Hestia Care at Home CIC

Hestia Care at Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

About the service: Hestia Care at Home is a small domiciliary care agency located in the South Hams town of Totnes, Devon. The service provides personal care and domestic support to adults within their own homes in Totnes and the surrounding villages. Hestia Care at Home is a Community Interest Company, which means it is a company that uses its profits and assets for 'the public good'. At the time of the inspection the service was providing support to 18 people, 10 of whom were receiving support with personal care. As the Care Quality Commission (CQC) does not regulate domestic support, this inspection relates only to people receiving the regulated activity of personal care.

People's experience of using this service:
• The service remained outstanding in the personalised care and support provided to people. The service valued and respected people's preferences, lifestyles and choices. Without exception people, relatives and healthcare professionals told us the service was "excellent". We were provided with examples of how the service had gone above and beyond what was expected of them to promote people's well-being.
• People were safe and received the supported they needed to remain living at home. Relatives told us how much they valued the service. One relative said, "The best team we have ever had helping us out. Hestia have never let us down. Always been patient and polite and supportive not just to mum but to me."
• People were fully involved in decisions about their care and support. The service regularly reviewed people's needs to ensure these were fully understood and support plans reflected this. Where necessary healthcare professionals were involved in supporting people with guidance and advice about how to meet people's support needs. The service was able to demonstrate the positive impact their care and support had on people.
• The service had a strong commitment to social inclusion and guided people to other support services. The service was very much involved in working with other agencies to make Totnes an accessible town for all.
• Staff were safely recruited and received the training and support they required. People remained at the heart of the recruitment and selection process, and no member of staff would be employed if a person felt they were not suitable.
• The service had been nominated for the Outstanding Care Awards 2019 in recognition of the high standards of care provided. One healthcare professional said the director, "Fights hard to make sure Hestia achieves the gold standard care for all in her care."
• The service continued to be exceptionally well-led. We were told the management team were passionate about the care the service provided. Staff demonstrated a pride in working for the organisation.
• The service managed their resources to ensure they could meet their commitments and keep people safe. For example, when staff fed back they could not work additional hours to cover sickness for example, the management team took action to address this. The service had placed a temporary voluntary suspension on taking new people until they had recruited additional staff. Following the inspection, the director confirmed that new staff had been appointed and the suspension was no longer required.
• The service used reflective practice to review how well people were being supported and whether any more could be done. There was a commitment to continuous learning and improvement.

The service met the characteristics for a rating of "good" or "outstanding" in all the key questions we inspected. Our overall rating for the service after this inspection was "outstanding".

Rating at last inspection: Outstanding (September 2016)

Why we inspected: This inspection was scheduled based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. 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? The service was safe Details are in our Safe findings below.	**Good** ●
Is the service effective? The service was effective Details are in our Effective findings below.	**Good** ●
Is the service caring? The service was exceptionally caring Details are in our Caring findings below.	**Outstanding** ☆
Is the service responsive? The service was exceptionally responsive Details are in our Responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was exceptionally well-led Details are in our Well-Led findings below.	**Outstanding** ☆

Hestia Care at Home

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:
One adult social care inspector undertook this inspection.

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

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

Notice of inspection:
Email contact was made with some people using the service a week in advance of the site visit. We gave the service one week's notice of the inspection visit because it is small and the director and registered manager are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit and activity started on 4 March 2019 and ended on 14 March 2019. We visited the office location on 4 and 13 March 2019 to see the director, registered manager and to review care records and policies and procedures. On 13 March we met staff and visited people being supported in their own homes, and on 14 March we made phone calls to other people and staff.

What we did:
Before the inspection we reviewed all the information we had about the service, including notifications which the service is legally obliged to send to us.

Prior to the inspection the service had sent us a Provider Information Return or PIR giving us information about the service and changes they had made since the last inspection. During the inspection we visited four people in their own homes, and contacted two others by phone. We also met with the director, registered manager and six members of staff. We received emails from four healthcare professionals and a further three people and a relative. We looked at the care records for the four people we visited, the recruitment records for three staff members, as well as records relating to the running of the service including, training records and quality assurance audits.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People told us they received a safe service. People were safeguarded from abuse and neglect. Staff had been provided with training and understood what actions to take to protect people from abuse and avoidable harm. Staff knew people well and could quickly identify changes in their well-being. Any concerns were raised immediately with the staff and management teams through a secure computerised messaging service.
• The service's website and documentation provided to people when they started to receive a service contained information about what safeguarding is and described different kinds of abuse. People were provided the details of how to contact the local authority to allow them or their relatives to raise concerns outside of the service.
• The service promoted a 'no stranger at the door' policy which meant the service would never send a member of staff to a person whom they had not met before. One person told us how much of a comfort this was to them.
• The computerised system allowed the management team to monitor visits remotely to ensure staff had arrived and to review the care records.
• People's well-being and safety were discussed at weekly staff meetings.

