Hylton Care Limited

Hylton Care

Inspection report

46 Longland Road
Northampton
Northamptonshire
NN3 2QE

Date of inspection visit:
14 September 2018

Date of publication:
08 October 2018

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 announced inspection took place on 14 September 2018 and was the first comprehensive inspection for this service.

Hylton Care is a domiciliary care agency, and is also registered to support people in 'supported living' settings, so that they can live in their own home as independently as possible. At the time of this inspection Hylton Care were purely supporting people with the regulated activity of personal care as a domiciliary care agency. 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.

The service did have 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.

People received safe care and staffing arrangements were flexible to meet the needs of the people that were using the service. People received support with their medicines if they wished and systems were in place to record and report safeguarding incidents.

People's needs were fully considered before they began to use the service to make sure their needs could be met. People's consent was gained before their care was provided. 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.

People were treated with dignity and respect and staff were able to get to know people by seeing the same people on a regular basis. People were encouraged to be independent and to make their own choices.

People had care plans in place which reflected their needs and these were updated when people's needs changed. Complaint procedures were in place for people to make a complaint, and the registered manager had a good understanding of the requirements of end of life care but further work was required to develop this.

The provider had quality assurance systems in place to review the quality of the service and took action to make improvements where required. People and staff had opportunities to provide their feedback and this was fully considered and acted on.

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.

People received care when they expected it from a regular team of carers. People were supported with their medicines if required and staff were recruited effectively.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they began to use the service and people's consent was sought appropriately to the care they received. Staff were trained and supervised by management and this was regularly reviewed.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people well. People were treated with dignity and respect and staff encouraged people to make their own choices.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were updated when people's needs changed. Care plans had information about people's backgrounds which enabled staff to provide personalised care for people.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post and there were quality assurance systems in place to review and improve the care people received. Systems were in place for people and staff to provide their feedback and this was acted on.

Hylton Care

Detailed findings

Background to this inspection

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

This inspection took place on 14 September 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it was small and the manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in. At the time of the inspection the service was supporting two people with their personal care needs.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR however the inspection did not take place until sometime after this and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people using care services, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

On 14 September we visited the office location to see the registered manager. We also reviewed two people's care records, quality assurance documents, and policies and procedures. We visited two people and their relatives in their home and spoke with one member of staff on the telephone.

Good

Is the service safe?

Our findings

People and their relatives were extremely complimentary about the service and commented that the support people received helped them to be safe. One person told us, "The staff are really good. They're gentle and never hurt me." They also told us that staff were able to understand people well, and recognise when they needed additional support. One relative said, "Since they started it's been perfect. They don't just come in and out, they stay longer if it's needed. I know they would rather give [name] the extra care they need to have all their needs met than just get out on the dot."

Staffing requirements were adjusted to meet the needs of people they were supporting. Staffing rotas were created to respond to people's needs and had the flexibility to be changed if people required amendments. One person's relative said, "The flexibility is one of the best things. If [name] is tired they have changed the times, or if I am unavailable they can change the times to better suit all of us. It's really good."

The service had good recruitment practices in place. Records confirmed that references were obtained from previous employers before new staff were able to provide care for people and Disclosure and Barring Service checks were also completed. These are checks to make sure that potential employees are suitable to be working in care.

People received their medicines safely from staff, and retained control of their medicines if they were able to. One person's relative told us that they supported their loved one with the medication and another person told us that staff gave them their medicines. One relative said, "The staff do the medicines now, I just order and collect them. It works really well." Staff told us that they received training about how to administer and handle medicines safely. We saw that staff supported people to have their medicines in blister packs and recorded the medicines that they supported people to receive in a Medication Administration Record.

People had risk assessments in place which identified potential risks relevant to each person. This included the risk of falls and potential infection control risks. The risk assessments contained guidance to staff about how to minimise those risks. We found that risk assessments were reviewed regularly.

