

HFH Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
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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 took place on 16 February 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary nursing care we needed to be sure that someone would be available in the office so we could look at certain documentation. The last Care Quality Commission (CQC) inspection of the agency was carried out on 07 January 2014, where we found the service was meeting all the regulations we assessed.

HFH Healthcare Limited is a domiciliary care agency that provides nursing and personal care to people living in their own homes. The agency specialises in providing 24 hour nursing and/or personal care to children, younger adults and older people with complex health care needs who are not in hospital, but have been assessed as having a primary health need. The agency works closely with local NHS continuing care teams to provide packages of care. Most people receiving a service from HFH Healthcare live in and around London and are funded by the NHS. There were 18 children, 86 younger adults and six older people received nursing and/or personal care and support from this agency at the time of our inspection.

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

The agency was well managed. The agency had a clear management structure in place. The management team demonstrated strong leadership and a good understanding of their roles and responsibilities. They also communicated a strong ethos focusing on person centred care and ensuring people received a good quality service from the agency. Managers regularly met with staff and checked they were clear about their duties and responsibilities to the people they cared for. Staff told us they felt valued and appreciated for the work they did by the agency's management team.

Furthermore, the agency had established effective governance systems to routinely assess and monitor the quality of service provided by the agency. Regular audits were carried out and, for areas where issues were identified, appropriate and timely action was taken to ensure people's welfare and safety. The service also used external scrutiny and challenge to ensure people received appropriate care and support from the agency.

People told us they were happy with the standard of care and support they received from the agency and that staff were kind and caring. People's rights to privacy and dignity were also respected. Our discussions with people using the service, their relatives and community health and social care professionals supported this.

People told us they felt safe when staff from the agency visited them at home. Managers and staff knew how and when to report abuse or neglect if they suspected people were at risk. They had all received up to date training in protecting children and safeguarding adults at risk. Staff had access to appropriate guidance to

ensure identified risks to people were minimised. Regular maintenance and service checks were carried out on equipment used by staff in people's homes, such as mobile hoists.

People were supported to keep healthy and well. Staff ensured people were able to access community health and social care services whenever they needed them. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration. People received their medicines as prescribed and staff knew how to manage medicines safely.

People agreed to the level of support they needed and how they wished to be supported. People had care plans in place which reflected their specific needs and preferences for how they were cared for and supported. These gave staff guidance and instructions on how people's needs should be met. People were appropriately supported by staff to make decisions about their care and support needs. Staff supported people to be as independent as they could and wanted to be. When people's needs changed, managers and staff responded promptly by immediately reviewing the person's care plan. Managers and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

The views and ideas of people using the service, their relatives, community professional and staff were routinely sought by the provider and used to improve the service they provided. People told us that they felt able to raise any issues or concerns and these were dealt with promptly and satisfactorily. There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these.

There were enough suitably competent staff to care and support people. Staffing levels were planned to ensure there was a good mix of suitably competent staff on every shift to meet people's needs. Staff received relevant training to help them in their roles. Staff had a good understanding of people's needs and how these should be met. Staff felt supported by their managers and senior staff and were given regular opportunities to share their views about how people's experiences could be improved. The provider carried out appropriate checks to ensure staff were 'fit' to work with people receiving services from the agency.

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 told us they felt safe receiving care and support from the agency. There were robust safeguarding and whistleblowing procedures in place for which staff were aware of.

There were enough competent staff available who could be matched with people using the service to ensure their needs were met. The provider had checked the suitability and fitness of staff to work for the agency.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the risks they might face. People were given their prescribed medicines at times they needed them.

Is the service effective?

Good ●

The service was effective. Staff received regular training and support to ensure they could meet people's needs.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) to help protect people's rights. Managers and staff understood their responsibilities in relation to the MCA.

People received the support they needed to maintain good health and wellbeing. Staff worked well with various community health and social care professionals to identify and meet people's needs. People were supported to eat healthily, which took account of their preferences and nutritional needs.

Is the service caring?

Good ●

The service was caring. People told us staff were kind, caring and supportive. Staff respected people's dignity and right to privacy. People were supported by staff to be as independent as they could and wanted to be.

People's views about their preferences for care and support had been sought and they were fully involved in making decisions about the care and support they received.

People received compassionate and supportive care from staff

when they were nearing the end of their life.

Is the service responsive?

