Health and Care at Home Ltd

# Health and Care at Home

## Inspection report

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01 September 2017

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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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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 2008 and associated Regulations about how the service is run.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People were supported by staff who knew how to recognise and report suspected signs of abuse or mistreatment.

People were supported by sufficient staffing levels.

People were supported by staff who had been safely recruited.

People were safely supported with their medicines.

### Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to work with them.

People's rights were protected because staff were knowledgeable about the Mental Capacity Act (MCA) and how this applied to their role.

People's health needs were effectively monitored.

### Is the service caring?

Good

The service was caring.

People and their relatives told us the staff were kind, compassionate and treated them with respect.

Staff spoke about the people they cared for with warmth and fondness.

People's strengths, goals and positive attributes were detailed in their records.

### Is the service responsive?

Good

The service was responsive.

People's care visits were on time and staff stayed for the full allotted time.

People's care records were comprehensive and personalised.

There was a system in place for receiving and investigating complaints.

## Is the service well-led?

Good

The service was well-led.

The registered manager was committed to providing a high quality service and attended a number of best practice forums.

Morale amongst staff was very high. Staff were happy in their role and knew what was expected of them.

There were regular quality assurance surveys to gather feedback.

There were staff meetings in order to share ideas and knowledge.

# Health and Care at Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 1st September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications. A notification is information about important events which the service is required to send us by law.

Prior to the inspection we contacted six externally employed professionals who knew the service.

During the inspection we went to the provider's office and spoke with the registered manager and four staff. We looked at four care plans, three staff files, training and supervision records and other records relating to the running of the service. We visited one person in their home and met one relative.

Good

# Is the service safe?

## Our findings

People and their families told us they felt safe in the care of staff from Health and Care at Home. Comments included, "I feel safe. They are such nice people" and "I have never given safety a second thought".

Staff were confident of the action to take if they witnessed or suspected abuse or mistreatment was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on safeguarding adults. Information about safeguarding was left in people's homes with telephone numbers and instructions on how to make an alert if required.

People were supported by staff who had been safely recruited. New employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of references. This helped to ensure staff had the correct characteristics to work with vulnerable people. One staff member we spoke with confirmed; "I've had all the checks and I wasn't able to start work until they were back."

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. There were plans to increase staffing levels as the service grew and more care packages were taken on board. Staff were being recruited to a bank so that they would be available to support people as demand for services increased. The service produced a staff rota each week to record details of the times people required their visits and which staff members were allocated to go to each visit. The rota showed travel time between visits. If staff found they were running late for any reason they would contact the office and this information would be passed to the person waiting for them.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. One record we looked at contained a 'risk management plan' for entering and exiting the property. Some risk assessments we reviewed were more comprehensive than others, however there were a number of new people to the service whose care records were being developed.

There was a lone working policy in place to protect staff. The policy included handy hints for staff on staying safe, such as carrying a torch and blanket and ensuring their vehicles were safely parked in well-lit areas where possible. There was on call support 24 hours per day for both people using the service and staff should they require assistance and a buddy system for people to log their whereabouts. One staff member said; "I feel safe. If it was very late or there were safety issues, there would be two of us".

Staff were aware of the reporting process for any accidents or incidents that occurred. The registered manager showed us that the records relating to incidents had been minor issues involving staff. There had been one incident in 2017 so far. There had been no incidents or accidents involving people who used the

service. The registered manager told us that if incidents were to occur, they would be monitored to look for themes in order to prevent the likelihood of a reoccurrence.

The registered manager was on call outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to unforeseen circumstances. People had telephone numbers for the service so they could ring at any time should they have a query. As the service was growing, new staff members had been employed who would be sharing the on- call duties throughout the 24 hour period.

Staff prompted some people to take their medicines and there was clear, personalised guidance for staff in people's records. The service also had an up to date medicines policy which was accessible to staff. Staff had received training in the administration of medicines. One relative told us; "We were impressed with the processes [staff member's name] put in place regarding medications, scheduling and reporting of care, and any arising issues."

People told us they had no concerns relating to infection control. One person told us staff always appeared clean and tidy, wore a uniform and had a supply of gloves. The registered manager confirmed that PPE (personal protective equipment), such as gloves were provided to staff and they could access this from the office as required.

