

Mrs Helen May

H.M. Care Agency

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?

Good ●

Summary of findings

Overall summary

HM Care Agency is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger adults, physical disability, sensory impairment, mental health and dementia. At the time of our inspection, 20 people were using the service.

Not everyone using HM Care Agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People and their relatives were positive about the service and the care provided.

People were supported for by staff who knew how to keep them safe and protect them from avoidable harm. Regular, knowledgeable staff were available to meet people's needs. People received their medicines regularly and systems were in place for the safe management of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence. Staff followed infection control and prevention procedures.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The management team and staff had a good understanding of the principles of the Mental Capacity Act (2005).

People were cared for by staff who were kind and compassionate. People said staff were warm and considerate towards them. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. Relatives confirmed staff knew their family members needs well. People's concerns were listened to and action was taken to improve the service as a result.

The management team were open, approachable and focussed on providing person centred care. The management team had encouraged staff to become ambassadors in different areas, such as dignity and safe guarding to improve people's outcomes. Systems were in the process of being updated to improve the monitoring of the quality of care provided. The management team and staff shared effective communication and a passion for quality care.

Rating at last inspection: Comprehensive inspection completed 18 October 2016. The overall rating was Good.

Why we inspected: This was a planned inspection based on previous rating of good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our methodology. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

H.M. Care Agency

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The service was inspected by one inspector.

Service and service type: This is a domiciliary care service. It provides personal care to people living in their own homes.

The service is a sole provider and is not required to have a manager registered with the Care Quality Commission. This means that the provider is solely legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 13 May 2019 and ended on 22 May 2019. We visited the office location on 15 May 2019 to see the manager and office staff and some care staff; and to review care records and policies and procedures.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and we assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps inform our inspections.

During the inspection, we spoke with five people who used the service, to ask about their experience of the care provided and two family members.

We spoke with 10 staff including the co-director, care manager, two team leaders and care staff.

We reviewed a range of records about people's care and how the service was managed. This included looking at four people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action. We saw examples where incidents had been reported and these were actioned appropriately. We spoke with the local authority safeguarding team and they confirmed concerns were reported and actioned appropriately.

Assessing risk, safety monitoring and management

- People said they felt safe and that their risks were managed. One person told us, "I always feel safe, we have a routine and it works."
- Risk assessments were up to date and reviewed when required. Staff had a good understanding of people's risks and knew how to mitigate them. For example, one member of staff described how a person needed support in their own home. Staff had a good understanding of the person's risks and the information was clearly recorded in their care documents.

Staffing and recruitment

- People and their relatives told us they always had staff they knew, and they were confident with their skills.
- The provider explained they constantly recruited to ensure they always had sufficient staff. Most staff we spoke with were experienced staff and had worked for the provider for a number of years.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We looked at two staff files and the service were completing safe recruitment practices.

Using medicines safely

- People said they had their medicines when they needed them.
- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and had competency checks to ensure they followed safe practice.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements.
- People told us they were confident staff always followed safe practice.

Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends

and any learning from the incident. For example, falls were recorded and reviewed by the care manager as part of their audit plan, to ensure lessons were learnt and people did not continue to be at risk.

- Staff knew how to report accidents and incidents and told us they were confident they would know any changes as a result.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team assessed, and documented people's needs and preferences in relation to their care and planned their support based on this.
- People's outcomes were good. For example, one family member told us about how their relative had improved since receiving the service, and how much they could see their relative enjoyed their visits from staff.
- We saw tools and information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- A new member of staff told us they had completed training when they first started the role. They said they met all the people who received care before they supported them with experienced staff, who shared best practice knowledge. They had the information they needed to support people well. They also told us they had competency checks so they were confident they were completing their role effectively.
- One member of staff said they had completed specific dementia training and had become an ambassador for dementia which meant sharing their additional knowledge and skills with all staff.
- We saw ongoing training updates were arranged for staff, and staff were completing the care certificate. Staff said they were encouraged to further develop their knowledge and skills through vocational training.

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

- Support offered to people varied dependant on people's individual needs. People's independence in meal planning, shopping and meal preparation was promoted.
- Staff were knowledgeable about how to meet people's nutritional needs. For example, when needed staff recorded nutrition intake and made referrals appropriately. We spoke with the nutrition ambassador and they were looking at ways to support staff knowledge in this area.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care.

