

Joseph Rowntree Housing Trust

Hartfields Domiciliary Care Agency

Inspection report

Hartfields
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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

Hartfields Domiciliary Care Agency is a domiciliary care service that provides care and support to people in their own homes within the Hartfields Retirement Village site. The service provides extra care housing for people aged 55 years and over. Not everyone living in the Hartfields Retirement Village requires support with personal care. At the time of the inspection there were 64 people receiving the regulated activity personal care.

People's experience of using this service and what we found

People and their relatives were very positive about the care provided. People told us they felt safe and staff had the skills to support them.

Staff were safely recruited and received an induction followed by on-going training from the provider. Training was monitored and staff were supported with regular meetings and supervisions. Staffing levels were appropriate and met people's needs.

People and relatives were involved in every stage of care planning. People had personalised care plans and staff were delivering person-centred care.

The registered manager had an effective quality assurance system which included regular audits and checks. These were used to identify any areas for improvement.

The service was following infection prevention and control procedures to keep people safe.

Medicines were managed safely. Risks to people were assessed and action was taken to reduce the chances of them occurring. The registered manager acted on feedback immediately. People were safeguarded from abuse.

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

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 31 May 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hartfields Domiciliary Care Agency

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 July 2022 and ended on 08 September 2022. We visited the location's office

on 22 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

During the inspection

We spoke to the registered manager and contacted staff via email; we received feedback from six care workers. The Expert by Experience spoke to nine people and nine relatives. We reviewed a range of records. This included four people's complete care records and the medicine records for four people.

We looked at three staff files in relation to recruitment and staff supervision as well as staff feedback forms. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- People told us they felt safe when receiving their care. One person told us, "I feel very safe with the staff, they are just so nice. They are always on time and I have never had a missed call."
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse. One staff member said, "I understand the policies, but I have never had to use them."

Staffing and recruitment

- Staff were recruited safely and there was enough staff to safely support people. New staff had appropriate pre-employment checks in place which included requesting references and a Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. The registered manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy and prescribing instructions.
- Staff had received training in administering medicines and had their competencies assessed regularly. One staff member told us, "The training is intensive, medication training is taken seriously."
- People and relatives told us that they were confident in the medicine's management within the service. One relative said, "They give [person] medication correctly, it's always recorded properly and stored in the locked box. They also put it into the handover system."

Preventing and controlling infection

- The provider ensured staff followed good IPC practices. Staff had completed IPC training and used the correct PPE.
- People and relatives confirmed staff wore PPE when providing care. One relative commented, " They [care staff] all wear the correct PPE and always wash their hands."

Learning lessons when things go wrong

- Lessons were learned from incidents. Learning was shared with the staff team to prevent similar incidents occurring.
- Accidents and incidents were fully investigated and outcomes from these were used to improve the care provided.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed. Care plans reflected their choices and best practice guidance.
- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to delivering care.
- Care plans included consideration of people's wider social and support needs. This allowed care staff to develop a better understanding of each person and promote their independence.

Staff support: induction, training, skills and experience

- Staff were well supported and accessed the training they needed. Records showed training was at 100% completion at the time of inspection.
- Staff told us they had good support. One staff member commented, "I feel fully supported by my work colleagues, senior management and the registered manger."

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

- People were supported to eat and drink enough to maintain a balanced diet. Where people received support with eating and drinking, this was clearly recorded in their care plans.
- Staff showed clear understanding of food hygiene. One relative told us, "The staff sit and go through the menu with [person] they always wear gloves and wash hands when dealing with food."
- Staff monitored people's food and fluid intake and if there were any concerns, specialist advice was sought from the person's GP or from the speech and language therapists (SALT).

