Miss Harriet Rose Davis

Heronsmere Home Care

Inspection report

Heronsmere
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Chorleywood
Hertfordshire
WD3 5PW

Tel: 07429076755

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on 17 March 2016 and was announced which meant the provider was informed 48 hours before the inspection. This was the first inspection since the service had registered with the Care Quality Commission on 26 June 2015. Heronsmere Home Care provides personal care to people living in their own homes. There were six people using the service on the day of our inspection however of these six people three people were receiving the regulated activity of personal care.

The service did not have a registered manager in post. The nominated individual for the service was also manager for the service however they had not registered as the manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and staff were positive about the management of the service and knew the management team well. However, the systems in place to monitor and review the quality of care people received were still being developed to ensure incidents, issues or concerns could be accurately recorded and responded to so. This included staff meetings being formalised, audit tools being developed and incident monitoring being reviewed robustly.

The provider had failed to ensure all the necessary recruitment checks had been carried out prior to a staff member commencing employment at the service, however they took action to complete this during the inspection and ensured the staff member would be supervised until this information was received.

People felt safe using the service and risk assessments were in place to ensure staff worked safely. Staff were clear on how to recognise and report abuse. There had been no accidents or reportable incidents and the service did not provide support with people's medicines.

People received care that met their needs at call times that suited them. They were involved in the planning of their care and felt listened to. People received support with eating and drinking as needed and calls were flexible to support people to attend their hospital appointments. People were supported by regular staff who knew them well and they felt they had a good relationship with them. People were treated with dignity and respect.

People's consent was obtained prior to support being given and staff were familiar with the Mental Capacity Act and how this may affect them in their role. Staff received appropriate training and supervision for their role. There was sufficient numbers of staff to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Safe recruitment practises were not consistently followed to ensure staff were of sufficiently good character.

People told us they felt safe with the care provided to them.

There were sufficient numbers of staff deployed to support people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by staff who received appropriate training and supervision.

People were asked for their consent before care was given. However, the provider did not have in place policies to assess and review people who may lack capacity to make certain decisions in the future. As new people were due to access the service for care and support this would be relevant to ensure their consent was sought in line with the mental Capacity Act 2005.

People were supported to eat and drink sufficient amounts and to attend hospital appointments as call times were flexible.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect and their dignity was promoted.

People had positive relationships with staff who knew them and their specific needs well.

People were involved in planning and reviewing their care.

Is the service responsive?

Good

The service was responsive.

People's received care that was centred on their particular needs and preferences.

People were supported by staff to continue to develop their hobbies, interests and relationships that were important to them.

People felt listened to and knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was not a manager in post who was registered with the Care Quality Commission.

Some of the required management systems needed to be developed to ensure a consistent quality of service.

People were supported by a management team who they felt able to approach and discuss openly the running of the service if needed.

Heronsmere Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 17 March 2016 by one inspector and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service therefore we needed to ensure they would be available.

Prior to this inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with one person who used the service and visited one person in their home. We spoke with the only employed staff member and the manager. We looked at two peoples care records and two staff files. We reviewed other documents relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People and the health professional we spoke with told us that the care provided was safely delivered. One person told us, "Oh golly I should think so, they always check to see if I'm alright, and if they think I'm not they make sure I am."

Staff and the manager were able to describe to us what constituted abuse and what signs they looked for when supporting people. The staff member told us that if they noticed anything suspicious while providing personal care they would immediately report this to the manager. However, when we asked the manager what they would then do with this information they were unsure of the process. They told us that they would investigate the concerns and review the persons care, speak to the GP or District Nurse, and report their concerns to the Care Quality Commission. However they were not aware of the process for doing this, and also were not aware of the reporting procedures for the local authority safeguarding team. During the inspection the manager located the local authority safeguarding policy and ensured staff were aware of this, however this was as a result of us raising this with them. Staff at the time of the inspection were not aware of reporting incidents to the local authority. When we reviewed people's daily records of care, there were no records to suggest people had suffered from any form of possible abuse, and the manager confirmed this. However, they agreed that they will implement a full reporting system to manage and monitor incidents and potential safeguarding concerns subsequent to the inspection, and prior to accepting further people for care.

Where staff identified risks to people's health and welfare these were appropriately assessed and responded to. For example, one person's daily records showed staff had noted the person's skin was becoming red and slightly blistered. They had notified the appropriate health professional for treatment, and then ensured cream was applied daily, to the affected area to prevent any skin condition deterioration.

People told us there were enough staff and the rota's seen confirmed that there were sufficient staff to support and care for people safely and effectively. At the time of the inspection the manager and an existing staff member provided care to people, with a new staff member due to begin once their recruitment checks were verified. The manager told us that once this new staff member was in post and inducted, they would then take on further packages of care. This demonstrated to us that they had a system in place to monitor the number of care hours provided which ensured they had sufficient staffing. We were able to also see how the manager was able to respond to people's changing needs and temporarily increase staffing for one person at the request of the family. The manager told us how they monitored the timelines of calls and knew no calls were missed because they carried out the care calls themselves along with another carer. When we looked at the care records we could see that calls were made as required, and on the rare occurrence that they may be late they told us they contacted the person to let them know. People told us that staff were rarely late and confirmed the arrangements. The manager told us that as their company grew they would implement a more robust system of monitoring calls, however at the time of inspection this system was sufficient for the number of people both employed and supported.

