

# Hospiva Care & Associates Agency Ltd

# Romford

## Inspection report

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Essex  
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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

This service is a domiciliary care agency based in the London Borough of Havering. The service provides personal care to adults in their own homes. 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.

The service was supporting 16 people with personal care at the time of the inspection.

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

Risk assessments had been carried out to ensure people received safe care. Pre-employment checks such as references had been sought to ensure staff were suitable to support people. Systems were in place to monitor staff time-keeping and prevent infections.

Staff had completed essential training to perform their roles effectively. Reviews had been carried out to ensure people received personalised support and care. The staff worked well with external health care professionals. People were supported with their needs and accessed health services when required.

Quality assurance systems were in place to identify shortfalls and take prompt action to ensure people always received safe care. Feedback was sought from people and relatives to make improvements to the service.

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

### Rating at last inspection and update

The previous rating for this service was Requires Improvement (published 30 May 2019) and there were breaches of regulation. CQC had issued requirement notices for Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Why we inspected

We undertook a focused inspection to review the key questions of Safe, Effective and Well-Led to check if the service was compliant with the requirement notices issued at the last comprehensive inspection and to see if improvements had been made.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the

findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Romford on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Romford

## 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 carried out 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 care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Our inspection was announced. We gave the 24 hours service notice of the inspection. This was because it is a domiciliary care service and we needed to be sure a member of the management team would be in the office to support us with the inspection. The registered manager was not available at the time of the inspection. We were supported by the nominated individual and the care coordinator.

Inspection activity started on 8 June 2021 and ended on 11 June 2021. We visited the office location on 8 June 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the nominated individual and the care coordinator. We reviewed five care plans, which included risk assessments and four staff files, which included pre-employment checks. We also looked at training and supervision records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence we found such as quality assurance documents and policies. We also spoke to two people, four relatives of people that used the service and two staff members by telephone. We also contacted professionals that were involved with the service.

# 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 requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection, the provider had failed to implement robust risk assessments to ensure people were supported in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Risks had been identified and risk assessments were in place to ensure people received safe care.
- Risk assessments included control measures to minimise risks. Examples included assessments on how to support people safely to minimise the risk of falls and skin complications. These assessments included what action staff should take to ensure people were safe. A person told us, "Yes they do [support me with moving and handling] and they are very good."
- Risk assessments had also been completed on people's health conditions, which included looking out for the signs and symptoms of stroke and cancer and what action to take. A relative told us, "(Person) is a stroke victim but (person) is as safe as can be."

### Using medicines safely:

- The service prompted people to take their medicines. Care plans showed that people were prompted to take their medicines and included the support people would need with medicines.
- Staff had received training on medicine management and told us they were confident with managing medicines such as administering medicines should this be required.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents. A person told us, "I feel perfectly safe, yes! They have always been very good. I would recommend them."
- Staff had received safeguarding training and understood their responsibilities to keep people safe and who to report to should they have concerns.

### Staffing and recruitment

- There were sufficient numbers of staff to support people. Staff were sent rotas in advance and were given time to travel in between appointments to ensure missed and late calls were minimised. A staff member told us, "I have enough time to travel so I am not late." A person told us, "Yes, I think there is enough staff."

- The service used a digital call monitoring system to identify if staff had supported people at scheduled times. Staff had to log on to the system to verify they had attended calls and were there for the duration of the call. A person told us, "Yes, they are always here when they should be and if they finish early they always ask if there is more to do."
- Records showed pre-employment checks, such as criminal record checks and obtaining proof of staff's identity had been carried out. References had been requested and received. This ensured staff were suitable to provide safe care to people.

#### Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- Incidents had been recorded and action taken. Records also showed that incidents were analysed and lessons were learnt to minimise the risk of re-occurrence. For example, records showed there was an incident between staff members. This was investigated, lessons were learnt and action was taken, which included discussing the incident during staff meetings to ensure the risk of re-occurrence were minimised.

