

# ZTW Healthcare Limited

# Herts Homecare

## Inspection report

123 Lawn Lane  
Hemel Hempstead  
Hertfordshire  
HP3 9HS

Tel: 01442213289  
Website: [www.hertshomecare.co.uk](http://www.hertshomecare.co.uk)

Date of inspection visit:  
21 July 2016  
22 July 2016  
25 July 2016

Date of publication:  
15 August 2016

## 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

The inspection was announced and took place on the 21 July. We spoke on the telephone to staff and people who used the service on the 22 and 25 July 2016.

Herts Homecare provides personal care and support to people in their own homes. At the time of our inspection the service was providing care and support to 22 people. The frequency of visits ranged from one to four visits daily depending on people's individual needs.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and to protect people from avoidable harm. There were risk management plans in place to protect and promote people's safety. Staffing numbers were suitable to keep people safe. There were safe recruitment practices in place; and these were being followed to ensure suitable staff were employed. People's medicines were managed safely and in line with best practice guidelines.

Staff received appropriate training to support people with their care needs. People were matched with staff who were aware of their care needs. The service worked in line with the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's consent was sought in line with current legislation and guidance.

People were supported by staff to access food and drink of their choice. If required, staff supported people to access healthcare services.

Staff treated people with kindness and compassion and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

People received care that was appropriate to meet their assessed needs. Their care plans were updated on a regular basis or when there was a change to their care needs. The service had a complaints procedure. This enabled people to raise a complaint if the need arose.

There was a culture of openness and inclusion at the service and staff felt that the leadership inspired them to deliver a quality service. The service had quality assurance systems in place, which were used to good effect, to continuously improve on the quality of the care provided.

## 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

Staff were aware of the different types of abuse and to report any they witnessed or suspected.

There were risk managements plans in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

### Is the service effective?

Good ●

The service was effective

People were looked after by staff who were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

If required, staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

### Is the service caring?

Good ●

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity were promoted.

### Is the service responsive?

Good ●

The service was responsive

People received care that met their assessed needs.

Care plans were personalised and reflected people's individual needs

People were provided with information on how to raise a concern or complaint if needed.

### Is the service well-led?

Good ●

The service was well-led

The culture at the service was open, inclusive, transparent and empowering.

There was good management and leadership at the service, which inspired staff to provide a quality service.

There were effective quality assurance systems at the service.

# Herts Homecare

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the care Act 2014.

The inspection of Herts Homecare Care took place on 21, 22 & 25 July 2016 and was announced. The registered manager and provider were given 48 hours' notice of the inspection. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service.

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.

Before the inspection we reviewed all the information we held about the service, including safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection we undertook telephone calls to eight people who used the service and six relatives. We spoke with four care workers, two care managers and the registered manager. In addition we visited two people in their homes to obtain their views on the quality of the care they were receiving.

We reviewed a range of records about people's care and how the service was managed. These included care records for three people, three staff files and three Medication Administration Record (MAR) sheets. We also looked at minutes from staff meetings and quality assurance audits.

# Is the service safe?

## Our findings

People told us they felt safe when staff visited them and they had never experienced any bullying and discrimination from staff. One person said, "I can categorically say that I have never felt bullied or harassed by anybody whatsoever at Herts Homecare and I would be astonished if I did." Another person commented and said, "There is no discrimination or bullying from staff. In fact, they couldn't be more polite if they tried." A relative of a person who used the service said, "My [name of person] does not like using hoisting however, I can tell from the look on his face that he feels supported and safe when staff hoist him."

Staff told us they had been provided with safeguarding training. They were able to describe the different types of abuse; and the procedure to follow if they witnessed or suspected an incident of abuse. One staff member said, "If I witness or suspect any kind of abuse I would report it to the manager. We treat people in the same way we would like to be treated." All the staff we spoke with were aware of the service's safeguarding and whistle blowing procedures and were confident if they had to use it their concerns would be acted on by the registered manager.

We saw evidence that the service had a safeguarding policy which was regularly discussed with staff at meetings and during supervision. Training records seen confirmed that staff had been provided with safeguarding training, which was regularly updated. Their knowledge was regularly tested to ensure that the training provided had been embedded. We saw information which included telephone numbers on how to report safeguarding incidents and who to contact in the event of suspected abuse was displayed in the office. This was to remind staff of the external agencies that they could contact if they did not feel able to report incidents internally.

People had risk management plans in place. They told us they had been involved with the development of their risk management plans which had been put in place to protect and promote their safety. A relative said, "My [person's name] can't stand for long. The staff follow his risk management plan when transferring him. They are very careful and encourage him to walk with support when he is feeling up to it." The registered manager told us before people were provided with a service, risk assessments to promote safety and maintain independence were undertaken. These included risks to the environment, skin integrity, moving and handling, nutrition and hydration and the safe handling of medicines. This demonstrated that measures were in place to protect people from identified risks of harm.

People told us they were provided with information on how to contact the service in the event of an emergency, or out of office hours. One relative said, "We have been given the telephone numbers of the senior managers. I had to use it recently and [name of the manager] was here within 15 minutes and called an ambulance straight away for my relative." The registered manager told us that calls got diverted to the on call phone after five o'clock. We saw there was a contingency plan in place to deal with emergencies such as, adverse weather conditions and any disruptive challenges that could affect the operation of normal business within the service. People's needs had been assessed and they were given a red, amber or green rating depending on their individual circumstances. This ensured people would receive the care and support they required regardless of any disruption. We saw evidence that the plan was regularly updated.

