

Human Edge Healthcare Ltd

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was undertaken on 8 November 2016. We gave the registered manager two days' notice that we would be visiting their head office as we needed to ensure the registered manager would be present.

Humanedge Healthcare Ltd provides support and personal care to people living at home and recently has focused on providing palliative care to people in their own homes. At the time of this inspection, the service was providing support and personal care to one person which was part of a wider care package provided by a number of different agencies and coordinated by the palliative care team from the local Community Commissioning Group (CCG).

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

Relatives were positive about the staff and trusted them.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking and any possible side effects or contraindications.

Relatives and healthcare professionals were positive about the staff and told us they had confidence in their abilities. Although staff told us they felt supported by the registered manager, systems to monitor staff training and supervisions were not always effective in identifying when training was required.

Staff understood that it was not right to make choices for people when they could make choices for themselves, however training in understanding the Mental Capacity Act (2005) was not being provided in order to improve staff understanding of this important issue.

Staff were aware of people's specific health needs including their dietary requirements and preferences.

Relatives told us they were kept up to date about any changes by staff of the service.

Health care professionals told us that the registered manager and staff were quick to respond to any changes in people's needs.

Care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The vision and values of the service were known to staff and were being adhered to when supporting people using the service and in working with healthcare professionals.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to good governance. You can see what action we told the provider to take at the back of the full version of the report.

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. Staff knew what they needed to do to make sure that the people they supported were protected from harm and abuse.

Where any risks to people's safety had been identified, staff followed appropriate guidance by healthcare professionals in order that these identified risks were minimised.

Staff followed appropriate medicine protocols that were in place to ensure medicines were being administered to people safely.

Good 

Is the service effective?

The service was effective. Staff understood the principles of the Mental Capacity Act.

Staff were positive about the training they had undertaken.

Relatives and healthcare professionals were positive about the staff and felt they had the knowledge and skills necessary to support people properly.

Although staff told us they felt supported by the registered manager, records of supervision between the staff and the registered manager were inconsistent.

Good 

Is the service caring?

The service was caring. Staff treated people with compassion and kindness and understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

People's privacy was respected and promoted.

Good 

Is the service responsive?

The service was responsive. People's care and support needs were being monitored by the registered manager.

Good 

Relatives and healthcare professionals told us they were happy to raise any concerns they had with any of the staff or the registered manager of the service.

Is the service well-led?

The service was not always well-led.

Although staff were positive about the registered manager and told us they appreciated the support they received, records in relation to this support were not being maintained. Other records in relation to care and treatment and quality and safety monitoring were also not being maintained.

The vision and values of the service were known to staff and were being adhered to when supporting people using the service and in working with healthcare professionals.

Requires Improvement ●

Humanedge Healthcare Ltd

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 was undertaken on 8 November 2016. We gave the registered manager two days' notice that we would be visiting their head office as we needed to ensure the registered manager would be present.

After our visit to the office we spoke with two relatives and three healthcare professionals over the phone so we could gain their views about the service. Because of communication difficulties we were not able to speak with the person who was using the service at the time of our inspection.

The inspection and interviews were carried out by one inspector.

We reviewed information we have about the service, including notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

We spoke with a care staff who was currently employed at the service and who was supporting someone with their personal care needs. We also spoke in detail to the registered manager.

We looked at records in relation to the care needs of two people who had or were receiving care from the service. We also looked at staff records including recruitment and training files.

Is the service safe?

Our findings

Relatives told us they had no concerns about safety and that they trusted the staff who supported their relative.

The registered manager and staff we spoke with understood the procedures they needed to follow if they thought someone in their care may be suffering abuse. They could clearly explain how they would recognise and report abuse. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

Before people were offered a service, an assessment was undertaken by the placing authority which included a detailed assessment of any risks people faced. We saw that risk assessments had been undertaken in relation to mobility, swallowing and pressure care.

Where risks had been identified, there were clear actions that needed to be followed so that these risks might be reduced. For example, specialist equipment was in place for a person who was at risk of developing pressure ulcers due to their poor mobility. In addition to this, the staff member we spoke with knew that the person must be repositioned on a regular basis to further reduce this risk. A healthcare professional told us that this person's skin was intact and there were no concerns about pressure care as the risk assessments were being followed appropriately. A relative we spoke with told us, "Not once has [my relative] had a bed sore."