Good ●

The service was responsive. People had care plans that reflected their individual choices and preferences in respect of how their assessed needs should be met by staff. These plans were continually reviewed and updated to ensure they remained accurate and current.

The service dealt with people's concerns and complaints in an appropriate way. People told us that they felt able to raise any issues or concerns and these were dealt with promptly and satisfactorily.

Is the service well-led?

Good ●

The service was well-led. The manager promoted high standards of care and support for people using the service. People receiving services, their relatives, community professionals and staff spoke positively about the way the agency was managed.

The views of people receiving services, their relatives, staff and community professionals were welcomed and valued by the provider.

There were systems in place to monitor the quality of the service provided by the agency and to make improvements where needed.

HFH Healthcare 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 checked 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 16 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary nursing and personal care service and we needed to be sure that someone would be available in the office so we could look at certain documentation. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who has received community based adult social care services.

Prior to the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR 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. We also reviewed information about the agency such as notifications about events and incidents that involved people using the service, which they are required to submit to the CQC.

We also reviewed all the written feedback we received from people using the service, their relatives, community professionals and staff involved in their care who had participated in the CQC's recent stakeholder satisfaction survey about HFH Healthcare.

When we visited the offices of HFH Healthcare we spoke with the registered manager, proprietor/director, the clinical lead nurse, a nurse coordinator, the training manager and a care worker. We also looked at various records that related to people's care, staff and the overall management of the agency. This included five people's care plans and ten staff files.

After we visited the agency's offices we spoke on the telephone with two people using the service, the relatives of seven other people and two care workers. We also contacted five community professionals who provided us with written feedback regarding their views about HFH Healthcare.

Is the service safe?

Our findings

The provider took appropriate steps to protect children and adults at risk from abuse and neglect. Relatives told us the agency was safe. One relative said, "My [family member] feels secure and is treated as an adult by staff from the agency". Staff had received training in safeguarding children and adults at risk and knew how to protect people from abuse. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to their nurse coordinator or the manager. Protecting children, safeguarding adults and whistle blowing procedures were included in the staff handbook, which the manager told us each new member of staff was given when they first starting working for the agency. Where safeguarding concerns had been raised about the provider in the past the manager had worked closely with other agencies, including the local Clinical Commissioning Group (CCG), to investigate these matters and take appropriate action when necessary to minimise the risk of similar incidents reoccurring.

Where there was risk of harm to people, there were plans in place to ensure these were minimised. We saw that people's care plans included risk assessments that clearly identified how people's circumstances and needs might put them at potential risk of injury and harm. Information from these assessments was then used to develop risk management plans which instructed staff how to minimise these risks. Staff were aware of the specific risks to each person and what they should do to protect them. For example, if staff needed to use a mobile hoist when supporting a person's transfer from one place to another detailed moving and handling guidance on how to do this in a safe way was included in their care plan. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment. Any equipment used in a person's home, such as a mobile hoist, was also regularly checked to ensure these did not pose unnecessary risks to people.

The provider carried out appropriate recruitment checks on staff. Staff records showed employment checks had been carried out on all new staff before they started working for the agency. These included obtaining evidence of their identity, Nursing Midwifery Council (NMC) registration status for all nurses, the right to work in the UK, relevant training and qualifications, character and work references from former employers, full employment histories and criminal records checks. Staff were also expected to complete a health questionnaire which the provider used to assess their fitness to work. The manager told us that any breaks in employment were discussed with staff during the recruitment process. The manager also said they worked closely with the Home Office to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

There were enough members of staff to keep people using the service safe. People told us their carers always arrived on time and stayed for the full duration of their shift. One person said, "Yes, they [staff] are usually on time and if their running late they text us. We're never left without a carer". Feedback we received from people's relatives was equally complimentary about staff attendance and their time keeping. One relative told us, "Staff timekeeping is fine. There is always someone with my [family member]", while another relative said, "Our nurse is always available, even out of hours". The manager told us staffing was arranged

with the local CCG according to the needs of the people receiving the service. If extra support was required because people's needs had changed additional staff cover was arranged. The staffing rota for each person was planned in advance and copies were always sent to the people using the service or their relatives, and the staff who were scheduled to provide the care. This ensured people receiving services from the agency knew which members of staff would be providing their care and when they would be coming. Staff told us the nurse coordinators did a good job arranging their visits and ensuring they had enough time to complete all the tasks they should during their shift. They also told us there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

People were supported by staff to take their prescribed medicines when they needed them. We saw people had their own medicines administration record (MAR) sheet which included a list of their known allergies and information about how the person preferred to take their medicines. Staff signed these MAR sheets each time medicines had been given and we saw the sheets we looked at had been completed correctly. Staff had been trained to manage medicines safely. Records showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely was assessed regularly.

