

Herts at Home Limited

Herts at Home

Inspection report

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18 November 2019
21 November 2019

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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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Herts at Home is a domiciliary care service operated by Hertfordshire County Council from main offices within Hertford County Hall. At the time of our inspection 232 people received personal care and support. Support was provided for people living in flexicare supported living services and in their own houses and flats in the community. Not everyone using Herts at Home receives the 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

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

People and relatives were confident people were safe and well protected from the potential risks of abuse and avoidable harm. Staff received training to safeguard people from harm and were knowledgeable about the risks and potential signs of abuse. Safe and effective recruitment practices helped ensure staff were of good character and sufficiently experienced, skilled and qualified to meet people's needs. People, relatives and staff confirmed there were enough experienced, qualified staff to meet people's needs. Staff were trained and supported people to take their medicines at the right time in accordance with prescriber's instructions.

People's needs and preferences were assessed and the care provided was based on this assessment. Staff received training in a range of subjects relevant to their roles. Newly recruited staff completed an induction programme and did not work unsupervised until assessed as competent to do so. Staff sought people's consent to the care and support they received, together with that of their relatives where appropriate.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's relatives complimented the staff team for the care and support they provided. Staff had developed positive and caring relationships with people and were knowledgeable about their individual needs and personal circumstances. Staff respected people's privacy and promoted their dignity. Confidentiality was

well maintained and information held about people's health, support needs and medical histories was kept secure.

People received personalised care and support. Detailed information and guidance had been developed to help staff provide consistent care and support in a person-centred way. Staff and management learnt from people's experiences, concerns and complaints. People and their relatives knew how to make a complaint and said the management team responded in a prompt and positive way. People were encouraged to give regular feedback about the service they received.

The management team undertook checks and audits in a wide range of key areas to help ensure a safe service was maintained. The management team were clear about the provider's values and the purpose of the services provided. Staff also understood these values. The management team ensured that staff had the tools, resources and training necessary to meet the varied needs of all the people they supported. The provider routinely distributed feedback forms to people, staff members, relatives of people who used the service and health professionals to gain their opinions on the service provided.

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

Rating at last inspection

This service was registered with us on 06 December 2018 and this is the first inspection.

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 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.

Herts 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. 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 undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and in the community. This service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service notice of the inspection site visit, we needed to give the registered manager time to facilitate the inspection.

Inspection activity started on 18 November 2019 and ended on 26 November 2019. We visited the office location on 21 November 2019.

What we did before the inspection

We reviewed information we had received about the service since initial registration. We sought feedback from professionals who work with the service. 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 took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, operations manager, office staff and care workers. We reviewed a range of records including two people's care records and multiple medication records. We viewed recruitment processes and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I do feel safe when staff are here. They do know what they are doing." Another person said, "I do feel safe, this is because I know the staff and they know me, and they know what they are doing." Relatives were confident that people were safe and protected from abuse and avoidable harm. A relative of one person said, "We have had 11 years' experience of using care services after [person] had a stroke. Herts at Home is as good, if not better than services we have used previously."
- Staff received training about how to safeguard people from harm and were knowledgeable about the risks and potential signs of abuse. They knew how to raise concerns and how to report concerns by whistle blowing if necessary. Where concerns had been raised they were documented and investigated in accordance with the provider's safeguarding procedures and protocols and measures were put in place to mitigate the risks and help keep people safe.

Assessing risk, safety monitoring and management

- People were supported and encouraged to be as independent as possible following a thorough risk assessment process. For example, where people were assessed as being at risk of falls they were supported to obtain alarm pendants to give them reassurance when mobilising around their homes independently.
- Where potential risks to people's health, well-being or safety were identified, they were assessed and reviewed to take account of people's changing needs and circumstances. Staff were knowledgeable about these risks and knew how to respond safely.
- Where potential risk had been identified in people's homes the fire service had been involved in risk assessing people's living environments.

Staffing and recruitment

- Safe and effective recruitment practices were followed to help ensure that staff were of good character and sufficiently experienced, skilled and qualified to meet the varied needs of people who used the service.
- There were enough suitably experienced, skilled and qualified permanent staff deployed to meet people's individual support needs. A small team of bank staff were deployed to cover for staff shortages and unforeseen absences such as sickness.
- People and their relatives were overall positive about the numbers of staff available. People told us they had not had any missed care calls since Herts at Home had taken over their care packages. A person told us, "We used to have a lot of different staff coming in and out but that has settled down now we are with Herts at Home." A relative said, "Staff are generally punctual and there have not been any missed calls."