Staff were able to explain the other identified risks to people as recorded and detailed in their risk assessments. Risk assessments were being reviewed on a regular basis as part of a wider multi-disciplinary review with the palliative care team.

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required. The registered manager told us that if people required more support with their care then the placing authority would be contacted to assess if more staffing hours were required.

Staff had a good knowledge of the medicines that people they visited were taking and confirmed they had received training. They knew what each medicine was for as well as any possible side effects or contraindications. In some cases specific medicines were prescribed for emergency use. The staff member confirmed that they had undertaken specialist training by a nurse and that this included observed competencies to ensure that the staff member was administering the medicine safely and in line with emergency protocols.

Healthcare professionals told us that the staff member allocated was knowledgeable about the persons' medical conditions and knew when to call out the emergency services when required. This staff member was also able to describe the individual's pain indicators so they knew when they might be experiencing pain and needed pain relief medicines.

The registered manager told us that they carried out spot checks on the staff to ensure they were following the person's care plan. Although the staff confirmed that spots checks occurred, there were no records of these available for inspection. The registered manager told us that in future, all spot check visits would be recorded.

We checked the two staffing files to see if the service was following appropriate recruitment procedures to make sure that only suitable staff were employed. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. We saw that the registered manager checked to make sure that staff were allowed to work in the UK.

Is the service effective?

Our findings

Relatives of people using the service told us they had confidence in the staff. A relative told us, "I know [my relative] is well taken care of."

Healthcare professionals told us that the staff member allocated knew the person who received the service very well and that they were conscientious and professional.

The staff told us that they were provided with a good level of training in order to ensure they supported people effectively. A member of staff told us, "It's quite good, the manager trains me." The staff member was knowledgeable in the areas that were required to meet the individual needs of the person they supported. They described how the training they had undertaken had informed their work practice in relation to health and safety, first aid and the management of medicines.

The registered manager told us that they were trained to provide a number of training courses to staff including first aid, infection control and palliative care. Staff had received training and we saw evidence of training records and some training certificates including health and safety, moving and handling and safeguarding adults training. However, one member of staff could not recall attending a palliative care course in April 2016, which had been run by the registered manager and for which they had been issued a certificate. Although a record of training was kept, dates of when refresher training was due were not kept.

The staff member acknowledged that they felt supported by the registered manager and told us they received supervision and appraisals. They told us that they could contact the registered manager at any time if they needed support. We saw records of staff appraisals that had taken place in 2015.

The registered manager told us that staff had regular supervision sessions. However, these were not always being recorded. We were sent a supervision record that had been dated as 7 November 2016, the day before our inspection. This included very positive feedback from the registered manager about the staff member's performance and abilities. This supervision record also stated that the member of staff would need to update their mandatory training as soon as possible.

We discussed this with the registered manager who agreed to formalise staff training, supervisions and appraisals in order that new and existing staff would be provided with records of their identified support and training needs.

The registered manager told us that all newly employed staff would be undertaking the Care Certificate which is a nationally recognised set of minimum standards that all staff should undertake during their induction.

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.

We were informed that the MCA was referred to in the staff handbook and staff understood the basic principles of the MCA (2005) but told us they had not attended training regarding the act and the implications of it with regard to supporting people. We discussed this with the registered manager who told us they would arrange training. Despite this, the member of staff was very clear about the need to get permission before any tasks were undertaken and could explain how the person communicated their likes or dislikes. In addition, the member of staff had been working with the same person for over 12 years and was aware of their care preferences, likes and dislikes. This was confirmed by relatives and healthcare professionals we spoke with.

Staff understood what help people required with regard to eating and drinking. One person's care plan had specific advice about eating and drinking, following an assessment from a healthcare professional. This included ensuring the person had a soft diet and that food intake should be monitored. We saw records in the person's daily notes that this advice was being followed. A staff member confirmed that they had received specific training in providing a specialist diet to the person they supported and had been signed off as competent by a healthcare professional who had observed the staff to make sure this procedure was being carried out safely.

Healthcare professionals who we spoke with told us they had no concerns about how staff were supporting the individual.