Assessing risk, safety monitoring and management
• The service had effective systems in place to mitigate risks to people's health, safety and well-being. Assessments were undertaken of the risks associated with people's healthcare needs, such as reduced mobility, skin care and nutrition, as well as any environmental risks which could pose a hazard to people and staff. Guidance was provided for staff about how to reduce risks.
• Prior to leaving people, staff ensured they wore an emergency alarm that could summon help should they experience an accident.
• Staff had access to the service's policies and procedures, as well as guidance about how to respond to emergencies, which they accessed through their phones. These included a first aid application, the safeguarding process, risk management and the lone working policy.

Staffing and recruitment
• Recruitment practices remained safe, with pre-employment checks, including previous employment references and disclosure and barring service (police) checks, carried out prior to staff commencing work at the service.
• People continued to be involved in the selection process for new staff and their views were respected.
• The director and registered manager said they had high standards and only recruited staff who demonstrated a person-centred and compassionate approach. This was reflected in the comments we received from people and staff, including from one relative, "I believe [the registered manager and director]

recruit people with this caring ethos, which they themselves very much possess, and it is this, coupled with the fact that they keep their team small in numbers, that helps them give such a good service."
• People had a weekly rota telling them which staff to expect and at what time. Photographs of staff were sent to people so they knew who staff were. People told us staff arrived on time and no visits were cut short. One person said, "We have received these two visits per day, every day without fail. We can always expect a visit on time" and said of the staff, "A most reliable group of carers."
• People said staff were rarely late, but if they were they were contacted by one of the management team. One person said the director or registered manager visited if staff were going to be delayed longer than expected preventing them having to wait. No one had experienced a missed visit.
• People said staff stayed longer if they needed them to. One person said, "They never leave without asking me if there is anything else they can do" and another said, "Carers will always be willing to assist with any unplanned request for assistance."
• Staff told us visits were planned well and they were provided with sufficient travel time.

Using medicines safely
• The service supported some people to take their medicines. The service had a medication policy and staff received appropriate training.
• They supported people to obtain medicines from the pharmacy and had alerted people's GPs if they identified there was a problem with a person's medicines. Regarding this, one healthcare professional said, "The service was working hard in the patients' best interests."

Preventing and controlling infection
● People were protected from the risk of cross infection. We observed staff wearing aprons and gloves during our visits. Staff told us they had received training in infection control and had a plentiful supply of gloves and aprons available to them.

Learning lessons when things go wrong
● Where incidents or accidents had occurred, these were analysed to assess if a person's needs were changing and to ensure learning took place to prevent a reoccurrence. Records showed when a person experienced an accident, the service notified relatives and healthcare professionals to ensure people received the care and support they required. Risk assessments and care plans were updated if there was an indication people's needs were changing.
• Contingency plans were in place to ensure the service kept running through adverse weather conditions. People told us about the commitment of the staff and the management team to support them during the previous year's bad weather, which included walking to some visits. Care visits were prioritised and discussed with families where they could provide support, to ensure no-one was left unattended. Each person had an emergency care plan that described the essential care tasks that must be carried out to ensure their safety.

Good

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

Good: 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; Ensuring consent to care and treatment in line with law and guidance
• People had been involved in the assessment and planning of their care. One person told us, "Hestia staff sat down with us in the beginning and we discussed our needs." People told us their wishes were respected and their needs were well known and understood by the staff. Care plans demonstrated the service adhered to best practice guidance when supporting people with their care needs. For example, with the use of equipment to support people's mobility.
• People confirmed staff were respectful towards them, their family and their home, and always sought their consent prior to supporting them. Staff respected people's preferences, lifestyles and choices.
• Regular care reviews with people, their relatives and healthcare professionals, such as the community nurses, ensured changes to people's needs were identified quickly.
• People were supported with technology, such as computer tablets for communication support. The service guided relatives to sources of information about where assistive technology could be accessed.

