

Holderness Home Care Limited

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Inspection report

30-34
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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

Holderness Home Care Limited is a domiciliary care service which is registered to provide personal care to people living with dementia, mental health needs, older people, a physical disability or sensory impairment. At the time of the inspection the service provided support to 46 people.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided

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

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.

Care provided was person-centred. People were encouraged to get out and about in their communities and were supported to visit the office and local cafes. Calls were electronically monitored, and people confirmed that regular staff attended on time.

People received safe care and support, because systems and processes in place ensured any risks were safely managed by staff, and their needs met with minimal restrictions in place. Staff had received training and clear guidance was followed to help people understand how to remain safe from avoidable harm and abuse.

Medicines were managed and administered safely. Records confirmed people had received their medicines as prescribed.

People were involved in planning their care. Records were person-centred and evaluated consistently. Where agreed outcomes were not achieved, amendments were made with people's input.

Staff received appropriate induction, training, and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

The service was well managed. Staff at all levels had a clear understanding of their roles and responsibilities and when to escalate any concerns for further investigation and transparency.

Quality assurance remained a priority. Checks included audits and feedback. Further oversight from the registered manager ensured the service remained effective. Standards were maintained, and where improvements were required, these were actioned.

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 this service was Good (report published 27 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Holderness Home Care Limited

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 2014.

Inspection team

The inspection was completed by one inspector 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 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.

The service had a manager registered with the CQC. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity was completed on 11 March 2020.

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 commissioners, and Healthwatch. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with three members of staff, and the registered manager.

We reviewed a range of records. This included four people's care, medication records and daily notes. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were safeguarded from the risks of abuse. Local safeguarding guidance was followed by staff to escalate any concerns. Outcomes and actions from any investigations were shared to keep people safe.
- Robust assessments of people's needs ensured any known risks were recorded and managed.
- Staff had information to keep themselves and others safe. Assessments of people's homes had been completed and staff understood the importance of maintaining a safe working environment and to report any hazards.
- People and their relatives were supported to keep themselves and their belongings safe. One person said, "I walk with a frame, when I am unsteady on my feet, but the staff are there to help me. They make sure there is nothing in the way for me to fall over."

Staffing and recruitment

- There were enough competent staff on duty, and this was adjusted to keep people safe and meet their changing needs.
- Recruitment systems were robust and ensured the right staff were recruited to safely support people and meet their needs.
- People felt there was enough staff and that they generally arrived on time and spent the allotted amount of time with them. One person said, "They are good company."
- Systems ensured calls to people's homes were on time and for the correct duration.

Using medicines safely

- People's needs were assessed to work out what support they required to take their medicines. Most people told us they managed their own medication. One person said, "They [staff] supervise me; it works well".
- Medicines were received, stored, administered and disposed of safely.
- Checks on medicines management, and to make sure staff remained competent to complete this role were completed. Where any further training was required this was provided.

Preventing and controlling infection

- The provider ensured people were protected from the risk of infections.
- Staff had been trained in infection prevention and control and used appropriate equipment to minimise the risks from infection.

Learning lessons when things go wrong

- Clear processes were in place and followed where incidents had occurred. Investigations included outcomes and actions. These were used to help improve processes and learning for the benefit of the service.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 assessed and concise information was then used to formulate care plans for staff to follow.
- Care and support was planned, delivered and monitored in line with current best practice. Regular reviews of people's care, and support included input from other health professionals which led to good outcomes for people and supported a good quality of life.
- People's rights were respected. Their diverse needs were suitably supported so people were not discriminated against in any way. For example, disability and religion, were considered as part of people's pre-admission assessment and care planning.

Staff support: induction, training, skills and experience; Staff working with other agencies to provide consistent, effective, timely care

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively.
- Staff completed an induction to their role. They had access to up-to-date policies and procedures, which they followed to ensure care and support was delivered in line with best practice guidance.
- Comprehensive staff training was delivered and managed electronically to ensure their skills remained up-to-date. One staff member said, "We have new training and can request anything specific where we need it."
- The provider worked in partnership with other specialist services. For example, staff supporting one person had attended local hospital for specialist training to improve their knowledge.
- Staff were supported in their roles. The provider completed checks to ensure staff remained competent and followed best practice. Any concerns were discussed as part of regular supervisions and additional training was provided.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain a balanced diet and protected from risks of not eating or drinking enough.
- Care records included information to support people who had complex eating and drinking needs. Staff were appropriately trained and supported by other health professionals.
- People told us that if they required snacks, they were provided, and staff always offered a choice of meals. One staff member said, "I like to promote freshly cooked food, but sometimes people just want a microwaved dinner; they are all well fed though, and I always leave a snack and a drink for them."
- Reviews and referrals enabled people to have a smooth transition into the service and to access other

appropriate healthcare services where this was required. For example, the registered manager discussed implementation of robust records to support people with their oral hygiene.