We saw from records and by talking with healthcare professionals and relatives that staff had a good knowledge of people's healthcare needs and facilitated access when required to healthcare services and support. We saw that records were maintained of visits to doctor's surgeries or hospital appointments where required.

Staff could explain and give examples of where they had called out the doctor or other healthcare professionals when they had concerns about the person they supported. A healthcare professional told us that staff would keep them updated about the person's health condition and stated, "They always ring me if there is a problem."

The staff we spoke with had a good understanding about the current medical and health conditions of the person they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

Is the service caring?

Our findings

Relatives and healthcare professionals told us that the staff were caring and treated people with warmth and kindness.

The staff we spoke with were able to provide examples of how they involved the person as much as they could in making choices about their care. This involved a very good understanding and knowledge about the person's life history as well as previous choices, likes and dislikes that the person had expressed when they were able to communicate their needs. The staff told us that they would also look for particular facial expressions to gauge how the person was feeling.

Relatives told us they were kept up to date about any changes by the staff and one relative told us, "They phone me if there are any problems."

The staff we spoke with had a good understanding of equalities and diversity issues and understood that racism and ageism were forms of abuse and should be reported like any other potential abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to food shopping and activities.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

Relatives and healthcare professionals told us that the staff were quick to respond to any changes in people's needs. They told us they were kept updated by staff and staff gave us examples of where they had called out the GP or an ambulance if someone had become ill or had an accident.

People's needs were being regularly reviewed by the multi-disciplinary team who were responsible for coordinating people's care. This team included the registered manager or staff at the service. The last review carried out for the current person being supported by Humanedge was in October 2016. Where people's needs had changed, usually because someone had become more dependent, changes had been made to the person's care package.

We checked the care and support plan for one person who had used the service last year. This care and support plan had been held in the person's home. This plan described the care and support that the person required as well as a brief description of the risks associated with the provision of this care and how staff were to ensure these risks were reduced.

We were informed by the registered manager that the member of staff used the care plan that had been developed by the multi-disciplinary team. We spoke with the healthcare professional who was responsible for coordinating the care of this person. They confirmed that the staff member was following the care plan.

Although the manager was familiar with the care and support plan and had been involved in the recent review, there was no copy of this plan at the head office. The registered manager sent a copy of the person's care plan that they had completed the day after our inspection. We discussed this with the registered manager who acknowledged this oversight and who agreed that they needed to maintain their own record of the care and support needs of each person who was using the service.

Relatives told us they had no complaints about the service but said they felt able to raise any concerns without worry. Healthcare professionals told us they had not received any complaints about the service, nor had they any complaints or concerns themselves. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management.

The registered manager told us that no complaints had been received. The complaints policy and procedures were sent to all people when they started using the service as part of the welcome pack and service user guide.

Is the service well-led?

Our findings

Staff, relatives and healthcare professionals were positive about the registered manager. People told us the registered manager was, "Pleasant" and "Professional."

Staff told us that the management listened and communicated well with them. They confirmed that the registered manager supported them and provided supervision. However, the service was not routinely recording key information and records were either inconsistent or non-existent. There were no records of audits of spot checks on the care that people were receiving. Training records were incomplete and did not record when staff required refresher training. There were limited supervision and appraisal records. The lack of effective record keeping of spot checks on staff and care plan audits meant that it was difficult to check on and be assured of the safety and quality of care provision. Because the registered manager was not maintaining a record of on-going staff training it was difficult to monitor when further refresher training was required. The lack of recorded supervision and appraisals made it difficult to provide written feedback on staff performance and to monitor any actions required either from the staff or the registered manager in relation to staff development.

This was a breach of Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that quality surveys were sent out to people every six months however, as there was only one person currently receiving a service the frequency had reduced. We saw completed surveys on people's files that indicated people were satisfied with the service and had made positive comments about the care provided.

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. We saw that the values of the service had been identified in both the service user guide and on the website as professionalism, punctuality, integrity, excellence and a commitment to a diverse workforce. Staff were aware of these values and healthcare professionals told us the service followed and adhered to these values.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not maintaining accurate records in relation to the care and treatment of service users, the quality and safety of the service and staff support through training and supervision. Regulation 17(1)(2)(a)(b)(c)