

HFHC Healthcare Limited

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Inspection report

Newporte House
1 Low Moor Road
Lincoln
LN6 3JY

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04 July 2019

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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

About the service

HFHC Midlands Limited is a domiciliary care service that provides personal care and support to people living in their own homes in Lincoln and the surrounding areas.

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.

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

Where risks to people's wellbeing had been found detailed person-centred care, records were in place to inform the staff about the care people needed to receive. People's care was reviewed and monitored as their needs changed. Staff undertook training about how to safeguard people from harm and abuse, which helped to protect people.

Staff received appropriate induction, training and support and applied learning effectively in line with best practice. People were supported to maintain their dietary needs.

People had their capacity assessed and were supported to have maximum 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.

Staff were caring and kind. Relatives we spoke with confirmed this. Staff provided support if people became anxious or upset. Information was provided to people in a format that met their needs in line with the Accessible Information Standards.

People were supported and encouraged to maintain their independence, where possible. Staff worked with health care professionals to maintain people's wellbeing.

The provider had a complaints policy in place which was provided to people using the service. No complaints had been received. Minor concerns raised were investigated and this information was used to improve the service. End of life care was provided for people using the service with the support of relevant health care professionals and local hospices.

There was a manager in place who had applied to become the registered manager of this service. Continuous learning and innovation were implemented by the management team. Quality checks and audits were undertaken. Action plans were created when shortfalls were found to make sure corrective action was taken. Some quality monitoring checks had not been implemented yet due to the low numbers of people using the service. We will look at quality assurance in more detail at the next inspection. Data security was maintained.

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 in July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

HFHC Healthcare Limited

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 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 houses.

The service did not have a manager registered with the Care Quality Commission (CQC). The manager in post had applied to register with CQC and was awaiting their 'Fit Person' interview. The provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 3 July and ended on 4 July 2019. We visited the office location on 3 July 2019. On 4 July 2019 the Expert by Experience made phone calls to people to gain their views about the service.

What we did before the inspection

We looked at all the information we had received since the service was registered, including notifications (information about important events which the service is required to send us by law).

The provider completed a Provider Information Return (PIR). We used the information the provider sent us in the PIR. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We also asked the local authority for their views. We used all this information to plan our inspection.

During the inspection

We spoke with two relatives and one friend of a person using the service. We also spoke with the manager, quality assurance manager, resource manager, and with the business development and recruitment managers and three staff.

We reviewed a range of records, this included one person's care records. We looked at three staff files in relation to recruitment, supervision and appraisal. We looked at a variety of records relating to the management of the service which included policies and procedures, spot checks and audits and some quality assurance templates that had not yet been used.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We were sent further quality assurance checks and templates for monitoring the service that were to be used in the future.

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.

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

- People were safeguarded from abuse because the provider had appropriate safeguarding policies and processes in place.
- Staff undertook safeguarding training which gave them knowledge about types of abuse that could occur and the action they must take. One member of staff told us "I would definitely report issues. I would talk to the manager."
- The manager understood their responsibility to report safeguarding issues to the local authority for investigation and to CQC.

Assessing risk, safety monitoring and management.

- Feedback we received about the service assured us people felt safe with the staff.
- The provider had systems in place to monitor missed or late care calls. Office staff received electronic alerts of late calls, so they could contact the member of staff allocated to the call. They discussed the delay with them and then informed the person using the service about this.
- Staff assessed and identified risks to people's health and wellbeing. Risks present in people's home environment were recorded, monitored and reviewed to help keep all parties safe.

Staffing and recruitment

- The service was being developed and recruitment of staff was on-going. The provider had ensured there were enough skilled and experienced staff available to support people.
- There were robust recruitment systems in place which enabled the provider to employ suitable and experienced staff. The provider checked previous employer references, proof of the right to work in the UK and the identity of all new staff.
- Each member of staff had a criminal record check with the Disclosure and Barring Service (DBS). This provides information which employers consider when they are recruiting staff.

Using medicines safely

- Medicines were safely managed. People's care record contained details of their prescribed medicines including the name, time and dose. Allergies were also noted.
- Staff recorded when prescribed medicines were taken or refused.
- The management team monitored people's medicines and acted upon any issues found. This information was shared with staff so that learning could take place.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had an infection control policy in place.

Staff undertook training about infection prevention and control and practiced appropriate hand hygiene techniques.

- Staff were supplied with personal protective equipment such as gloves and aprons. This helped to protect all parties from the risk of cross-infection.

Learning lessons when things go wrong

- The manager had systems in place to review accidents and incidents that may occur.

- The manager shared information with staff when things went wrong which, helped prevent any further re-occurrence and develop the staff's knowledge.

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; supporting people to live healthier lives, access healthcare services and support

- Each person had an assessment of their needs undertaken to help inform the staff.
- Staff understood their responsibilities to provide care and support which respected people's culture and religious needs in line with current equalities legislation.
- People's care records were person-centred and they were reviewed to enable staff to provide the care people needed to receive.
- A small team of care staff were allocated to people so continuity of care was maintained.
- People's health care needs were monitored and reviewed by staff and by relevant health and social care professionals as their needs changed or deteriorated.

Staff support: induction, training, skills and experience

- Staff were effectively supported. All new recruits undertook a period of induction. This enabled them to become familiar with the organisation, their policies and procedures. A training programme followed so, staff learned how to provide care and support to people. Staff said, "The training provided here is very good" and "I have worked for other agencies in the past. This is the best agency I have worked for so far."
- Supervision and a yearly appraisal was provided for staff by the management team. This enabled staff to reflect on their work, identify their professional and personal development needs and any further training they required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- Staff raised concerns about people's health care needs with relevant health and social care professionals to maintain their wellbeing. Concerns raised were acted upon.
- People using the service did not always require their meals prepared for them. People that required prompting or meals and drinks were provided with appropriate support. A relative told us, "Staff always made sure that [Name] was left with everything they needed for their meal."

