

Connor Associates Limited

Holywell Care Services

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

This inspection visit took place on 10 January 2018 and was announced. The registered provider was given 48 hours' notice as we needed to be sure people in the office and people the service supported would be available to speak to us. Holywell care services is a domiciliary care agency. It provides personal care to 24 people living in their own houses and flats in the community. It provides a service to older adults and people with a learning disability.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. "Registering the Right Support CQC policy.

There was a registered manager in place. 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.

At the last inspection in October 2015, the service was rated 'Good'. At this inspection, we found the service met the required fundamental standards and remained 'Good'.

During this inspection, we found staff had received training to safeguard people from abuse. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of adults who may be vulnerable. Staff we spoke with told us they were aware of the safeguarding procedure.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

There was an appropriate skill mix of staff to ensure the needs of people who used the service were met. New staff worked alongside experienced staff members whilst they learnt their role. One staff member told us, "I had two days training it was in Preston it did help. I have just completed my care certificate they [registered provider] signed me up to NVQ3. They are on top of everything."

The registered provider planned visits to allow carers enough time to reach people and complete all tasks required. People told us staff respected their privacy and dignity during their visits.

Care plans were organised and had identified the care and support people required. We found they were personalised and informative about the care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. The registered provider completed spot checks on staff to observe their work practices were appropriate and people were safe.

Staff were provided with personal protective equipment to protect people and themselves from the spread of infection.

The registered provider had procedures around recruitment and selection to minimise the risk of unsuitable employees working with people who may be vulnerable. Required checks had been completed before any staff started work at the service. This was confirmed during discussions with staff.

The registered provider had regularly completed a range of audits to maintain people's safety and welfare.

Staff told us they received regular formal and informal support from the management team.

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

When appropriate, meals and drinks were prepared for people. This ensured people received adequate nutrition and hydration.

Care records contained information about the individual's ongoing care and rehabilitation requirements. This showed us the registered provider worked with other health care services to meet people's health needs.

People said they had a team of regular carers with whom they had built up good relationships. For example, one person told us, "My regular carer is the most caring woman I've ever met. The others that come are also really good."

Staff we spoke with understood the support needs of people they visited. They knew how individuals wanted their care to be delivered. One person told us, "Having the same carers' means they know what I like and don't like."

A complaints procedure was available and people we spoke with said they knew how to complain. At the time of our inspection, the registered provider had received no formal complaints.

The registered manager had sought feedback from people receiving support and staff for input on how the service could continually improve.

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Holywell Care Services

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.

Holywell Care Services is a domiciliary care agency. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before our inspection, we checked the information we held about Holywell Care Services. This included notifications the registered provider sent us about incidents that affect the health, safety and welfare of people who received support. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced when they received support from Holywell Care Services.

In addition we looked at the Provider Information Return (PIR) the registered provider had sent us. This is information we require registered 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.

This inspection took place on 10 January 2018. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. We telephoned people who received support, their relatives and staff to gain their views on the service provided.

One adult social care inspector and three experts by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience had experience of caring for older people, people living with dementia, people living with a physical or sensory impairment and people who received support within a community setting.

During the inspection, we visited one person in their own home to gather their views and to see what paperwork was held at their home to guide staff. We spoke with a further ten people who used the service and five relatives. We spoke with the registered manager, two members of the management team, ten members of staff and a health professional. We looked at the care records of five people and training and recruitment records of five staff members.

We looked at what quality audit tools and data management systems the registered provider had in place. We did this to ensure they had oversight of the service so that improvements could be made when necessary. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered provider ensured staff had enough time to travel between visits. We looked at the continuity of support people received.

Is the service safe?

Our findings

We asked people if they felt safe when supported by care staff. One person told us, "I feel very safe now that they [staff] come and see me." A second person commented, "I feel very safe with them, they're really very good with me." A relative commented, "I think my [family member] is totally safe with them, they're very kind indeed."

The registered provider had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. One staff member told us, "Yes we have safeguarding training. We have it as part of our induction." A second staff member stated, "Yes I had safeguarding training. It is my obligation the service users are safe from harm while they are in my care. I am to ensure their safety and well-being."

We found from records we looked at staff had been recruited safely. Staff had skills, knowledge and experience required to support people with their care. We spoke with a staff member recently recruited by the service and they were complimentary about the recruitment process. They said, "I had an interview and had to wait for my clearance to come through before I started."