People were protected from the risk of infection. Staff had a good understanding of how they could help to prevent the risk and spread of infection. Staff were expected to wear disposable gloves and aprons when they were supporting people with their personal care to maintain good hygiene standards and people and their relatives confirmed that staff used this during each visit.

The service had safeguarding procedures in place. Staff were knowledgeable about safeguarding matters and how to report them. One member of staff said, "If we have any concerns we record them. For example, if we found any injuries we would record it and report it to the manager. I know I can contact the CQC or the safeguarding team if I had any safeguarding concerns." At the time of the inspection the service had not been required to make any safeguarding alerts however the registered manager had a good understanding of this.

The registered manager encouraged an open approach if there had been any accidents or incidents at the service and shared relevant information with staff to identify if there had been any learning or good practice. For example, if people had responded well to staff and they had achieved a good outcome for people this was discussed with the other staff to help further encourage and support people that used the service.

Good

Is the service effective?

Our findings

People's needs were assessed before they began to use the service. The registered manager met with people and their relatives before they began to use the service to understand people's needs in depth. This helped to enable people to make informed decisions about whether the service would be suitable to meet their needs. People were asked about their preferences for how they liked their care, for example, if they were satisfied with female staff and asked about people's diverse needs and backgrounds.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA, and had carried out capacity assessments appropriately for people that required them.

Staff had the appropriate skills to support people with their personal care needs. Each new member of staff was required to complete an induction and shadow experienced staff before they could support people with their care. Staff felt the training they received helped to prepare them for the role they were completing. One member of staff told us, "The training is really good. We're not allowed to help people before we've had the right training. For example, I haven't had any hoist training yet so I can't do that."

Staff felt supported in their roles and their performance was regularly reviewed. Staff had regular supervisions, an annual appraisal and unannounced spot checks. This helped to review their competence and discuss any areas for improvement. One member of staff said, "We have regular meetings with [the registered manager]. If there are any problems I know I can go to her straightaway."

People were supported to eat well and in line with their preferences. People told us their family members brought their food and for some people staff helped to prepare and serve it. One person explained that they often let the staff decide what they should have to eat, but told us that staff knew what they liked. One member of staff was able to tell us about how people liked their meals and snacks preparing for them. They said, "I know [name] likes to lick the lid of the yoghurt so I always make sure I leave that for them." People had nutritional care plans in place setting out their likes and dislikes.

People and their relatives took care of their healthcare however staff had a good understanding when people were unwell and ensured appropriate healthcare support was received. The registered manager explained that if there was an emergency staff knew to call for additional support. If there were changes to long term conditions they updated people's care plans and worked with people and their families to support those needs. People's relatives confirmed they worked with the staff in a joint approach to manage

people's healthcare needs.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind, caring and respectful towards them. One person said, "The staff treat me well. And if they didn't I'd march them out the front door!" Another person's relative said, "The staff are really friendly. We couldn't ask for anything better, they're really nice to [name]."

People were able to build relationships with people as they saw the same team of staff on a regular basis. Staff were knowledgeable about people's needs, and had developed caring relationships with people. One person said, "We like to have a laugh together." One member of staff said, "I really love my job, I love that we get to help people and enable people to stay in their own homes. It's the best job in the world."

People were encouraged to make their own choices about their care and to be as independent as possible. People and their relatives commented that the care they received depended on their abilities and how they were feeling each day. For example, if they were particularly tired, the staff supported them to have additional time for resting. One member of staff said, "We really try to encourage people as much as they are able to manage. Even if they don't want to make their own decision, we still always ask."

People and their relatives were involved in making decisions about people's care. People's relatives were able to be involved in the care of their loved ones, and when the care staff worked together with the family, people's care plans documented who would retain responsibility for each area. We saw that one family had introduced a communication book with the staff to ensure they were kept up to date with current needs, or requests. They told us this had been particularly helpful for the family and for staff and worked very well. The registered manager was keen to include and support families with their relatives care to ensure consistent and cohesive care at all times.