Good

# Is the service effective?

## Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of staff. Comments included; "They are all well trained and experienced girls"; "They provide care and nursing staff who know what they are doing" and "They are doing everything that is expected of them".

Staff completed an induction when they began working for the service. The service had an induction programme in line with the Care Certificate framework. The induction included training and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until the worker felt confident to work alone. One staff member was starting work on the day of the inspection and told us; "I am going out with other staff at the moment."

Staff had received training in order to carry out their role effectively. All care staff had a minimum of NVQ II as a requirement for working for the service. The service employed professionally qualified staff such as nurses and occupational therapists. Details of their registration with professional bodies and professional PIN numbers were checked and held by the registered manager. Staff had access to a programme of online learning, as well as face to face training in areas such as manual handling. One staff member said; "I have just refreshed my fire training and moving and handling".

The registered manager told us they utilised the skills of the staff team in order to enhance their knowledge and to share ideas and best practice. Some staff members were 'mentors' in particular areas. For example, one staff member was undertaking a degree in mental health and they were the mentor for mental health for the team. At the time of the inspection, there was not a training matrix to provide an easy oversight of when training was due to be renewed or refreshed. This was being addressed. A new administrative assistant had very recently commenced employment and this was to be one of their roles.

The registered manager provided staff with regular supervision and annual appraisals.This meant that staff had the opportunity to discuss their performance and identify any further training they required.

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 checked whether the service was working within the principles of the MCA. At the time of the inspection, the service was not supporting anybody who lacked capacity to make decisions for themselves. However, staff had received training on the MCA and were knowledgeable about how this applied to the people they supported.

Care records showed that people, where able, had signed to give their consent to the care and support provided. Care records clearly set out for staff where people were able to make simple choices and decisions for themselves. Staff told us they asked people for their consent before delivering care or treatment and they

respected people's choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care or specific carers.

Some people who used the service made their own healthcare appointments and their health needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed. The staff liaised with health and social care professionals involved in people's care if their health or support needs changed. For example, the service was in regular contact with the district nursing service regarding people's pressure area needs. One relative told us; "[relative's name] had a pressure area. They got the community matrons involved and they keep an eye on that." The service also employed nursing staff to support people in their homes as required. At the time of the inspection, nobody was receiving nursing care through the service.

Staff supported some people at mealtimes to have food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices.

Good

# Is the service caring?

## Our findings

People told us the service was caring. Comments included; "I think they are all very caring. Always looking for what they can do next to help us"; "[registered manager's name] is so kind. More like a friend"; "They are very pleasant and very caring" and "I have no concerns. Such nice people".

Comments from relatives included; "They are really good. We had a lot of trouble finding someone to cover [relative's name] care. Knowing someone is coming in has been a godsend"; "We are really pleased and [relative's name] has even been recommending them to other people" and "We are most grateful for the care and consideration they show at all times to [relative's name]. One relative had sent a compliment card to the service which read; "[staff member's name] is a lovely girl. Kind, calm and caring. We love her already."

Staff described the people they cared for with warmth, fondness and affection. One staff member said; "[person's name] is just wonderful. She's a treasure". Staff spoke with passion and enthusiasm about their work. They told us, "I try to go one step further with people. If someone needs something, I go out of my way to get it"; "It's all about giving" and; "We are in this for the care".

People received care, as much as possible, from the same care worker or team of care workers. This continuity meant that staff knew people's needs well and were able to provide care in the way they preferred. One relative said; "It's always the same small group of people, [relatives name] knows them well." Although there was no formal matching process between people and staff, the registered manager told us they tried to ensure people had common interests where possible. A staff member said; "I have a mental health background, so people are matched to my specialism." The registered manager said; "I have made changes to carers if people have clashed."

People's care records were written in a way that celebrated their unique characteristics and focused on their strengths. Examples from people's care records included; "I am a gentle person", "I am fun and like to make people laugh" and "[person's name] has a beautiful smile".

We were told staff treated people respectfully and asked them how they wanted their care and support to be provided. Comments from staff included; "We are always respectful. What we must always remember is that we are guests in their homes" and "We treat the person and their home with the upmost respect". Some people receiving a service shared their homes with others, such as relatives. These relatives were treated respectfully and their role as carer was valued and noted clearly in the person's care records.