Using medicines safely

- Staff were trained and had their competencies checked by senior staff.

- Staff supported people to take their medicines at the right time and in accordance with the prescriber's instructions
- The support provided for people with their medicines was dependent on their individual abilities. Some people needed more support than others in this area. A person told us, "They give me my tablets, it is always on time." People's relatives said they were confident that staff provided good support for people to take their medicines.

Preventing and controlling infection

- Staff had received infection control training. Staff performance in this area was assessed at management spot checks.
- Personal protective clothing (PPE) was provided for all staff. One person told us they had needed to address a concern with a staff member who did not use PPE appropriately when delivering their care. We shared this with the registered manager who demonstrated this had been addressed with the staff member in a timely manner.

Learning lessons when things go wrong

- Incidents and accidents were recorded, investigated and robustly reviewed by the management team. This helped to ensure that steps were taken to identify, monitor and reduce risks to people's safety and wellbeing.
- The management team gave an example where a medication error had occurred. An investigation resulted in additional measures being introduced including extra spot checks, extra training and competency checks for staff and visual reminders put on the board in the staff office. Scenarios were discussed in team meetings to share the learning across the service, the registered manager reported this had been effective.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- Staff assessed and documented people's needs and preferences and the care provided was based on this assessment. However, when the service was first registered they had taken over people's care and support from a failing provider. The registered manager reported there had been no care plans or risk assessments in place to enable staff to deliver safe, effective and consistent care. Significant resources were immediately deployed to address this shortfall urgently. At this inspection we saw care plans that gave clear guidance for the staff team, these were kept under regular review.
- People's outcomes were good. A relative told us, "They (staff) are brilliant, I cannot fault them at all. They offer [person] pain relief, they provide [person] with sandwiches for tea and support them to access the communal dining room for lunch. The staff appear skilled and knowledgeable. They look after him well and treat him with respect."
- A person said, "I get the help I need to remain in my own home and as independent as possible, what more could I ask?"

Staff support: induction, training, skills and experience

- People and their relatives said they felt staff were skilled and competent. A person told us, "The staff I have do know what they are doing, I am confident in them."
- All staff had received induction training when they transferred to Herts at Home. The induction training covered a wide range of subjects including basic core areas such as moving and handling, safe administration of medicines, fire safety, infection control and safeguarding vulnerable people.
- Senior staff carried out competency assessments to help ensure the staff team remained competent in their roles, for example with moving and handling and supporting people with their medicines.
- The provider operated an apprenticeship scheme which gave staff the opportunity to attend college to gain practical skills, knowledge and a nationally recognised adult social care qualification. The registered manager advised that staff were to undertake lead roles where they would be the subject matter experts for the team. This included areas such as infection control, safeguarding, health and safety and falls awareness.
- Staff had regular meetings with managers and senior colleagues to discuss and review their personal development, performance and issues that were important to them. Staff told us they felt valued, listened to and were well supported by their management team.

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

- Staff had good relationships with external professionals who had contact with the service. Health professionals told us they were confident that people received good support from the service.

- People were supported if needed, to access health and social care professionals relevant to their needs, including GP's, social workers and district nurses.

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.

- Staff sought people's consent to the care and support they received, together with that of their relatives where appropriate.
- If staff reported any concerns with people's declining cognitive function, this was escalated to appropriate professionals for further assessment.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 were positive about the quality of care provided for them. For example, a person said, "My regular carer is very kind and respectful to me, we have a laugh."

People's relatives complimented the staff team for the care and support they provided. For example, one relative said, "The girls are very kind and caring, they do have a laugh with [person] which is really good because [person] doesn't see many people."

- Staff told us they believed they provided a caring service.