Staff were not always recruited ensuring they were of sufficient good character. We looked at the

employment records for both the existing and newly employed staff members. For the staff member who was newly employed, we saw that a criminal records check had been applied for and reviewed, and they had reviewed their employment histories dating back to school which were verified by the manager with no gaps in employment history. Both staff members had provided evidence of identification and copies of these were retained. However, the staff member who was already working for Heronsmere Homecare did not have a current criminal records check in place and the existing record, had been applied for two years ago for a different organisation. The manager immediately addressed this issue and completed a criminal records check and informed the staff member that they would shadow them on care calls until check was returned.

People who used the service did not have their medicines managed or administered by staff. People managed their own medicines, or their relative did so on their behalf. Staff told us that they merely prompted people to remember to take their medicine which they noted in the daily records If they returned later in the evening and a person had not taken the medicine from their dosset box, they informed the persons relative, and again prompted the person with their medicines. Staff were clear that if there were successive occasions where people missed their medicine they would inform both the family and the persons GP. At the time of our inspection the manager was developing their approach to managing medicines and told us it would be their intention in future to administer people's medicines; however they wanted to ensure staff were sufficiently trained and skilled in managing this.

Training for staff had been identified and booked however none of the people waiting to receive care from the provider required their medicines to be administered at that time. This is an area the provider said they would seek to improve prior to accepting people who required their medicines managed for them.

Requires Improvement

Is the service effective?

Our findings

People told us that staff were well trained and capable to provide their care. One person commented, "[Provider] and [Staff member] are smashing, they are here for me whatever and whenever I need them."

Staff were well supported and met regularly with the manager to discuss their concerns or development needs. One staff member said, "Questions or queries are answered, I definitely feel supported and there is always good communication between us about people every day."

Staff records showed that training was organised upon appointment for staff to attend the provider's mandatory training in areas such as safeguarding people from abuse and the Mental Capacity Act. Staff had yet to attend other areas of training such as medicines management or moving and handling as they did not provide this level of care to people at that time. However, the provider had identified a local provider offering this training and was booking the existing and new staff members onto this shortly. The manager had identified a training provider who would offer staff the opportunity to work through the care certificate. This is a nationally recognised course in social care that sets standards with regard to the delivery of care that workers adhere to n their daily working life. In addition staff and the manager told us that regular competency assessments were carried unannounced to observe the care provided to people. The results of this assessment were then discussed through a face to face supervision.

People were asked for their consent before support was offered. One person told us, "[Staff member] always checks with me if they can help, and will make sure I have everything I need before they leave." When we visited this person we saw that the manager discreetly spoke to them about the support provided and checked if they were happy for us to enter the home and review the records.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The service was acting in accordance with the requirements of the act as everyone who used the service was considered to have the capacity to make their own decisions.

However, the provider did not have a policy in place to ensure where people's capacity was considered to be lacking, staff took appropriate action. One person who used the service did lack capacity; however their relative had a lasting power of attorney (LPA) for all health related matters. The provider had ensured they had seen and satisfied themselves that the LPA had been correctly applied for. However, overall this was an area that requires improvement. The provider informed us that they intended to support people whose needs would become more complex and may also lack capacity. As the service expands, the provider needs to ensure they have the relevant knowledge and assessment frameworks in place to manage the requirements of the Mental Capacity Act 2005 when seeking consent from people who may lack capacity. People were supported by staff when their meals were prepared for them to eat a healthy and balanced diet. One person told us, "They may cook for me when I need them to, and will leave me with drinks and

healthy fruit snacks when they leave." People received visits on a daily basis and as part of these visits staff made sure people had meals, drinks and snacks available to them. Where people were constipated staff were aware of the need to offer them fresh fruits, vegetables and increase their intake of fibre. They monitored this, and called the GP if there were concerns.

People were supported to access health and social care professionals. One person told us, "They will take me to the doctor if I need them to." Staff were aware of what to do in the event of a person showing signs of being unwell and had supported people to call the GP, nurses or physiotherapy teams. On the day of our inspection one person was being supported by a visiting professional. They told us, "It is the intrinsic and close working relationship we have that will eventually support [Person] back to being able to be independent again."

Good

Is the service caring?

Our findings

People told us and comments received via a satisfaction survey carried out by the provider that staff were kind and caring. One person said, "The manager and staff member are fantastic they treat me so kindly." One person commented in a survey, "So nice to have a care worker that is competent." The manager and staff member told us about people with a sense of compassion and warmth, telling us in detail about people's needs. Staff told us that Heronsmere Homecare was in their opinion the best service they had worked for. They said, "I have been in care for a long time, [Provider] is in it for the right reasons to provide good quality care, and allowing us to have enough time to not just provide the care but spend time getting to know people." They told us this included spending time interacting with people to better understand their needs. They provided us with one example of a person who they assisted with bathing and getting dressed, and described to us how they provided minimal intervention so the person was able to manage most of their care themselves, which ensured that their independence and dignity was promoted.