- People and their families explained they were confident staff would support them to access healthcare services if they needed support.
- Staff were aware when a person was attending a health appointment and worked with the person to ensure they were ready for their appointments. People told us staff promptly helped them to see their GPs if they were unwell.
- Staff understood people's health needs and gave us examples of advice they had followed from the person's doctor or community nurses, so people would enjoy the best health outcomes possible.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Staff understood and applied the Mental Capacity Act principles in the way they supported people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us all the staff were kind and caring. One person said about staff, "They are all absolutely brilliant, I can't fault them." All the people said staff arrive when they should and stayed as long as they needed. They also told us staff always checked if there was anything else they could do to help.
- One relative said staff were, "Wonderful, always treat you as special." Other relatives all said the staff were compassionate towards their family members and they knew their family member enjoyed their visits.
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people they supported. One person explained how staff always sat and had a cup of tea with them, this helped the person feel less isolated.

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

- People we spoke with said they made decisions about their day to day care and had the support they needed. One person said, "They always give me choices, and we work it out together."
- People were asked for feedback to ensure they were happy with the service staff provided. One person told us they could always make suggestions and they would be considered.
- Relatives we spoke with told us that they felt involved in the care of their family member and were kept included and updated by staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and supported them to be as independent as possible.
- Staff were respectful of people's needs. All the staff we spoke with were passionate about providing quality care. They were all dignity champions and both staff, and the management team felt this was the ethos for their support.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Information was gathered from people and their families to build a detailed picture about each person's care needs, preferences and history. Staff told us they were able to provide personalised care tailored to the needs and wishes of each person. The care manager was updating the care plans to provide more detail to support staff.

- Staff had a really good knowledge about people they supported. They always met them before they supported them. People said they always had regular staff who really knew them well.

One staff member told us how they, as a dementia champion, had improved people's outcomes. For example, one person liked to play cards, so they had provided them with large print cards, to enable them to continue to play the games they enjoyed.

- Records contained detailed information for staff on how best to support people with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.

- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally, staff found different ways to ensure they understood their needs.

- The provider were aware of the accessible communication standards and told us of ways in which the service was meeting the standards. They provided large print information, and pictorial information to support people to make choices about their daily living when needed.

- People and their families told us support could be changed when they needed it. One person explained how they had needed extra support at the beginning, but now needed much less. They said they were happy with their improvements.

Improving care quality in response to complaints or concerns

- People and relatives said they could complain if they needed to, however they all said they were happy with the service. We saw where complaints were made these were investigated and the complaints policy followed by the management team. The management team reviewed complaints to ensure continuous learning in the future.

End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes. One member of the team was an end of life ambassador and had completed additional training to support the rest of the staff team to improve people's well-being. The care manager explained they had involved other agencies to ensure, where possible, people remained in their own homes with the support they needed when at the end of their life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives said the management team knew them well and treated them as individuals. People said the management team regularly checked they were happy with the service.
- The management team completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- Relatives we spoke with said they were always contacted when there were any concerns about their family member. One relative told us, "They always speak to us about anything they need to."
- Another relative explained how the long-standing staff gave them confidence in the staff team. All the staff we spoke with were passionate about the service and the care they provided.
- All the staff we spoke with said there was an open and positive culture, led by the management team. One staff member said about the service, "One of the best companies to work for by miles."

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

- People and their relatives also gave positive feedback. For example, one person said, "I know [the provider] well, they have been coming to help me for years, they are wonderful."
- The service was led by an experienced supportive management team. Staff were clear about their responsibilities and the leadership structure.
- The management team were clear about their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff were confident they could speak with the provider if they wanted to escalate concerns.
- The management team constantly reviewed their practice to ensure they were up to date and following best practice guidance.

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

- People and their relatives were encouraged to contribute their views through regular questionnaires. They also said they had regular conversations with the management team when they visited people using the service. One relative said, "They always ask if I am happy with everything, and I always am." We saw when feedback had been gathered, it was positive and had been reviewed by the management team.
- The management team had encouraged staff to become ambassadors in different areas, such as dignity

and safe guarding. Through additional training this provided staff members with an expertise in different subjects which they shared with the staff team to improve people's well-being.

- Staff told us they were encouraged to share ideas and concerns to help improve the quality of care. They said they were listened to.
- The provider explained how they had plans to increase their links with the community through starting a coffee morning to support people and their families living with dementia.

Continuous learning and improving care.

- The management team completed regular audits to keep all aspects of their care delivery under review.
- We found accidents and incidents were regularly reviewed and learning used to inform future plans.

Working in partnership with others.

- All the staff we spoke with said they felt valued. The management team had an employee recognition scheme where people using the service regularly voted for a member of staff, who then received an award.
- The service had taken part in a parliamentary review earlier this year. This was to provide the government with up to date information about different services. Staff were very proud of being chosen to be involved in this.