There was clear guidance for staff in people's records about how they could promote their independence and help them to achieve personal goals. One person receiving a service had experienced anxieties about going out. A staff member said; "Our aim is to get [person's name] out of the house".

People knew about their care plans and a manager regularly asked about their care and support needs so their care plan could be updated as needs changed. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example some people were

happy for staff to call them by their first name and other people preferred to be addressed by their title and surname. One person's care record said; "I feel disrespected if people call me [name]".

Staff worked hard to maintain people's dignity and confidentiality. All staff we spoke with described how they would ensure people were covered with towels during personal care interventions and seek consent before providing any assistance. One person's care record said; "Before attending to my personal care, please close and secure all doors to prevent people from entering."

Good

# Is the service responsive?

## Our findings

The service was responsive to people's needs and provided care in a personalised manner. One relative told us; "My mother has been very pleased with the support she has received from Health and Care at Home. She really looks forward to the visits from her carer who is very flexible in what she will do, anything from writing a letter for her, housework or just chatting and problem solving. It is very much tailored to her needs and has helped lift her mood and general interest in life."

Care plans recorded details of each person's specific needs and how they liked to be supported. Staff were provided with clear guidance and direction about how to provide care and support that met people's needs and wishes. A staff member said; "The care plans are so person centred. I know, if I read the plan I will be able to provide care in the way they want it". Details of people's daily routines were recorded in relation to each individual visit they received. This meant staff could provide care in the way people preferred. One person's care record said; "I like to drink from a blue china cup". Another record stated; "I enjoy the social interaction of mealtimes. Please talk to me when I'm eating and drinking and take your time to allow me to enjoy my meal". Care records were personalised, with information about the person's background, history, likes and dislikes. There were also details about their strengths, goals and aspirations.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. Where people had specific health concerns, for example, where they were at risk from not eating or drinking enough, staff completed monitoring forms to assist family and district nurses in understanding the food and fluid they had observed the person consuming. The records also included details of any observed changes to people's care and support needs. Daily care records were collected regularly from people's homes and returned to the office for checking and archiving.

The service had its own pre-assessment process. People and where appropriate, their relatives, were visited by the registered manager, before they started using the service to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed.

People and their relatives told us staff were punctual and visits were generally on time. If staff were late, this was rare and was by a few minutes. One person we spoke with said; "They are generally on time. If they are ever late, it might be by five or ten minutes due to holiday traffic and they always let us know and apologise." There had been no recent missed visits.

The service provided a minimum visit time of one hour. Staff told us this worked well and enabled them to work with people in a meaningful way. Comments from staff included; "A minimum of a one hour call is amazing. I have worked for other agencies where you get 15 minutes and you don't have that quality time"; "We have a minimum of an hour to spend. You can really build a relationship".

The service worked in a coordinated manner with professionals from other disciplines. One external health

and social care professional said; " When I was recently really struggling to find a double handed care package, [registered manager's name] and his team went above and beyond to put a care package together that would ensure the individual could remain living safely in their own home. [Registered manager's name] was also a great support to myself, as a professional, throughout the process, always making time to answer any queries or questions I had."

People and their relatives told us that communication with the service was good. One person told us they could contact the office whenever they had an issue and the registered manager was readily available. One relative told us; "They are always on the end of the phone, whenever you need them". Another relative said; "Any issues are promptly communicated/shared, and agreed actions follow on. Any desired changes to the process are brought about quickly and the service has always been flexible and responsive. The registered manager kept relatives informed where changes occurred. One person had a health concern and had received guidance from a health professional on managing this. The registered manager had spoken with, and been guided on this matter by the health professional and had written to the relative to say; "[person's name] is to have reduced fluids during the day. To help her achieve this, we have poured the correct amount into a jug and left it in the fridge". Another staff member had noted a person they were supporting had a rash, with the person's consent, they had contacted the person's GP who had prescribed cream which successfully treated the rash.