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.

- At the time of the inspection there was nobody assessed as not having mental capacity and no restrictive practices were in place.
- Decisions about people's care respected their human rights and were made in accordance with legislation and their wishes. People had signed their agreement to their care and support.
- Staff had a working knowledge of the MCA and understood the importance of supporting people to make decisions. One staff member said, "I always offer people choices; what they would like to eat, and what clothes they would like to wear."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff were caring and understanding. People felt staff were kind and understood their individual needs. One person said, "They are a nice lot. They care, which is shown in the way they treat you. It shines out of them, they are so caring, they are obviously in the right job".
- Staff showed genuine concern for people and ensured they were not discriminated against in any way. They recognised how choice was important to people and responded to their individuality.
- People's cultural and religious wishes were respected by staff. Where applicable, associated information was recorded in people's care plans.

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

- People and their relatives were involved in their care. Care records included their input and were updated to reflect their wishes and preferences. One relative said, "I have been involved in reviews, it is a personal approach. They take a personal interest in my [relative]. It's a team effort and I am very pleased with their recommendations."
- People's wishes, and preferences were recorded, and staff responded by providing person-centred care. One person said, "They always check that everything is okay, they always ask my permission before doing anything".
- People had choice about the people who supported them. This included choice based on gender and personality.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to retain their independence and confirmed they only received assistance where this was required. One person told us, "They [staff] let me do my own thing, they respect my privacy."
- People told us staff were considerate when assisting with any personal cares and understood how to maintain their dignity. A relative said, "They are all nice, they chat to all of us. They shower [relative] in the morning, and make sure they are covered up, they don't let them sit with nothing on."
- Staff understood the importance of maintaining confidentiality at all times. Records were safely stored with access restricted to those who required it.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

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.

- The provider assessed people's information and communication needs. At the time of the inspection, no one required information in a specific format. The registered manager told us information could be provided to meet people's specific needs. For example, easy read, braille, large print, and with pictures and symbols.
- Care records included information to raise awareness for staff where people required hearing aids or wore glasses. Staff knew to ensure these were available and in working order.

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

- The service was proactive in supporting people to remain part of the community and to engage in activities that were socially and culturally relevant to them.
- Staff were passionate about the importance of taking the time to support people to access the community and avoid social isolation. One staff member said, "People really enjoy our company. I support a couple of people who don't get out much, so I walk with them to a local café; we have a chat, a drink and they really enjoy it."
- The provider had recently moved offices to one which was more accessible to people in the local community. The register manager said, "Everyone is welcome to pop in, we can make a drink and people like to sit and have a chat."

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

- People's needs and information on how best to meet their preferences were recorded and updated.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests. This enabled them to provide personalised care. One staff member said, "Care plans are a good source of information along with getting to know people by visiting them on a regular basis."
- Routine assessments ensured communication remained effective. One staff member said, "Communication is very good; where people's needs change, we are immediately updated. Where something needs doing, we communicate this between the staff team to ensure it gets sorted for people."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure for people to refer to in an accessible format.

- People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.
- Staff recognised the importance of ensuring people were happy with their care and support.
- Where complaints had been made, they were recorded, investigated and responded to in line with provider's policy.

End of life care and support

- Staff followed the provider's end of life policy and people were assured they would get appropriate care and support for example, to remain pain free at this time of their lives.
- Staff discussed end of life wishes and preferences with people as part of their initial assessment. The registered manager planned additional training and support for staff to enhance the recording of this important end of life information.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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.

- The service was well-run and well-led. Effective systems were in place to manage risks to care quality, which staff understood and used.
- There was a clear staffing structure. Staff understood their roles and responsibilities and when to escalate any concerns.
- Policies and procedures ensured care and support was provided in line with national guidance and regulation.
- A range of service checks and reviews were completed to maintain and improve standards. The registered manager discussed planned improvements to summarise outcomes from audits to identify any trends.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was committed to improving the person-centred, high-quality care by engaging with everyone using the service equally along with and stakeholders.
- People had opportunities to be involved in developing the service. Staff, along with people and their relatives were asked to complete a quality assurance questionnaire. Feedback was summarised so action could be taken were people made suggestions.

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

- Policies and procedures were followed to ensure all incidents and accidents were robustly investigated with outcomes recorded and actions implemented.
- The registered manager was open and transparent in dealing with issues and concerns. They understood their responsibility to apologise when mistakes were made and gave feedback to people when needed.

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

- People's needs were met in a timely manner because the service worked closely with key organisations and health professionals. A relative said, "Staff arrived to find [person's name] had fallen. They were very supportive during the recovery. After a review [staff] have increased their visits to three times a day and they encouraged some domestic help."

- Staff had good links within the community, which helped to ensure people remained free from social isolation. Staff routinely accompanied people to local shops and cafes as part of social calls, which promoted good outcomes.