Is the service effective?

Our findings

People were supported by staff who had been trained to meet their care and support needs. One person said about staff, "I have no complaints about the staff. They all do a marvellous job", while another person told us, "All the staff that come to my house are very professional and seem to know what they're doing". People's relatives were equally complimentary about staffs' knowledge, skills and understanding of their family member's needs. One relative said, "They [staff] really do seem to know what they're doing." Another relative told us, "Staff are very aware of my [family member's] needs and are very good at anticipating any problems they have, which they deal with straight away."

Staff received training in topics and subjects which the provider considered relevant to their roles. All new staff were required to work towards achieving the 'Care Certificate'. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. All new staff were expected to successfully complete this training, which managers confirmed. Staff we spoke with also told us their training was always relevant and on-going. One member of staff said, "My induction was excellent. It was made very clear to me what and what I couldn't do", while another member of staff told us, "The agency is really good at giving us all the training we need and will arrange additional training if you require it".

Staff had sufficient opportunities to review and develop their working practices. Records indicated staff regularly attended group meetings with their co-workers in addition to receiving at least four individual supervision meetings with their designated nurse coordinator each year. This included an annual appraisal of their overall work performance and at least one observation (spot check) of their working practices undertaken by a nurse coordinator during a visit. This was confirmed by all the written feedback and discussions we had with staff. Several staff told us they found these meetings and spot checks by their line managers helpful. One member of staff said, "We have lots of opportunities to discuss our work and training needs with our nurse coordinators", while another member of staff told us, "My nurse coordinator is extremely supportive. They provide us with a lot of constructive feedback".

Care plans showed staff recorded and monitored information about people's general health and wellbeing on a daily basis. Relatives said staff kept them regularly informed and updated about their family member's health and wellbeing. One relative told us, "If there's any changes in my [family members] needs staff will tell us and record in the care plan so other staff know about these changes", while another relative said, "Staff notice even the littlest changes in my [family members] needs and are very quick to respond". Where there was a concern about a person we noted prompt action was taken by staff to ensure this was discussed with their line manager (nurse coordinator) and appropriate support was obtained for the relevant community based health care professionals.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. People told us, if they wanted staff to, the agency would involve the relatives they wanted to help them make important decisions. The manager told us that all of the people using the service had capacity to make decisions about their own care and treatment. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA. Staff said they had training in and understood their responsibilities in relation to the MCA.

Staff supported people to eat and drink sufficient amounts. People's nutritional needs were assessed by staff as part of the initial planning of their care and support. We saw each person had a personalised eating and drinking plan which indicated their likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. For example, it was clear from information contained in care plans who was Percutaneous Endoscopic Gastrostomy (PEG) feed. The meals planned and prepared by staff took account of people's needs. For example, people with specific health conditions that could be worsened by certain foods, had meals prepared for them that supported them to maintain a healthy diet. Staff closely monitored people's food and drink intake to ensure people were eating and drinking enough. Where there were concerns about this, appropriate steps were taken to ensure people were effectively supported.

People were supported by staff to maintain a good level of health and wellbeing. The CCG assessed people's health and support needs. The agency used this assessment to help them plan the nursing and care package people would need to stay healthy and well. Care plans contained important information about the support people required to manage their health conditions and the access they needed to health care services such as the GP and district nurses. People's health care and medical appointments were noted in their care records and staff ensured people were supported to attend these. Outcomes from these appointments were documented and shared with all staff so that they were aware of any changes or updates in the level of support people required. People with learning disabilities also had a current hospital passport. This document contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

Is the service caring?

Our findings

People spoke positively about the service provided by the agency, although one person told us the level of care and customer service their [family member] had received had been "poor". They said they had raised their concerns with HFH Healthcare, which was investigated by the provider and fully resolved. People typically described staff who worked for the agency as "kind" and "professional". One person told us, "Staff are very accommodating to all my needs", while another person's relative said, "I am happy with HFH and the staff". Most people told us their carers knew how to give them the care they needed and were familiar with their likes and dislikes. One relative told us, "My [family member] has two groups of regular carers who spent a lot of time familiarising themselves with their needs", while another told us, "We always have the same carers who know my [family member] inside out".