Care plans we looked at contained completed risk assessments to identify potential risk of accidents and harm to staff and people in their care. They included medication, their home and personal care. Risk assessments had been kept under review with the involvement of each person or a family member to ensure the support provided was appropriate to keep the person safe. Any changes had been updated on people's care plans with involvement of the person who lived at the home. All staff we spoke with told us everyone they supported had a care plan and risk assessments. One staff member told us, "Care plans and risk assessments are in place. The process is to identify risks and/or someone being at risk and put in measures to reduce the risks." This showed the registered provider had systems and processes to ensure people's safety is monitored and managed.

We looked at how accidents and incidents were being managed within the service. There was a record for accident and incidents to monitor for trends and patterns. The registered provider had oversight of these. Documents we looked at were completed and had information related to lessons learnt from any incidents. This meant the service was monitored and managed to keep people safe and allowed the registered provider to learn from any incidents that may happen.

We looked at how the service was staffed. We reviewed staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels.

Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. One person told us, "They come on time and finish when they should."

A relative stated, "They are very good actually. The best carers we have had for time keeping and staying the right amount of time." People we spoke with did not have any concerns about staffing levels. No one we spoke with told us they had missed visits. This showed the registered provider delivered support to maintain people's safety.

We looked at the procedures the registered provider had for the administration of medicines and creams. The registered provider liaised with the person or their family about the medicines they had been supported with. One person commented, "I have blister packs, I take them at times in the morning, dinner, tea and night time. Pretty much I know what to do and they [carers] know as well. I am happy." A relative commented, "They [staff] sort his medication, he has a blister pack. I am happy with how carers do this and they are very good at checking if he has any new medication." Every person we discussed the administration of medicines with told us there had never been any concerns or issues with care staff prompting them. One staff member told us, "Yes I do administer medication, I am trained. I went to a training course. Yes the manager does provide updates all the time. I have been checked now and again."

We looked at if staff understood their role and responsibilities in relation to infection prevention. On the day of the inspection we observed staff visit the office to collect disposable gloves to wear when providing personal care support. People we spoke with told us care staff wore personal protective equipment when supporting them with their personal care. One person commented, "They have plenty of gloves and aprons and wear them when I have a wash down." A second person said, "If I need anything doing they [staff] have gloves." Staff we spoke with confirmed they had been instructed to wear gloves to prevent infection. One staff member told us, "We are provided with gloves from the company." This showed us the registered provider had systems to manage the risk related to the delivery of personal care and infection prevention. These safeguards supported people to experience good health.

Is the service effective?

Our findings

All the people we spoke with and their relatives considered the care staff to have the right skills to do their job. One person told us, "The staff know what they are doing, I am very happy." A second person said, "Yes they know what they are doing, up to now I think they do have right skills." One relative commented, "They [staff] are very good at spotting things, they will address it with me straight away. I do like that they do involve me; I do work quite well with them."

Before receiving support the registered provider had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw signatures in care plans that indicated they or a family member had been involved with and were at the centre of developing their care plans. Every person we spoke told us they had a care plan in their home. We saw that assessment of care needs and service provision was in line with good practice guidelines and current legislation.

All staff we spoke with told us they had received an induction before they started delivering care independently. They also stated the ongoing training was provided throughout their employment. One staff member told us, "The first three days are training in Preston and then shadowing. It is good training. You have to do your training." About additional training, a second staff member said, "I had two days training. It was in Preston it did help. I have just completed my care certificate they [registered provider] signed me up to NVQ3. They are on top of everything." A third staff member commented, "Yes, the training is absolutely fabulous. The training officer has a good way of putting things, we do role play and she puts it in a way I can understand." We saw the registered provider had a structured framework for staff training. This enabled them to effectively plan the training needs of staff throughout the service.

We asked staff if they were supported and guided by the registered manager to keep their knowledge and professional practice updated in line with best practice. Staff told us they had supervision with their line manager. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. We saw records that indicated staff received regular supervision to support them to carry out their duties effectively. One staff member told us, "I do have supervision of course; she is great, she listens. I wouldn't have been in this job as long as I have had if I had issues. I really enjoy this job."

