this was their first business providing domiciliary care to people.

To support them in their work, the manager had used the services of a company which supported residential and domiciliary agencies in meeting the requirements and regulations associated with the Health and Social Care Act 2008. We saw this had helped them in developing policies and procedures that were in-line with the service they provided. All records reviewed during our inspection were up to date, fully completed and kept confidential where required.

People received a service from staff who worked in a friendly and open manner. There was a clear management structure, which consisted of one manager, one care supervisor, one administrator and 11 care staff. Staff understood the role each person played within this structure and their responsibilities. They told us their manager asked what they thought about the service and took their views into account. They felt well supported by the manager. One member of staff told us, "[Name of manager] would listen and she does. She is very fair but firm. I suggested staff having telephones and she took that on board and I also suggested staff having fleece jackets for the winter months and she is getting them for us."

Staff told us they enjoyed working for Holderness Home Care. Comments included, "This job is very flexible and relaxed. It's nice and there is no pressure" and, "It's a nice little business and I feel accepted."

People benefitted from a staff team that were happy in their work. They said they were given important information as soon as they needed it. One member of staff told us, "Communication is fine. They [manager] get in touch and keep you involved. You know you can always speak to somebody. I can talk to [Name of manager] personally if I need to."

Holderness Home Care's vision and values were built around supporting people to live independently. The manager told us, "We want to provide a good service to people and help them to live independently. I want to grow the business slowly but surely and ensure it is managed appropriately."

The manager was aware of, and kept under review, the day to day culture in the service, including the values and attitudes of the staff. This was done through observations of work practices, working alongside staff, supervisions and staff meetings. The manager told us that they felt it was important for staff to feel valued and part of a team. They said, "I get good support from the staff and if I am fair with staff they will be fair with me." One member of staff told us, "It's a very close knit team. [Name of manager] has a lot of respect for the staff." The manager kept up to date with best practice through regular training and reading relevant social

care magazines and updates provided by regulatory bodies.

Staff meetings were held approximately every four months. These provided the opportunity for the manager to engage with staff and reinforce the service's values. The meeting minutes we reviewed showed staff were invited to give ideas for improvements and were kept up to date with what was happening within the service. The meetings also included discussions around people's needs and any changes, medicines, confidentiality, punctuality and staff rotas. One member of staff told us, "Staff meetings are pretty much like a review. [Name of manager] likes to get us all in small groups. It's nice for us to see other people."

People and staff felt the service was managed well. They thought the care provided by the service was good. One person told us, "I have met [Name of manager], they take good care of me" and another said, "[Name of manager] is alright."

The manager was actively involved in the service and routinely monitored the quality and safety of the service provided. As this was a small service they were able to address any issues as they arose and deal with them effectively. The manager and care supervisor worked alongside staff to monitor the service, which helped them to identify what worked well and where improvements were needed. Examples included where people's needs had increased and additional care visits had been organised in agreement with the local authority, the person, and their family where appropriate.

The manager had systems in place to monitor the standard and quality of the service and was aware that as the service grew they would need to development the systems further. We saw checks were completed every six months on care plans and daily logs, risk management and complaints. Medicine administration records were monitored monthly when returned to the office.

The manager was aware of their responsibilities to notify CQC of significant events and safeguarding concerns. This meant that they were aware of their legal obligations.