

HH Care Services Ltd

# HH Care Services Ltd

## 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

### About the service

HH Care Services Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection, there were four people receiving help with personal care. This is help with tasks related to personal hygiene and eating.

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

Relatives were satisfied with the delivery of care and felt their family members were kept safe from harm by care workers. Risks to people such as pressure sores, mobility and nutrition were assessed and there were guidelines for care workers to follow to reduce the risks to people. There were safe recruitment procedures in place and the provider ensured there were enough staff employed to keep people safe, including calls where two care workers were needed. The provider followed good infection control practice.

Staff were given appropriate training and supervision which meant they were competent in carry out their roles. The provider assessed people's needs and sought appropriate consent from them or their relatives when they first started to use the service. Care workers were aware of the need to support people in line with their wishes, including their dietary and medical needs.

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.

Relatives and healthcare professionals told us that care workers were caring and treated people using the service with respect. People and their relatives were involved in directing their care and felt that care workers met their religious and cultural needs. Care workers were aware of the importance of encouraging people's independence and to provide care that was respectful of their privacy.

The provider had systems in place to ensure that care plans were reviewed on a regular basis. People had individual care plans in place which included any areas of support and the steps that staff needed to take to help them. People's end of life wishes were met by the provider. Relatives told us they had no complaints about the service but were given details of how to raise a concern or complaint if needed.

There were systems in place to monitor the quality of service. These included audits, feedback forms and formal surveys. The registered manager was aware of her regulatory duties including notifying CQC of any reportable incident.

### Rating at last inspection

This was the first inspection of the service since it registered with the CQC on 15 June 2021.

### Why we inspected

This was a planned inspection based on when the service registered with us.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always well-led.

Details are in our well-led findings below.

Good ●

# HH Care Services Ltd

## 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 Care Act 2008.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

#### 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 06 September 2022 and finished on 09 September 2022. We visited the office location on 06 September 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it had registered with us. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager and the care co-ordinator, three care workers and two relatives and two healthcare professionals. We did not speak to people as some could not communicate in English and others were children.

We reviewed a range of records. This included three care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

We requested additional evidence to be sent to us after our inspection. This including training records, surveys and records relating to governance including policies and procedures.

# 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 for 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

- The provider had systems in place which helped to ensure people were kept safe.
- Relatives told us their family members felt safe in the presence of care workers and they had no concerns about their safety. Comments included, "Yes, my [relative] is safe."
- The registered manager confirmed there were no current safeguarding concerns but knew what steps to take if an allegation was brought to her attention. There was an up to date safeguarding policy to underpin this practice.
- Care workers told us they had received training in safeguarding and were aware of what steps they would take to keep people safe. Training records confirmed that they had received training in safeguarding adults and children.

Staffing and recruitment

- There were enough staff employed to meet people's needs and staff were recruited in a safe manner.
- Staff employment files included completed application forms, interview notes, evidence of identity and right to work and references.
- Disclosure and Barring service (DBS) checks had been sought for staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives told us that care workers were always on time and stayed for their expected duration of care visits. The provider had an electronic call monitoring system in place to assure themselves that care workers attended on time and to monitor late visits.

Assessing risk, safety monitoring and management

- The provider assessed risks to people, and their environment which helped to ensure that care workers could support them in a safe way.
- Risk assessments were used to identify and manage risks. These included the actions that were needed to reduce the risk and keep people safe from harm, including risk of pressure sores and the risks in relation to (Percutaneous Endoscopic Gastrostomy) PEG.

Using medicines safely

- At the time of the inspection, none of the people using the service needed support to take their medicines.
- The provider had medicines assessments in place and medicines administration records and support plans were available if needed.

- Relatives and care workers confirmed that people did not receive their medicines from staff. Training records showed that staff had received training in medicines administration in case this was needed in future.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Relatives confirmed that care workers wore PPE when supporting their family members.
- We were assured that the provider was accessing testing for staff. The registered manager kept previous Covid-19 test results for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The registered manager told us, and records confirmed that there had been no reportable incidents or accidents.
- There was an audit system to monitor daily records for any incidents and accidents and there were incident/accident records for care workers to complete if needed.



# 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.

Staff support: induction, training, skills and experience

- The provider arranged appropriate training for care workers which meant they were competent in carrying out their duties effectively and safely.
- Relatives told us that care workers were trained and completed their tasks well. Comments included, "Yes, the carer knows what they are doing."
- There was a comprehensive induction training programme in place for new staff which covered training that the provider considered mandatory. This included such as safeguarding, infection control, health and safety, moving and assisting and medicines amongst others. New staff were also supported to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Training records showed that staff were up to date with their training and were also competency assessed by the registered manager which meant they were capable of carrying out their roles.
- Staff received regular supervision, more frequently when they first started their employment and thereafter every three months.

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

- The registered manager carried out assessments before people began to use the service. They also used relevant records and assessments from the referring bodies. This helped them to capture people's support needs and use these as part of their care planning.
- The provider used recognised assessment tools to determine risks to people.
- People were issued with a service user guide and given a copy of their care plan so they could make an informed decision and agree to their content.

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 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. 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.

- People and, if appropriate, their next of kin were involved in their care planning and gave their consent to care.
- Care plans included details about people's capacity to consent to their care. Where they were not able to give consent, best interest decisions were recorded.
- Relatives told us that care workers respected their family members choices and supported them to make everyday decision such as choosing what to eat and what to wear. Care workers told us they were always careful to gain consent when supporting people and respected their wishes.
- Care workers were familiar with the MCA and its application. Training records showed they received training in the MCA.