In addition, all the written feedback we received from people using the service, their relatives and community professionals was equally complimentary about the agency. For example, most people said they would recommend the agency to another person. Typical comments we received from community professionals included, "The agency provides care to a very good standard. The feedback from families has been good and the agency has been able to support complex packages of care", "HFH are an excellent, well run, professional organisation who are a pleasure to work with" and "They [the agency] do a really good job of managing the packages of care that they are commissioned to provide. I have found the agency to be very professional".

Staff ensured people's right to privacy and dignity was upheld and maintained. People told us staff were respectful and mindful of their privacy. One relative said, "My [family member] is treated as an adult", while another relative told us, "Staff are always polite to my [family member]" and let them know what they are about to do and if that's ok". Several staff told us they had received respecting people's privacy and dignity training, which the management confirmed was mandatory for all new staff to complete as part of their induction. When speaking with staff about the people they supported they referred to people by their preferred names and spoke about these individuals in a kind and respectful manner. Staff also told us about the various ways they supported people to maintain their privacy and dignity. This included ensuring people's doors were kept closed when they were supporting individuals with their personal care and respecting a person's wishes to be left alone.

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. A relative was able to give us good examples of how staff prepared meals that reflected their cultural and religious heritage. Records showed staff had received equality and diversity training, which helped them understand the importance of respecting people's needs. Staff demonstrated a good understanding of the various cultural backgrounds and religious needs of people using the service. The manager said they always considered the cultural heritage of the people using the service and gave us several good examples of how they had matched staff whose first language was the same as the people they had been assigned to support.

People were involved in making decisions about the care they received. People's relatives told us staff were

"good listeners" and always respected their family member's choices. One relative gave us a good example of how staff respected their family members expressed wish to always have a glass of wine with their evening meal. People were provided with appropriate information about the agency in the form of a 'Statement of purpose'. The manager told us this was given to people when they started using the service. This included information about the services provided by the agency and ensured people were aware of the standard of care they should expect.

People told us they were supported to be as independent as they could and wanted to be. Records showed staff supported people to identify tasks and activities they wished to undertake for themselves with staff support. Goals for achieving these were agreed and reviewed with staff to ensure these were being met. Staff gave us several good examples of changes they had made to care plans to enable people to maintain and/or develop their independent living skills. For example, one person was actively supported by staff to continue walking their dog in their local community, while others who were willing and capable of managing their medicines safely were encouraged to do so.

People who were nearing the end of their life they received compassionate and supportive care. We saw what people had decided about how they wanted to be supported with regards to their end of life care which was reflected in their care plan. Records indicated the agency employed a number of specialist palliative care trained nurses. The manager told us these nurses with specialist palliative care qualifications and experience would always be matched with people requiring end of life care.

Is the service responsive?

Our findings

People were supported by staff to contribute to the planning and delivery of their care. People told us they were involved in planning the care and support they would receive from the agency. One person said, "Staff from the agency came to see me prior to me receiving a service from them to discuss what I needed and wanted." Records showed people attended meetings, along with their family members and/or other people involved in their care, to discuss how support should be provided.

We saw people's care plans were personalised and informative. People told us they had been given a copy of their care plan. These plans took account of people's specific needs, abilities and preferences. They also included detailed information about the level of support each person required to stay safe and have their needs met, as well as how they preferred staff to deliver their nursing and/or personal care. All the care plans we looked at included additional information about people's life history and the names of people who were important in their lives. Staff had signed care records to confirm they had read and understood how support should be provided to people. Staff said they had been told about the needs, choices and preferences of the people they provided care and support to. It was clear from discussions we had with staff that they knew people well and had a very good understanding of their specific needs and how these should be met.