Staff were responsive to people's changing needs. One relative had written to the service to compliment them. The relative had written; "Our appreciation to [staff member's name] for staying longer on a bank holiday Sunday evening, at the last minute." There were contingency meetings at the service to discuss and plan for unforeseen events. For example, how staff would get to people in the event of very bad weather.

Details of how to make a complaint were in the care file in people's homes. People knew how to make a formal complaint if they needed to but told us issues would usually be resolved informally. The service had not received any formal complaints. The service had received compliments from people and their families for the support that had been provided.

Good

# Is the service well-led?

## Our findings

Health and Care at Home is a domiciliary care agency, providing personal care services to people in their own homes. If required, the agency also provides nursing care at home. Although the service was small, there were clear lines of accountability. The registered manager was also the provider. There was a team of bank staff including nurses and occupational therapists as well as care staff and administrative staff. The registered manager told us; "Our aspiration is that anyone can be enabled to stay at home, whatever their condition".

People told us the service was well-led. Comments included; "[registered manager's name] always get back to you swiftly. He is like a friend"; [registered manager's name] is the one we contact. Such a pleasant man"and "The carers speak well of their manager and we can't fault him".

Staff spoke very highly of the registered manager. Comments included; "A good relationship with management creates a happy workforce"; "[registered manager's name] deals with any issues, big or small. He's one in a million"; "The boss is brilliant. I've never had one like this" and "We've got a boss who cares."

One external health and social care professional said; "[registered manager's name] is a great advocate for the health and social care profession, and I have nothing but praise for the services provided by Health and Care at Home."

The registered manager was passionate about health and social care and promoted a caring ethos at the service. The registered manager told us; "We can demonstrate that you can put love and compassion back into care". Morale amongst staff was very high. All staff we spoke with were happy in their role and knew what was expected of them. Comments included; "Everything just works. The time you have with people always you to give quality care. What [registered manager's name] believes in and puts into this company works. I have never been so content in my work"; "[registered manager's name] is passionate about putting people first. Nothing is out of the question if it can help people" and "One of the best things about working here is having a good manager. Caring, thoughtful and does their best to help you."

Staff felt valued in their work and were encouraged to raise suggestions. They told us, if they had ideas, they felt confident in sharing them and the registered manager would listen and take them on board. Comments from staff included; "Anything I feed back is appreciated and valued. They always acknowledge what we say and thank us."; "[registered manager's name] has told us, if you ever have ideas, please put them to me" and "You feel valued here, it's like being part of a big family."

There were regular team meetings which were used as an opportunity to share knowledge and best practice. Members of the team who had specialist knowledge of particular areas, were "mentors" and shared information with other team members to benefit the service.

The service had invested in a new mobile phone 'app' called; "Nurse buddy". This was in the process of being set up at the time of the inspection. The app was to be installed on staff member's mobile phones.

The app had a GPS system which could log staff whereabouts. The registered manager told us this was to help ensure they were safe. Staff would also log in and out of their visits using the app, and could use it to access documents such as rotas, timesheets and people's care records. It also contained a family portal so staff could communicate with people's relatives.

The registered manager was a member of several health and social care organisations and attended a number of best practice forums in order to share ideas and raise standards at the service. For example, the registered manager was a member of the 'Purple Angel Dementia Awareness Programme' and 'UK Care Workers Professional Organisation' and was leading a team of academics, politicians, leaders and practitioners to create the largest 'World Health and Care Innovation summit'. The registered manager told us was to be held in 2019, and the theme was to be 'Health, Society, Innovation and Technology'.

Feedback on the service was sought in variety of forums. There were regular quality assurance surveys which were sent to people, relatives and staff. The results of the most recent surveys were very positive. The registered manager also sought feedback informally and staff told us there was an open door policy. One staff member said; "The registered manager has a care background. He doesn't just sit in the office. He likes to help."

The service had an up to date whistleblowing policy, which supported staff to question practice. It clearly defined how staff raising concerns would be protected. Staff confirmed they felt able to raise concerns and felt confident the management would act on them appropriately.

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The Duty of Candour is a legal obligation to act in an open and honest way in relation to care and treatment

The service was new and in the process of becoming established. At the time of the inspection, auditing processes were not fully established to monitor the quality of the service. The registered manager recognised this and told us that they, alongside the new administrative staff would be undertaking this as part of their role.