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

- People told us they were fully involved in the planning and reviews of their care and support.
- Where appropriate, family members were also involved in people's care and support. For example, one relative told us they had been involved in reviews of a person's care needs. They said the person needed them to speak up on their behalf it and it gave the relative comfort to make sure the person's needs were being met properly.
- People said they had care plans in their homes but said they had not felt the need to look at them because staff did everything people needed them to do.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people whilst respecting their privacy and promoting their dignity. A person said, "They (staff) help me shower and it always feels as dignified as it can be. I can't think of anything they could do better, I am really happy with the help I have."
- Staff provided personal care and support in a way that both respected and supported people's choices and preferences. For example, care provided by a person of the same gender where requested.
- Some people told us they were not always made aware of who was going to attend to provide their care. For example, a person said, "I have the same staff during the week but different at the weekend. It can be anyone, I never know who is coming at the weekend, it can be a stranger to me. The office doesn't let me know who is coming." We shared this feedback with the registered manager who put immediate actions in place to address this concern.
- Confidentiality was well maintained and information held about people's health, support needs and medical histories was kept secure.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support that took account of their preferences and personal circumstances. Detailed information and guidance had been developed to help staff provide consistent care and support in a person-centred way. This included information about people's preferred routines, medicines, dietary requirements and personal care preferences.
- People told us the service was flexible to meet their needs. One person said, "They (staff) are always very helpful if we needed to change a care call time because of a hospital appointment for example."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had developed a simple guide to inform people about the care and support they could provide. The registered manager advised that they could have this guide made available in alternative formats and languages should the need arise.
- In supported housing schemes hearing loops were installed to help support people to communicate with each other and staff. The registered manager reported that they would support people living in the community to hire hearing loops from the local authority sensory services department as needed.

Improving care quality in response to complaints or concerns

- Staff and management routinely listened and learnt from people's experiences, concerns and complaints in a positive and responsive way. People told us they had raised some issues with senior management and that these had been listened to and acted upon.
- People's relatives said they knew how to make a complaint and told us that the management team responded to any concerns raised in a prompt and positive way. One relative said, "I have not had to raise a complaint but would be very confident to do so if I needed to."
- The registered manager told us of a concern they had received under the provider's whistleblowing procedure. A robust investigation had taken place involving feedback from people who used the service. The findings had been shared with the staff team and used to further develop the safe management of the service.

End of life care and support

- The service did not plan to routinely provide end of life care. However, the registered manager told us if

people wish to remain in their home at end of life this would be supported with external agencies taking the lead such as continuing healthcare, MacMillan nurses and hospice at home services.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- This service had been created as a subsidiary of the local authority to be able to provide contingency resources in the event of a domiciliary agency provider failure. The registered manager told us of significant challenges at first because the initial care packages had been taken over from a failing agency. There had been no care plans to guide staff to provide care and the staff team had not received the training and support they needed to provide good care.
- The staff and management team worked well together to create a person-centred ethos that achieved good outcomes for people.

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 management team demonstrated an open and transparent ethos and had a clear understanding of their responsibilities under the duty of candour.
- The registered manager notified us, and where appropriate, the local authority of certain events that occurred. This meant we could ensure appropriate and effective actions had been taken.

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

- The registered manager and operations manager had regular direct contact with managers for each sheltered housing scheme and the community team. Regular checks and audits in a range of key areas were carried out. These included the management of medicines, health and safety, complaints, safeguarding, accidents and incidents, staff performance and people's support plans. Performance in these areas was reviewed by the management team and discussed at management and team meetings.
- The management team were clear about the provider's values and the purpose of the services provided. Staff also understood these values.

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

- People, relatives, staff members and external professionals were encouraged to complete quality assurance questionnaires forms. The registered manager advised they had undertaken a quality assurance survey after six months of trading and had another scheduled for January 2020. This meant they would be able to assess if the improvements they had introduced were working well and what further improvements

were needed.

Working in partnership with others

- Health and social care professionals told us that the management team were always responsive to any comments and suggestions and demonstrated commitment to working collaboratively with people, their families, specialists and professionals as needed.
- The management team gave examples where links had been established in the community for the benefit of people who used the service. This included partnership working with housing providers and liaising with voluntary groups. We were also told of good relationships made with local authority commissioning teams and district nursing teams.
- The service was not responsible for delivering or providing any social activity however, the registered manager advised that scheme managers engaged with external organisations such as dementia groups, craft groups and therapy dog groups for the benefit of people using the service.