Staff told us they were able to call into the office for support. They stated the management team complete unannounced 'spot checks' to monitor staff performance. Holywell Care Services had a 24 hour on call service to manage the support delivered and ensure effective communication.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with were able to describe what was meant by a person having capacity. One staff member told us, "We are trained to ask for consent and do so." People told us they were consistently offered choices during the support they received. People told us their care plans were regularly reviewed, they had agreed to the support they received and staff sought consent before the carried out and tasks. One person told us, "I am involved in the planning of my care and the reviews." A second person said, "The staff encourage me to make decisions." A relative commented, "I am involved in the planning of the care and can call the office if I have any concerns."

We looked at how people were supported to have sufficient amounts to eat and drink. People who required support with preparing meals told us food was hot, nicely prepared and how they like them." For example, one person told us, "They make meals for me." A second person said, "They help with cooking when I say I want to cook. They show me how to make things, they showed me how to make soup, and now I make it myself." A third person told us, "This morning for breakfast I had toast and scramble eggs it was nice." A relative commented, "They always leave a drink out." Care plans we looked at guided staff on people's preferences. For example, one person's care plan documented, 'Cup of tea with milk and three sweeteners.' This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

The registered provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care and rehabilitation requirements. One person had information from healthcare experts on how to manage their behaviours in their care plan. Staff had attended multi-agency meetings to work with other agencies to deliver effective care. The registered provider told us this was to ensure all areas of the person's care was discussed. There was evidence of consultation with community based health care professionals. This confirmed good communication protocols were in place for people to receive effective and coordinated support with their healthcare needs.

Is the service caring?

Our findings

We asked people about staff that visited their homes and if they had time and treated people with compassion dignity and respect. All the responses were very positive. Staff were described as kind and caring. People said they had a team of regular carers with whom they had built up good relationships. For example, one person told us, "I feel comfortable with them, they are kind and friendly." A second person said, "The staff treat me very well, always ask how I am." A third person stated, "My regular carer is the most caring woman I've ever met. The others that come are also really good." About staff a relative commented, "Very caring, very respectful."

People spoke about care staff who visited in a warm, compassionate manner. For example, one person said, "More or less like friends. I get on very well with them." A second person told us, "I can talk to my carers if I don't feel well, the staff pick me up." A third person said, "Very caring staff cannot do enough for me." A relative commented, "They will sit with [relative] and talk to her and this makes her day."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual. A staff member said, "I treat [named person] how I would like to be treated. I ask his permission and he knows he can talk to me." A second staff member said, "I treat people how I would treat a family member and how I would like to be treated myself."

When we spoke with staff we asked them to tell us how they protected people's individual needs around privacy and dignity. One person told us, "I will go to her room and knock and wait until she answers." A second staff member commented, "When we carry out personal care, we close the door and curtains/blinds." A third staff member said, "I respect that my client needs time alone, I respect his own space. I would knock on the door ask his permission before going into his room." This demonstrated staff were aware of the importance of promoting peoples' privacy and dignity.

People and relatives we spoke with were happy with the quality of the care plans and they said these met people's current needs. One person told us, "They come I have we have a chat [review]." A second person said, "They come and check it [care plan] with me." A relative stated, "Yes they do a review every six months." This showed us people were consulted and their views listened to.

Is the service responsive?

Our findings

We asked people who received support from Holywell Care Services if the care they received was personalised and met their needs. All the people we spoke with felt the support they were getting, was what they wanted and needed. One person told us, "They do what they have been told and they have trained to do it."

One person and their relative told us they had been supported by a member of staff when there had been an accident. The relative explained their family member had fallen before the carer had arrived. The person who fell told us, "The carers put me in a certain position to make sure I am not hurting myself and called an ambulance."

Staff also told us they had consistent visits that allowed relationships to form and they have got to know people and their needs. People said they were happy with the care and support they received from the carers. For example, one person told us, "Having the same carers means they know what I like and don't like."

People told us their care plans took account of their preferences, wishes and choices about how they wanted to be supported. The care plans had 'What is important to me' and 'life history' sections. For people who had complex needs there was additional information in the care plan. For example, it was recorded how someone with limited verbal communication showed how they were anxious and how staff could reduce the anxiety. To support people with their ongoing health concerns, care plans, where necessary, had behaviour charts and action plans so staff could monitor behaviours and be responsive to people's behavioural and health needs.

Care workers we spoke with told us they found the care plans easy to follow and informative about people's support needs. They told us everyone they visited had a care plan. We noted the person we visited had their care plan at their home. This showed the registered provider had ensured staff were supported to meet people's personalised needs.