Adapting service, design, decoration to meet people's needs

- The providers office had disabled access and meeting rooms on the ground floor so that people using the service, or their relatives could meet with staff.
- Staff worked with people they supported to ensure their home environment was suitable for equipment that may be necessary to help them deliver effective care and support. For example, profiling beds or hoists.

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 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 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 with appropriate legal authority. Where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.

- An assessment of people's mental capacity was undertaken if there were concerns about people consenting to their care and treatment. Where necessary, best interest meetings were held with people's family and relevant health care professionals to help protect people's rights.
- Staff completed MCA training, so they understood how to care for people in an effective way while protecting their rights and supporting them to make their own decisions.

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

- The service promoted a person-centred culture. Staff built relationships with people and listened and acted upon what people said. Staff told us they talked with people about things that mattered to them.
- Relatives told us the staff were caring. We received the following comments; "The staff were kind" and "The carers did all they were asked to with a smile on their face each time they visited."
- Staff told us they treated people as individuals and in a way that protected their human rights.
- People's care records contained information about their cultural needs and diversity. Care and support were delivered in a non-discriminatory way and people were supported to follow their faith and live the way they wanted to.

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

- Staff were aware of the decisions people had made about their care needs and they provided support to people if they became anxious or upset.
- People were encouraged to express their views about their care and support. A relative told us, "[Name] was included in the conversations and the staff always told them what they were doing."
- Staff told us they understood people's likes and dislikes about their care and support and followed this guidance.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected by staff who told us they delivered personal care in bedrooms or bathrooms with doors and curtains closed.
- People's care records contained information about tasks they could undertake themselves and goals they wished to achieve. Staff provided encouragement and support to promote people's independence where possible.
- Information related to people who used the service was stored securely to ensure the integrity of confidential information.

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 ensure people have choice and control and to meet their needs and preferences

- A person-centred assessment of people's needs was carried out before or when the service commenced. The information was used to develop person-centred care plans and risk assessments for staff to follow.
- Staff confirmed it was sufficient to help them understand people's needs. A member of staff told us "The records are informative."
- Reviews of people's care were undertaken with all parties involved. Any changes in people's care needs were recorded and monitored by staff. A relative told us "I couldn't fault the carers they were very professional."
- Staff electronically recorded the care provided for people so that people's care records were always current. The management team had access to this information which helped them check people received the right care and support in a timely way.

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.

- People's communication needs were assessed. Information about what the service could offer was provided to people in a format that met their needs for example, Makaton or Braille so that people could understand what was available to them.
- Staff told us they gave people time to respond to questions or rephrased them, so people could understand and respond.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported where necessary to take part in activities they were interested in or to go out in the community, if they wished.
- Staff encouraged people to maintain contact and relationships with family and friends to avoid social isolation.
- People's cultural needs were recorded so staff were able to support people's diversity.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which was provided to people. No complaints had been received. The management team also monitored 'niggles' along with complaints to help them learn from issues raised and improve the service.

- People told us they were able to raise issues and complaints if they needed to. One relative told us, "I can raise issues."

End of life care and support

- Staff were undertaking training about end of life and palliative care to develop their skills in caring for people with life limiting illnesses. They confirmed they aimed to keep people comfortable and pain free.
- People's end of life care plan recorded arrangements they wished to be followed and included information about their spiritual needs. Staff also offered support to friends and relatives during this time. We received mixed feedback about this support.
- People's friends and relatives told us the staff supported people appropriately. One person said, "In life and death [Name] was treated with the utmost respect."

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.

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

- There was a manager in place. They had submitted an application to CQC to be the registered manager of this service. The manager sent in notifications of events that occurred at the service as required.
- Checks and audits were undertaken. The manager had oversight of the service and developed action plans to address any issues that were found.
- Some quality assurance templates had been created but not used because the service had few clients. The management team were aware these would require reviewing once used to ensure they were robust. We will look at the quality monitoring of the service in more detail during our next inspection.
- Staff told us the management team supported them and they understood their role and responsibilities.

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

- People received a person-centred service that met their individual needs. The management team undertook 'spot checks' of the service provided by staff to ensure staff met the provider's standard of care.
- Policies and procedures were in place to guide staff about how to deliver care in an open and transparent way.
- Staff said the management team were approachable and offered solutions to issues or concerns related to their work. One member of staff told us, "I phone the manager and get fantastic help and support from them and all the other departments at head office."
- The provider had an 'on-call' system in place. This provided support and advice to all parties outside of office hours.
- The manager was aware of their duty of candour responsibilities including responding appropriately when things go wrong.

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

- Staff were aware they must provide person-centred care and support that ensured people's diversity was protected. This was monitored by the management team.
- The manager was introducing regular phone calls to people to check if they remained satisfied with all aspects of the service provided to them.
- Staff meetings were held to gain their views about the service provided.

Continuous learning and improving care

- The manager had a system in place to review accidents and incidents that may occur. They told us any themes found would be addressed and an action plan would be put in place to reduce the likelihood of further re-occurrence.
- The management team reviewed the staff 's performance. We were informed any concerns found would be addressed and staff would be supported to improve.

Working in partnership with others

- The manager, management team and staff worked in partnership with other social and health care services to make sure people's needs were met.
- A hospital 'grab sheet' was in place for staff to send with people if they needed to attend hospital. This contained vital information for services that had not met or supported the person before.