Staff support: induction, training, skills and experience
• Staff received the training and support required to do their job. This included what it was like to experience sensory impairment to increase staff's understanding of the people's own experiences.
• New staff were provided with induction training, and supported to undertake the Care Certificate. All new staff were introduced to each person prior to them undertaking visits alone. Staff received support from the management team or senior care staff until they and the person they were supporting felt confident with each other. One newly employed member of staff said, "My induction with the company was amazing. I never felt out of my depth or rushed to work alone. Everything was done so I knew the clients' needs fully. I'm hoping for many happy years with this company."
• Records showed staff received regular supervision as well as the opportunity to discuss their training and development needs with the director or registered manager. The registered manager told us, "I actively offer further development, training, or ideas of ways to develop skills, so everyone has aspirations to follow. I work with staff to support them to be the best they can be, because this results in the best possible care for those we support." One member of staff said, "I wanted to progress with my career in care after quite a few years out and they were right behind me." Another member of staff told us they were being supported to take on more a more senior role within the management team.
• All staff attend a weekly meeting with the registered manager and director. This meeting was used to share information and to discuss training topics.
• Prior to the inspection we received information that staff were working long hours, did not have time for a break and were tired. We discussed this with the director and registered manager who showed us and described how they managed each member of staff's rota. Staff were only asked to work additional hours to

cover sickness and were provided with breaks. Both the director and registered manager also carried out care visits. We could see the management team had taken action to review visit planning and staff told us the rota planning had improved since this change.
• People and relatives told us staff were knowledgeable and competent.

Supporting people to eat and drink enough to maintain a balanced diet
• People's nutritional needs were identified in their care plans and the service supported some people to prepare meals.
• The service provided people with pictures of their preferred meals where they required additional support to choose what they would like to eat.
• Relatives were alerted and referrals made to healthcare professionals if the service had concerns about how well people were eating and drinking.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People told us their healthcare needs were being met. One person said, "Carers are helpful in noting any changes in my personal daily health condition."
• During one of our visits, one person told us how grateful they were to the member of staff who was caring for them that day in helping them request a visit from the community nurse. Another person told us how the service had worked closely with an occupational therapist to ensure they had the equipment they needed to support their care. They said this had made a huge difference to the care they received.
• We received very positive feedback from healthcare professionals who described the care provided by the service as "excellent". Their comments included, "I can confirm if any of the staff from Hestia Care have concerns with their patients they will always either phone or pop in to the nurses' office to discuss their concerns and the best way forward, if necessary they will arrange to complete a joint visit for more direct assessment/support" and "In my opinion Hestia is a wonderful agency. They have always provided care which is of the highest standard."

Outstanding ☆

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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported

● Without exception we received very positive feedback from people and their relatives about the high standards of care provided by the service. We were told staff were "exceptional"; one person saying, "I can't tell you how wonderful they are." Staff demonstrated compassion and empathy when describing the people they supported. One member of staff said, "To support people and their families knowing they are receiving the care they wish for at home is special."

• People said the staff went 'above and beyond' what was expected of them and told us they thought of the staff as friends. In feedback recently received by the service, one person said that a "very kind" member of staff had stayed with them in their own time to help stop nuisance telephone calls they had been receiving. One relative told us Hestia Care at Home was, "The best team we have ever had helping us out. Hestia have never let us down. Always been patient and polite and supportive not just to mum but to me." Another said, "They all worked hard but that would never stop them from paying attention to details, and I always felt that nothing was too much trouble for them. The team genuinely wanted to care for my mother, and that came first, and this underpinned everything they did. They would also enquire and keep an eye on my wellbeing too which was much appreciated."

• The registered manager told us of the things they, the director and staff had done to promote people's well-being and happiness. This included staff participating in a ceremony requested by one person prior to them receiving support; giving up their own time to support people to attend the local 'dementia friendly' cinema, and the registered manager taking their kittens to one person living with dementia who could no longer express themselves verbally but was known to love cats. We saw the photographs of the person cuddling the kittens and laughing and smiling.

• In another example, after consultation with a healthcare professional, the service had researched and purchased a thickening agent suitable for beer to enable one person with swallowing problems to still enjoy drinking a glass of beer.

• Staff told us of the person-centred approach they took to supporting people and that they didn't just focus on the care tasks to be undertaken. One said, "We are able to give holistic care, we don't rush people, I love working for Hestia." Staff said they would do whatever was needed to support people to remain at home and they were proud to work for such a caring organisation. One person told us, "The staff are passionate about what they do."