When we visited one person who received 24 hour support, they showed us round their home. The flat décor and contents reflected the personality of person who lived in the flat. They had their own tenancy agreement with a private landlord. This meant the care they received from Holywell Care Services was separate from their tenancy agreement and should they choose to change their care provider they would have the option to remain in their own home. This showed the registered provider was working in accordance with registering the right support guidance. Registering the right support is a CQC policy for providers supporting people with a learning disability and/or autism.

The registered provider told us to make sure people with complex needs received personalised care, the staff teams were small and they delivered regular support. We observed one person talking with staff who had limited communication. Their care plan guided staff on how to interact positively with the person. We observed that because they knew each other well staff were able to understand and receive information and

respond appropriately. By having the continuity of support the registered provider had made sure effective and accurate conversations could take place between the person and their staff.

We asked about supporting people with activities. We observed one person discussing with staff where they would like to go that evening. They decided they would have a meal and a game of pool at the pub. A second person told us staff took them into town for a coffee and a staff member said they went out for a walk with one person they supported. Care plans we looked at indicated one person was supported to attend a cycling class in the local area. This showed when appropriate the registered provider was available to support people to maintain their social presence within their local community.

People who used the service and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person said, "Not had to but any concerns I would call the office." A second person said, "The office listen to any concerns or suggestions." A relative told us, "Any concerns I would call the office and am confident they will listen and take action." The service had a complaints procedure which was made available to people supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw the service had a system for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. At the time of the inspection there were no formal complaints documented. We did see one historic complaint recorded with an action and outcome.

We asked about end of life care and how people were supported sensitively during their final weeks and days. The registered manager told us they would liaise with community nurses to provide the appropriate support. For example, they had requested a different bed to meet the person's health needs. A member of the management team had completed accredited end of life training. They told us it made them think about how they discussed end of life care with people. They said it made them realise that end of life care is not a taboo subject and said they would approach it in a sensitive manner. They showed the management team and staff protected people's rights in line with the Human Rights Act 1998. This included Article Nine of the act, 'Freedom of thought, conscience and religion.' It highlighted that the registered provider guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support.

Is the service well-led?

Our findings

About the management team, one person told us, "I know [member of management team], she has been here, she listens and wants make sure I am okay." A second person told us, "Yes, the management often come; I have a good rapport with one of them. They are a very hands on team."

Staff members we spoke with were asked their views on Holywell Care Services management team. One staff member said, "They are good. The management are knowledgeable." A second staff member said, "My management team supports us to perfection. I've never had any problems with them." A third staff member stated, "I do see the management, I see them all the time. They are knowledgeable if you have any questions I go to them first. Everything is fine I am happy in my work."

The service had a registered manager. 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 service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. They had recently been awarded a contract from the local authority to deliver personal care in the Morecambe and Lancaster area. They had increased the management team and were recruiting care staff so they could sustain their workload. This showed the registered manager had a clear vision and credible strategy to deliver high quality care.

We saw minutes, which indicated staff meetings, took place. Topics revolved around the people being supported and any changes in their physical or behavioural support. One staff member told us, "We have regular team meetings." A second member of staff said, "We do have meetings, but they tend to be arranged at the last minute, but we do get a chance to share our views."

Spot checks were carried out when staff completed their visits. These were unannounced visits to observe staff work practices and to confirm staff were punctual and stayed for the correct amount of time allocated. Records seen and staff spoken with confirmed observations or spot checks in the work place had taken place. This showed us the registered provider was committed to ensuring safe and effective care took place.

The registered provider conducted audits to assess the quality of the service provided. These covered, for example, medication, daily logs, daily records and finances, were appropriate. We saw when the management team identified issues they took timely action to address them.

We saw evidence of the management team working with other organisations in the ongoing improvement of people's lives. For example social workers and the learning disability behaviour management team. This collaboration had had a positive impact on one person's quality of life. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The registered provider sought feedback from people. This was in the format of satisfaction questionnaires that checked all aspects of their care and how the service was run. The questionnaire had a series of questions and four smiley faces ranging from very happy to very unhappy people could tick. They also had the option to leave comments. Surveys returned in 2017 were positive. Comments included, 'Very nice happy staff.' Also, 'You offer good services well done.' And, 'Very Friendly.' The registered provider told us negative comments would be analysed and acted upon.

We noted the registered provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan. The registered manager's business continuity plan was a response-planning document. It showed how the management team would return to 'business as normal' should bad weather an incident or accident occur. This meant the provider had plans to protect people if untoward events occurred.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.