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Risk assessments had been completed to prevent and minimise the spread of infections. This included control measures such as wearing Personal Protective Equipment (PPE) and included information on people that may be at risk. A person told us, "Yes, they [staff] wear masks, gloves and everything, they are very good."
- Staff confirmed they had access to PPE such as gloves and aprons. Information in care plans included that staff should wear PPE and sanitise their hands. A staff member told us, "I have uniform, PPE, everything."



# 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 requires improvement. At this inspection, this key question has improved to good. This meant that people's outcomes were consistently good and people's feedback confirmed this.

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.

- MCA assessments had been completed in full to ensure people were able to make specific decisions. Records showed consent had been sought from people to provide care and support to them.
- Staff had been trained on the MCA and were aware of the principles of the act. Staff told us that they always requested people's consent before doing any tasks and would ensure consent was sought. A person told us, "Definitely, they always ask (consent) and they make sure my dignity is respected." A relative commented, "They always ask. They never do anything without asking first."

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

- Assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- During our last inspection, we found robust assessments had not been carried out to capture information for people at risks of falls and skin complications. During this inspection, we found risks associated with people's care had been captured and risk assessments had been completed.
- Reviews had been carried out regularly to ensure people received support in accordance with their current circumstances. This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care. A person told us, "Yes, we are always talking about what is best for me."

Staff support: induction, training, skills and experience

- Regular supervisions had been carried out to ensure staff were supported. For staff that had been working for more than 12 months, an appraisal was carried out. Staff told us they felt supported. A staff member told

us, "(Registered manager) is very nice. She is a good manager, very supportive."

- Staff had completed mandatory training and refresher courses to perform their roles effectively such as safeguarding, infection control and manual handling. Staff that had been recruited received an induction prior to supporting people. A staff member told us, "We get amazing training, it is very helpful."
- People and relatives told us staff knew how to support people effectively. A person told us, "Yes, I think they definitely do know how to support me." A relative commented, "They know everything [person] needs. I am delighted with them."

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

- People were given choices and supported with meals to maintain a balanced diet.
- Care plans included information if people required support with their meals and their preferences.
- People were given choices when staff supported them with meals. A staff member told us, "I always give people choices on their food and drink." A person told us, "They make my lunch and dinner. They always make enough and what I want."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed and staff knew what to do if people were not well. Records showed that contact had been made with health professionals when people were not feeling well.
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency.

# 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 comprehensive inspection, this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last comprehensive inspection, we found the service failed to ensure robust audit systems were in place to identify shortfalls such as on risk assessments and act on them. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Quality assurance systems were in place. Audits had been introduced and had been carried out on care plans, which focused on records, person centred care and risk assessments.
- We found improvements had been made with risk assessments. The provider had taken action to meet the requirement notices for Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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

- Systems were in place to involve and engage with people and staff. Peoples cultural and religious beliefs were recorded and staff were aware on how to support people considering their equality characteristics.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- As part of quality monitoring, the management team obtained feedback from people and relatives about the service and performance of staff through telephone monitoring.

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

- The provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent with people should something go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were clear about their roles and had a good understanding of quality, risks and regulatory requirements to ensure people received safe and effective care at all times.

- Staff told us the service was well-led and they enjoyed working for the service. One staff member told us, "[Registered manager] is great. She is a good manager. She helps a lot.
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns, and these would be dealt with. People and relatives were also positive about the service. A relative told us, "They [management] are fine, approachable and they answer the phone when you ring. They understand what you are saying and they get back to you."

#### Continuous learning and improving care

- The provider used feedback from people to help with continuous learning and improving care
- Telephone calls were made to people and their relatives obtain their feedback. Records showed that areas for improvements were identified and action was taken to ensure improvements were made.

#### Working in partnership with others:

- The service worked in partnership with professionals to ensure people were in good health.
- Staff told us they would work in partnership with other agencies, such as health professionals and local authorities, if people were not well, to ensure people were in the best possible health.