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

● All staff had committed to the 'Dignity in Care Campaign' and to work in a way that put valuing people's dignity at the heart of their work. These values were demonstrated in the way people were supported. A 'thank you' card recently received by the service said, "I would like to thank you for your tenderness in your

care of my father, a man of great pride and privacy, as you all showed him great respect."
• Staff were keen to ensure people's rights were respected and they were not discriminated against regardless of their disability, culture or sexuality. Staff were provided with 'confident with difference' training that supported diversity and challenged prejudice.
• People's independence was promoted and staff did not 'take over' but supported people to manage as much of their care as possible. One person told us how the staff were supporting them to regain their confidence with cooking. A relative said "[name of carer] encouraged independence where possible and often just prompted mum when needed." A further example showed how staff were innovative in supporting a person to participate in an exercise programme they found boring. Staff put the exercises to music and sang and danced with the person. This had resulted in an increase in the person's participation which led to an improvement in their mobility and a reduction in falls.
• One healthcare professional told us, "I am impressed with [name of director] who has recruited a small group of dedicated carers who give the most holistic care to their clients. There does seem to be a common purpose and a unity among the care team."

Supporting people to express their views and be involved in making decisions about their care
● The service cared about and valued the views of the people they were supporting. People told us they remained in control of their care and how they were supported. People said they were listened to and their views were respected. One person said, "They are interested in me and my family. They care for me. I'm very pleased to be able to stay at home."
• The service invited people to be involved in the training of new staff, to share their experiences with them and to decide if they wished to have the staff member as a part of their staff team.

Outstanding ☆

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

● People, their relatives and healthcare professionals told us Hestia Care at Home was outstanding in the care and support it provided. The director and registered manager continued to demonstrate a commitment to promoting a strong, person-centred and caring culture throughout the service. They remained motivated and clearly passionate about making a difference to people's lives. The service, the registered manager and a member of staff had all been nominated for the Outstanding Care Awards for Devon and Cornwall for 2019.

• People received personalised care that was responsive to their individual needs and preferences. People told us the service was flexible and responded to requests for additional visits or changes to the timing of their visits. One person said, "Carers will always be willing to assist with any unplanned request for assistance" and another said the service had responded very promptly to a request for additional visits.

• People were involved in appointing their staff team and remained in control of who came into their home to provide care. The service promoted people's self-esteem and quality of life by exploring ways for them to continue to be involved in their hobbies and interests at whatever level they were able. The service worked to match carers with similar interests with people. For example, one person had an interest in painting and they were supported by a member of staff who also painted.

• People's care plans were very detailed and reflected people's preferences and choices about how they wished to be supported. Staff were provided with step-by-step guidance about how to support each person. In recent feedback received by the service, one relative said, "The care plan is very detailed and fully reflects my mother's wishes and choices." Another relative said, "The service that Hestia Care provided was excellent, beyond our belief in all respects. My mother and I considered ourselves to be privileged to receive such care."

• The service respected people's values and beliefs. They continued to successfully support people who had routines and requests which staff were required to rigidly adhere to. This had resulted in one person, whom other care agencies had been unable to support, to receive a sustained and continuous service.

• The service continued to provide a lending library of reference books and DVDs to families to support their understanding of their relatives' physical and mental health needs.

• The service worked in partnership with people, their relatives and healthcare professionals to ensure each person had the support they needed to remain living at home and to be as engaged with their community as possible. The service signposted people to other support agencies within the community that could offer additional support and advice. For example, the service supported people to access cooking lessons for those who had little experience in preparing meals. This was particularly beneficial for people who through bereavement were living alone and who were also at risk of social isolation.

• The service was working within the principles of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people

with a disability or sensory loss can access and understand information they are given. The service was able to provide information in different formats for example, in large print or with computer tablets.

Improving care quality in response to complaints or concerns

● The service took seriously all feedback it received, both concerns and compliments, and used these to promote learning and improvement. Systems were in place to record complaints and actions identified to resolve issues.

• None of the people or relatives we spoke with or received feedback from had any concerns over the care and support they received; they all said they would be listened to if they did. One person said, "I can't complain about any of them. They're all excellent."

End of life care and support

● Staff told us they were "privileged" and "proud" to care for people at the end of their lives. Staff received training to ensure they had the skills to support people at this time.

• The director and registered manager told us how important they thought continuity of staff was for people at this time, and ensured they and a small team of staff provided continuity of care.