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

- People were supported to eat and drink.
- Relatives told us care workers helped to support people with eating meals that had been prepared by them.
- Care plans in relation to dietary and nutrition needs were completed. These included people's preferences, the types of food they liked, including any religious or cultural requirements.
- Some people required feeding through a (Percutaneous Endoscopic Gastrostomy) PEG. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. Records showed that care workers had received training in this and followed guidelines as stated in peoples' care plans.

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

- People were supported to live healthier lives.
- Relatives told us that care workers looked after their general wellbeing. One healthcare professional said, "Carers are professional and liaise with the specialist team when they observe any concerns or deterioration."
- Care plans contained details of any professionals involved in people's care such as their GP and pharmacist.
- Training records showed that care workers received training in basic life support and first aid. They also recorded any health concerns in their daily notes which were reviewed by the registered manager or the care co-ordinator regularly.

# 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

- Relatives told us that care workers were friendly and cared for their family members in a caring and compassionate way. Comments included, "Yes, they are very patient" and "The carers are good."
- Records showed that people received continuity of care from a team of regular care workers. This was reflected in feedback from relatives and meant that care workers were familiar with people's support needs, their preferences and how they wished to be cared for.
- Care workers told us they were given enough time during their visits to complete all their tasks.
- Some of the people the provider supported were from East Africa and were supported by care workers who understood and respected their religious and cultural needs. Care plans included details about people needs in relation to their protected characteristics such as religious needs or disability.

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

- Relatives told us that the provider shared their care plans with them and a copy was kept at home. The provider had a secure system in place which meant people and their relatives were able to view their care plans and associated records electronically.
- Care plans included details of how people wanted their care to be delivered, their preferences in relation to their diet and personal care needs. Relatives told us that care was delivered in line with people's wishes.

Respecting and promoting people's privacy, dignity and independence

- People received care that was respectful and dignified.
- Care plans included details of how much support people needed and how care workers could support people to maintain as much independence as possible.
- Care workers gave us examples of how they supported people in a way that respected their privacy. For example, one care worker said they waited outside the bathroom and provided support only when asked to by people.
- Relatives told us that personal care was delivered in a discreet way, ensuring people's privacy was respected.

# 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; Meeting people's communication needs

- The provider had implemented an electronic care planning system which was available to people and their relatives. This meant that any changes to people's care and support needs could be recorded and updated in a timely manner.
- Care plans were comprehensive in scope and covered a number of areas that were relevant to people's individual support needs such as personal care, moving and handling and diet and nutrition. Relatives confirmed that their family members care plans were reviewed on a regular basis. One healthcare professional said, "HH Care Service does meet patient's needs and they build a rapport with both patients and family members."
- Care plans were person centred, and included details about people's background, their interests and preferences and how they wished to be supported. Care workers we spoke with were familiar with people's needs.
- Care workers completed daily notes after each visit, recording the support that they provided people. These were available to the registered manager and relatives and provided assurance that the required tasks had been completed.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people using the service had specific communication needs in relation to disability or sensory impairment, there were clear communication passports in place which captured any support needs such as language barriers or understanding.
- Care workers we spoke with were aware of people's communication methods and gave us examples of how they sought consent and agreement from people which was in line with their communication plans.
- Information about the service could be made available on request if required.

### End of Life Care

- The provider completed end of life care plans for people which included details about how they wished to be cared for and any religious needs that needed to be followed.
- We received positive feedback from end of life healthcare professionals about the care provided to people using the service with regards to end of life care. One comment included, "I am happy to endorse HH Care Services."

Improving care quality in response to complaints or concerns

- Relatives told us they did not have any ongoing or past complaints with the provider.
- People were issued with a service user guide with details of how to raise a complaint if they were unhappy about their care. Any concerns were also explored during telephone checks and care plan reviews.
- One healthcare professional said, "No complaints or concerns from the families, no issues with the carers or rotas."

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found that some of the record keeping needed improving. For example, we found training certificates for some staff mixed with other records, some staff induction records not being fully complete, and some professional references not verified.
- We raised this with the registered manager during the inspection who advised they were looking at reducing their paper records and transitioning to electronic forms. After the inspection, they provided evidence to demonstrate that this action had been taken and also an administration officer had been recruited to help with record keeping. We were satisfied with this response.
- The registered manager was supported by a care coordinator and told us she was recruiting an administrative staff to help manage the service as it grew.
- The registered manager was aware of the legal requirement to notify the CQC of reportable incidents and had submitted these in a timely way.
- Quality assurance checks took place to monitor the quality of service. These included checking daily notes, regular care plan reviews, monitoring of staff training and other checks about the quality of care such as unannounced spot checks and competency assessments.
- The registered manager had systems in place to monitor medicines practice, incidents and accidents and complaints although these had not been needed at the time of the inspection.
- There was a service improvement in plan, which was reviewed by the registered manager regularly.

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

- There was an open culture within the service which was reflected in the feedback we received.
- We received positive feedback from relatives, staff and healthcare professionals about how the service was managed. Comments included, "Yes, [The registered manager] is good, she is always available if we have any problems" and "The service is good."
- Staff were issued with a staff handbook which gave them information about the service, its values and the aims.
- The registered manager was aware of her responsibilities under duty of candour, although there had not been a need to act under this.

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

#### characteristics

- The provider had systems in place for engaging with people and staff.
- Feedback surveys were sent to people and relatives to gather their feedback. We reviewed the results of these and saw the positive feedback from all.
- The registered manager engaged with people and their relatives through regular telephone monitoring and spot checks.
- The registered manager held regular team meetings where relevant issues were discussed with the care team such as reviewing policies, training and support.

#### Working in partnership with others

- There was evidence that the registered manager worked in partnership with healthcare professionals to support people. One healthcare professional said, "[The registered manager] always keeps me informed of any potential issues, we meet regularly and do joint visits with the families."