Staff told us that one person they supported had a fear and anxiety of being alone at home, particularly when their family was not around. The provider or staff member at these times would stay with the person to allay their fears overnight. When we spoke with this person they were positive about how this demonstrated staff genuinely cared about the people they supported and would provide what was necessary to support them.

People and their relatives were involved in the planning and reviewing of their care. When people were first assessed for to use the service, the manager met with them and explored the care they required. The manager and staff told us that people's care was then developed based on their preferences, such as call time, length, frequency, and how the care was provided. Staff were aware of people's preferences, which included when they wanted to get up, how they liked to be bathed, and types of foods they liked to eat.

People told us they knew staff well and had the same regular staff who visited them. When we observed the relationship between staff and the person, we saw that staff were attentive, warm and affectionate, and demonstrated an interest in the person and how they were feeling that day. We saw that there was a warm and comfortable relationship between the two people as they spoke to each other, sharing jokes, discussion and talking about the plans the person had for that day.

People's confidential information held by the service about them was stored securely in the office. Records stored in people's homes were kept by the person, who gave their own consent about people accessing these. Each person had a care plan and a daily record of care, and staff were aware of the importance of confidentiality and how to maintain this.

Good

Is the service responsive?

Our findings

People received care that met their individual needs, choices and preferences. The manager and staff member easily described the support people needed and clearly knew people well. They also told us that times to meet people's needs were flexible if people changed their minds about their call for that day. For example, one person frequently adjusted or cancelled their calls for a variety of reasons, sometimes and short notice and the provider accommodated this.

People had individual care plans which they kept at their homes. The office kept a summary of their needs for reference purposes and plans were updated on a three monthly basis or when people's needs changed. Staff were acutely aware of the content of these care plans and the risks associated with these. For example, the staff member told us accurately about one person's care needs as detailed in their care plan. They explained how they offered them a cup of tea whilst running and preparing the bath. They were aware that the persons skin was sensitive and dry so described the approach they used to creaming and drying. They told us that presently following a period of ill health the person easily became disorientated and confused so they spent time sitting and discussing what needed to be done.

Staff also supported people with being able to feel part of their community and follow their own interests and past times. We were told about one person who liked pottery, painting and socialising and had done before a period of illness. Staff told us that this person had recently become more reclusive; however they were actively encouraging them, with the support of health professionals to attend local social groups. When we spoke with this person they confirmed that they enjoyed socialising but were nervous about leaving the home at that time. They told us they were working with the staff member to build the confidence to continue to meet with friends and attend local groups. They told us this was important for them not feel isolated.

People's feedback was sought through face to face meetings when the manager met with them daily which ensured they were happy with the service. People told us that they felt listened to and they had no concerns about the service.

People told us that they felt confident to raise any concerns if they had any issues. However, no complaints had been received since the service began. People said they would speak directly to the provider as they were always available to them. However people were not provided with a copy of the complaints procedure, or details of external organisations they could raise their concerns to. The manager addressed this during the inspection.

Requires Improvement

Is the service well-led?

Our findings

The service was being managed by the nominated individual who was also acting in the capacity of the registered manager, but was not registered as the manager at that time. They had submitted their application the day prior to the inspection to register as the manager as they are required to do in line with the regulations.

The service was recently registered in June 2015 and had gradually begun to provide personal care to people. The service was owned, managed and care was provided all the by the provider. However recently they had begun to expand the service and recruited a staff member in December 2015. Whilst the service developed we found that many of the governance systems required were in the early stages of development and others needed to be introduced. For example, a system of monitoring and reviewing incidents within the service was not implemented. At the time of the inspection this was not an issue as there had been no such events but the manager acknowledged that these needed to be in place prior to incidents occurring and told us that they would introduce this. Systems in place currently had not identified the issues we found in relation to the recruitment of staff, where one staff member had worked without a valid criminal records check.

The manager at the time of the inspection provided care frequently to people, so was able to review the quality of service delivered to people through daily monitoring. However as they were recruiting a further staff member and expanding their care services, they acknowledged the systems were not sufficient. During the inspection the manager contacted a local company who provided support with monitoring and governance systems and subscribed to their membership service. This is an area overall that requires improvement to ensure that systems are in place that robustly monitor and review the quality of care people receive.

All the views and opinions we sought demonstrated that people were positive about the leadership within the service. The results of a feedback survey recently completed showed us that the people who received the service felt the manager was open, approachable and listened to their views and opinions. The staff member we spoke with told us that they felt the manager communicated openly with them and felt they were able to discuss matters that related to the running of the service and they would be listened to.

People's records were kept up to date to ensure an accurate and contemporaneous record of the care people received was maintained. People's care plans were written in clear language, easily accessible to staff and people who used the service, and were regularly reviewed by the manager.