• Relatives told us about the excellent standard of care provided to people. One relative told us, "I cannot praise the whole Hestia team enough for how they cared for my mother. Because they are a small team, my mother and I got to know each of them individually, and this greatly helped when my mother became more dependent on them for her daily hygiene and wellbeing needs. This put her at ease with their care because she had got to know them and the sounds of their voices, and she had confidence in their professionalism and capabilities. She was genuinely pleased to see them whenever they arrived. We could not have wished for more than that."

Outstanding ☆

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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

• Hestia Care at Home was proud of the way in which its values of honesty, integrity, spirituality and inclusion have been consistently demonstrated by the staff. The service continued to place people at the centre of all decision making and actions. People continued to be involved in all aspects of the service, from assessment and care planning, staff recruitment and seeking feedback. We received consistently excellent feedback from people, relatives and healthcare professionals about how the service is managed. One person said, "Hestia is a wonderful caring organisation" and another said, "Their values and theory of care is far better than any other service I've had."
• Staff demonstrated a pride in working for the service. They said they gained a great deal of satisfaction from their work. Staff described the support they received from the management team as "amazing" and "great". One said the director and registered manager were "Very much part of the care team" and another said, "I've never felt more comfortable with an office team."
• Since the previous inspection, the service had introduced a health plan for staff, paid for by the service which provided staff with access to a GP 24hours a day as well as access to other healthcare professionals such as counsellors and physiotherapists. The plan could also be added to, to include family members. The service had also arranged with the local café and ice-cream shop for hot drinks to be given to staff during the adverse weather conditions of last winter as well as ice-creams in the very hot weather last summer.
• Where staff had raised concerns over requests by the management team to work additional hours, these had been addressed, and adjustments made to staff rotas. The service had placed a temporary voluntary suspension on taking new people until they had recruited additional staff. Following the inspection, the director confirmed that new staff had been appointed and the suspension was no longer required.
• The service used a number of ways to gain people's feedback. These included meeting with people, telephone calls and questionnaires. One person said, "[The registered manager] came the other day to check in with me." People described the communication with the service as very good. A review of the most recent feedback questionnaires was very positive: comments included, "The communication between Hestia, mum and me as next of kin was excellent. They always made time to discuss issues", "I can't imagine how I would exist without them" and "An extremely well run, excellent and efficient service."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
● The service had a robust governance system for monitoring the effectiveness, safety and performance of

the service. One member of staff said, "They listen to people and always take action, there is always progression." People told us they were very happy with the way in which the service communicated with them.

• The director and registered manager monitored staff attendance in real time and regularly reviewed the quality of the care records. The registered manager told us, "I am passionate about having the best possible care for people who are among the most vulnerable in society. I hold myself to the standard that I wanted to have for my mother."

• The service managed their resources to ensure they could meet their commitments and keep people safe. For example, when staff fed back they could not work additional hours to cover sickness, the management team took action to address this. The service had placed a temporary voluntary suspension on taking new people until they had recruited additional staff. Following the inspection, the director confirmed that new staff had been appointed and the suspension was no longer required.

● Staff were clear about their roles. Records showed the weekly staff meetings demonstrated an excellent opportunity for communication between staff about risk and people's needs, as well as their own development needs and areas of interest. For example, one member of staff was provided with training in armchair yoga to support people with strengthening exercises. Another member of staff had taken on the role of 'diabetes care champion' to better support people in managing their diabetes. Staff told us the weekly meetings were very beneficial; one said, "I look forward to them."

• The service strived to improve through continuous leaning. The service used reflective practice to review how well people were being supported and whether any more could be done. For example, after receiving training staff would reflect upon their knowledge and skills to ensure they were supporting people in a consistent way that was safe and met people's expectations and preferences.

• The service remained up to date with best practice, through training and networking with other care services, as well as regular attendance at local and national conferences.

Working in partnership with others

• We were told the service was an important part of the local community. One healthcare professional told us, "They have a great reputation amongst our patient group", and another said, "[the director's] communication is impressive, and she fights hard to make sure Hestia achieves the gold standard care for all in her care."

• The director and registered manager had developed close links to local charities, organisations and services and worked with these to promote Totnes as an accessible town for people. The service worked hard to promote inclusion and reduce isolation within the community, particularly for those living with dementia.

• The service guided people to other social, domestic and maintenance services that understood people's care needs, such as those related to living with dementia.

• At the previous inspection in July 2016, the director said that rather than expand to a point where they did not know each person individually, they would support other Community Interest Groups to develop homecare services. The service's success had resulted in it being asked to act as a role model and support the development of a service in another rural area of Devon.