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

- Care records included details about people's medical history and ongoing health needs. A record of appointments was kept and there was evidence of collaborative working with healthcare services.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff worked in-line with the MCA. They ensured people's rights were respected, consent was gained, and people were supported to live their lives independently.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 confirmed staff provided kind and compassionate care. One relative told us, "The staff are well trained and ask [person] for consent before care is given. They show respect, and we are happy with them all."
- Equality and diversity policies were implemented to make sure everyone was treated fairly, regardless of their age, sex, race, disability or religious belief and staff followed this.
- Staff understood the importance of treating people as individuals. They were aware of equality and diversity issues and recognised each person was unique with their own lifestyle and needs.

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

- People made decisions about their care. Their choices and preferences about how they wanted to be cared for were recorded in their care plans. Care plans also included people's skills and what they're able to do for themselves. One person told us, "They are all caring. I do my own teeth and they encourage me to use my mobility equipment as I am nervous of it. They help me to gain more confidence."
- Care reviews with people and their relatives took place regularly. This ensured people were supported to voice their views on the care they receive and any changes they wanted to make.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Care records were kept securely, and access was limited to those with overall responsibility for the day-to-day care of people.
- People's dignity was fully respected. Staff described the importance of gaining consent before delivering care and support, this was confirmed by residents and relatives.
- Care workers provided respectful support and helped promote independence. One resident told us, " They encourage me to do things for myself, they are lovely people."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care was provided. Peoples choices were promoted wherever possible. Care plans clearly described people's daily routines and the level of support they required. For example, choosing clothes and dressing, what food they liked to prepare, activities they like to be involved in and indicated any potential risks.
- Care plans were comprehensive and detailed people's health and mobility, communication, medical, and mental health needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were fully assessed by staff. Strategies were in place to support people with communication if needed.
- The provider ensured people had information accessible to them in different formats, when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to attend activities in the local community which were meaningful to them which included bingo, going to the cinema and going shopping.
- Staff supported people to maintain and build relationships with their relatives and other people within their local community. One relative told us, "The service has an area for activities and entertainment, they will encourage [person] to join in."

Improving care quality in response to complaints or concerns

- Systems were in place for responding to complaints. People and relatives did not have any concerns about the service and knew how to raise a complaint if they needed to. A relative said, "Nothing has ever happened that we were not happy about but if it did, we would feel quite comfortable about raising an issue. We would feel it would be responded to quickly and efficiently by the office."
- Complaints and concerns were investigated by the registered manager. Action was taken to improve the quality of care and learning was shared with staff.

End of life care and support

- At the time of inspection no one was receiving end of life care and support. The provider had an end of life policy and staff had received training around this as part of their induction.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive staff culture which helped to achieve good outcomes for people. One staff member said, "Hartfields care staff are compassionate, thoughtful, dedicated and committed. I have no qualms in recommending any of the staff to anyone who would like to receive care. They follow the values and behaviour guidelines and are supportive of one another."
- The registered manager communicated with people, relatives and staff. Relatives told us the management team were approachable. One relative commented, "I know who all the management staff are. They are all very approachable and easy to talk with. I have no complaints at all."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a duty of candour policy and the provider understood their responsibility to be open and honest if something went wrong.
- Results from investigations, feedback sessions and audits were used to improve the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles. The registered manager undertook a range of audits to assess care quality and safety such as supervisions, spot checks, environmental risk assessments, rostering and welfare checks on a regular basis.
- People and relatives were happy with the management and staff. One person said "I know all the management very well, they are all very nice and easy to discuss anything with."

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

- The service regularly sought the views and opinions of people using the service and their relatives. People had the opportunity to discuss things that were important to them through meetings and phone calls with management. One relative said "We know who the managers are as they call us for feedback. We are quite satisfied with the care [person] receives. They are all really kind people."
- The provider held team meetings with staff where their views were heard, these included meetings for care staff, team seniors and the medication manager.

Continuous learning and improving care

- The provider had a structured approach to quality assurance. Staff completed regular checks across a range of areas, including medicines administration and care planning. Senior managers analysed the findings from quality checks to identify areas for improvement.

Working in partnership with others

- Staff worked in partnership with people, relatives and other healthcare professionals.
- Care records showed involvement from other agencies and staff had used the advice/ guidance provided to help with people's care planning.