People were treated with dignity and respect. Staff were mindful of ways they could protect people's dignity, for example, whilst supporting people with their personal care they ensured they were kept covered up and were not left exposed or naked. The registered manager confirmed the staff respected people's dignity and kept doors or curtains closed. Staff were respectful of people's personal preferences which reflected their backgrounds and beliefs. People appreciated the respect staff had for them and were happy with the way they were treated.

The provider had a good understanding of advocacy services and how this could be used for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up. At the time of inspection, nobody required the use of an independent advocate.

People's information was stored securely at the office and staff understood the importance of confidentiality and privacy.

Good

Is the service responsive?

Our findings

People received care that was personalised to their needs. Care plans provided detailed guidance for staff about people's care preferences and what they liked and disliked. There was information in people's care plans about their backgrounds, employment, special memories or people and this helped staff to engage in meaningful conversation with people. The registered manager said, "It has really helped us get to know people. People often want to talk about their past, and with a little prompting we can help them share their experiences. For example, one person knows the local area really well so we talk about where they used to go, or where they used to work and they really enjoy those conversations."

People had a care plan in their homes that reflected their care needs and this was accessible for staff. Staff wrote clear records about the care they provided to people and this was regularly reviewed by the management team. We reviewed the daily records and saw that people received care in accordance with their care plans. The registered manager reviewed and updated people's care plans as their needs changed, and the care plans provided accurate information about people's care.

Staff had a good understanding of people's communication needs and made efforts to make this as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, the service had asked people to provide feedback about the service and had used simple questions in an easy read format.

People and their relatives understood how they could complain and there was information available about how they could do this. In each person's care plan, they had access to a complaint form they could fill in to raise a complaint. Staff were aware that if people wanted to make a complaint they would support them to do so. The provider had a complaints policy in place which explained that there would be no discrimination based on any of the protected characteristics such as disability, religion, sexual orientation. The contact details were also provided for the CQC and the ombudsman. At the time of the inspection no complaints had been received.

The registered manager had a good understanding about end of life care, and the requirements to support people with an advanced end of life care plan. They recognised the skills that staff would require to provide good end of life care and acknowledged that further work was required to ensure they could support people with these needs. At the time of the inspection nobody was being supported with end of life care.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives knew who the registered manager was and commented that they were approachable. They told us the registered manager did everything they could to make sure the service worked as well as it could for the people they supported. One relative said, "I have to say [the registered manager] is exemplary. Everything is tailored to exactly how [name] wants it. It's an absolute blessing." People and their relatives had information about how to contact the registered manager, including out of hours, and they confirmed that the registered manager was available when they needed them.

The provider had quality assurance procedures in place which reviewed the quality of the service. People's daily records were reviewed to ensure people received the care they required and if there were concerns the management team acted on this, for example by discussing issues with people and their families, or with the relevant member of staff. In addition, people's care plans were reviewed and updated when people's needs changed.

The provider completed audits on people's medication administration records (MAR) and identified where improvements were required. If it was identified that staff required further support, training or guidance this was arranged.

People were supported to provide feedback about the care they received. The provider had recently asked people to complete a survey about the quality of care they received. All feedback was very positive, and the provider had fully analysed and acted on the results. Staff had been praised for their good work, and the provider was committed to providing a high standard of care.

Staff had regular staff meetings and felt valued by the registered manager. We saw that staff were regularly asked during team meetings if there were any suggestions for change or improvement and staff felt their ideas were listened to. This could be, for example, in the way staff provided care and support to people, or about helping the service to work better. The registered manager welcomed feedback and ensured staff were involved in the running of the service.

The service worked positively with outside agencies. This included liaising with other care providers and safeguarding teams. The registered manager raised concerns and sought advice where necessary to ensure people received co-ordinated care which helped to improve their lives.

The registered manager had a good understanding of the statutory requirements of the service, and to submit statutory notifications to the CQC. At the time of inspection, no notifications had been submitted to the CQC but the registered manager had a good understanding of when they would be required to do so.

The registered manager was also aware of the requirement to predominantly display their CQC rating in the office location and on their website and had agreed to do so.