People's needs were regularly reviewed to identify any changes that may be needed to the nursing and/or personal care they received. One person told us, "My care plan is updated whenever my carers talk to me about how I'm doing and whether or not anything has changed". Nurse coordinators were responsible for ensuring people's care plans were reviewed at least once a quarter. These care plan review meetings had been attended by people receiving a service, their relatives (where appropriate), various health and social care professionals and staff from the agency who were involved in providing people's care.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People receiving a service and their relatives said they knew how to make a complaint if they were unhappy with the care and support provided by the agency. A relative said, "The managers are very quick to deal with things if you're not happy." Furthermore, most people told us the agency had dealt effectively with any concerns they had raised with them in the past. One person gave us a good example of action the agency had taken to replace their regular carer with another carer after they had expressed dissatisfaction with them. In addition, a community professional commented, "Concerns are always taken seriously and responded to promptly and effectively by the agency". The provider's complaints procedure detailed how people's complaints would be dealt with and the manager confirmed a copy had been given to everyone when they first started using the agency. We saw a process was in place for the manager to log and investigate any complaints received which included recording any actions taken to resolve any issues that had been raised.

Is the service well-led?

Our findings

The service was well managed. People spoke positively about how well-run the agency was. A relative said "I'm happy with the agency and will continue to use them", while another relative told us, "We are very happy with HFH. On the whole our experience has been really good. It's definitely well run". Feedback we received from community health and social care professionals was equally complimentary about the management of the agency. One community professional wrote, "They [the agency] demonstrate a 'can do' attitude that seems to run right through the organisation from coal face workers to senior managers". Community professionals also told us the provider worked closely with them and always acted upon their instructions and advice. One community professional commented, "The agency works collaboratively with us and are able to follow instructions and changes to care plans", while another wrote, "The agency endeavours to meet all our requests for updates on our clients in a timely manner".

The manager demonstrated good leadership. They spoke about their vision for the agency including the importance of consistent leadership, individualised care and supporting staff to ensure their vision and values ran through the care and support they provided. The manager also demonstrated a good understanding of their legal responsibilities to notify the CQC about important events that had adversely affected the people using the service.

The service listened to people and took their views and suggestions into account. The provider used a range of different methods to ensure people could share their suggestions for how the service could be improved. People talked positively about how accessible and approachable the manager and the staff were. People also told us managers and senior staff from the agency regularly visited them at home or telephoned them to find out what they thought the service they received and what the agency could do better. We saw the provider used satisfaction questionnaires to ascertain people's views and experiences. These were routinely sent to people, their relatives and other people involved in their care and support such as community health and social care professionals. We looked at the feedback obtained in the provider's most recent survey and saw people were satisfied with the overall care and support they received.

The service supported and listened to its staff team. Staff told us they felt valued and appreciated by the management team who were always on hand to offer them advice and support. One staff member told us, "If I have a problem I go straight to my manager. All the managers and senior staff are very approachable and always helpful". Another member of staff said, "This is a great place to work. The managers and nurse coordinators are brilliant". Staff also felt the managers and staff worked well together as a team and that there were good systems in place which enabled them to communicate effectively with one another. For example, regular group and individual meetings were held with all staff to review how they were achieving the service's objectives in ensuring people experienced good quality care. These meetings were used to encourage staff to share their views about the agency, as well as ensure everyone was aware about any incidents that had happened and the improvements that were needed to minimise the risk of similar events reoccurring.

The provider had established effective governance systems to routinely monitor and improve the quality

and safety of the service people received from at the agency. A community professional told us, "The agency takes the quality and safety of the services they provide very seriously and care packages are monitored closely to assure this". Managers and senior staff regularly carried out a range of checks and audits to assess and monitor standards within the agency. These covered key aspects of the service such as the care and support people received, accuracy of people's care plans and risk assessments, the management of medicines, the use and maintenance of equipment used in peoples home, health and safety of people's home environment, and accidents, incidents and complaints. These checks were documented along with any actions taken by staff to remedy any shortfalls or issues they identified through these checks. The manager told us they were responsible for ensuring actions was taken to address any shortfalls or gaps identified.

We saw staff training records were closely monitored by the provider. This helped the managers identify when staff were due to refresh their existing training in order to keep their existing skills and qualifications up to date. The manager gave us a good example of how the providers IT system immediately notified them when nurses with specialist knowledge and skills, such as those supporting people with PEG feeding tubes, needed to have their PEG training refreshed. In this way the provider was ensuring the staff team maintained their existing knowledge and were keeping up to date with best practice.

The provider used external scrutiny and challenge to ensure people received care and support that was relevant to their needs. We saw the service commissioned an independent quality assurance agency in 2015 to review how safe, effective, caring, responsive and well-led HFH Healthcare was. The provider responded proactively to suggestions made by in the review to improve the service. For example, mental capacity was included in staff's induction and a new data management system introduced to collate information which could be analysed and used to improve the agency.