The registered manager told us that it was people's responsibility to ensure that the equipment used to support them such as, hoists and wheelchairs were serviced regularly. He said that it was staff's responsibility to make sure they were in good working order and fit for use. We saw evidence that the registered manager maintained a record with the dates when people's equipment had been serviced. This ensured people's safety was paramount.

People told us there were sufficient numbers of suitable staff to care for them and to meet their needs. They also told us that staff stayed for the allocated time and there were no missed calls. One person said, "I have certainly never experienced any missed calls. If I did, I would be straight on to the agency to find out about a replacement." Another person said, "I have never had any issues with my carers not staying the correct amount of time, if anything they stay for longer." The person commented further and said, "Sometimes, it's as much as I can do to push my carer out of the house, as by then she had done all of the jobs and we are just having a quick break to chat before she heads off to the rest of her clients for the day." One relative said, "Our last agency let us down badly so that was one of the first things we checked with [name of manager] before we started this time. Although we've only been having care for seven months we have certainly not experienced any missed calls during this time." This showed people were receiving a safe and reliable service.

Staff confirmed that the staffing numbers were adequate. They told us they worked to a weekly rota, which was flexible, and they were provided with enough time to complete their tasks. One staff member said, "We never feel rushed and we work in a relaxed environment." They commented further and said, "We usually have our stress levels assessed when we meet with our manager during supervision." The registered manager told us that the purpose of undertaking stress levels assessments was to ensure that staff were not working under any conditions that could affect their performance. We saw evidence that there was an allocation system in place called people planner. This ensured people had a consistent staff team to care for them.

Staff were able to describe the service's recruitment practice. They told us they had completed an application form and attended an interview. One staff member said, "The interview was tough. I had to up my game. The questions the manager asked me were not easy." We saw staff had to provide two references one of which was from a recent employer, proof of identity and a Disclosure and Barring Service (DBS) certificate. We saw evidence in the staff's files we examined that the appropriate documentation had been obtained. Evidence seen confirmed that references had been checked to ensure their authenticity.

Systems were in place to ensure that people's medicines were administered safely. One person said, "I have my tablets come in the dosette box from the pharmacy, so my carers will get them out for me, give me a drink and then once I've taken them, they will write in the notes to say I've had them." Staff told us they had been provided with medicine training and their competencies were regularly assessed. The registered manager told us that staff responsibility in assisting people with their medicines was to prompt them. He said, "If the medicines are not dispensed in dosette boxes staff are not able to offer support." We saw medication administration record sheets had been fully completed with staff's signatures. Care notes reflected that staff had observed people taking their medicines. Within the staff files we examined we saw certificates that confirmed staff had undertaken training in the safe handling of medicines.

# Is the service effective?

## Our findings

People told us staff were sufficiently skilled and trained to meet their assessed needs. A relative said, "I was concerned about the carers' competency and training before we organised my [name of relative] care but seeing the carers in practice has reassured me that they have very good training here at this agency. I have never had any concerns about my [name of relative] or the care he has received from any of his carers."

The registered manager told us that staff had been provided with induction training to enable them to carry out their roles and responsibilities. He said, "We are a small team and we employ one staff member at a time and work with them until they are deemed competent and able to work unsupervised." He commented further and said, "I have been trained to be a trainer and deliver all the training in-house." We saw certificates displayed at the service which confirmed this. Within the staff files we examined we saw certificates to confirm that staff had completed induction and essential training. We saw some staff had achieved a national recognised qualification at level 2 and 3.

People told us they were appropriately matched with staff who were aware of their needs. One relative said, "My [name of relative] carer has been with her a long time and she knows the signs now if [name of person] health is beginning to deteriorate. If there is something that is concerning her, she will talk to me about it straight away." The relative commented further and said, "This is so important because in my experience it has helped things not to escalate further."

Staff told us they were aware of the needs of the people they were supporting. For example, when a new care package was allocated, they were provided with information about the individual; and made aware of how their care needs should be met. Staff also told us they read people's care plans. One staff member said, "We have regular discussions about the clients to ensure we work with them in the same manner. It's important that we sing from the same hymn sheet". From discussions with staff we found that they had a good understanding about the people they were supporting.

Staff told us they received regular supervision. One staff member said, "I enjoy supervision. It gives you the opportunity to discuss issues relating to your personal and professional development." The registered manager confirmed that each staff member received regular supervision, spot checks and a yearly appraisal. We saw evidence in the files we examined which confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked whether the service was working within the principles of the MCA. We saw that some people had authorised their family members as lasting power of attorneys. Therefore, best



interest decisions had been made on their behalf with the involvement of family members and staff.

The service had policies and procedures in relation to working within the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) legislation. The staff had a good understanding of MCA Act 2005 and DoLS and how the legislation worked in practice.

People told us that staff always asked for consent before providing them with care and support. A relative of a person who used the service said, "My [name of person] carers will take the time to talk through exactly what it is they are doing." Staff told us they always asked people for their consent before assisting them with care and support. This demonstrated people's consent to be supported was gained.

People told us that staff supported them with their meals if required. One person said, "My carer always makes sure I have plenty of drinks. She knows I don't really like drinking too much; but she will nag me in a friendly way to try and encourage me to drink more, particularly in this nice warm weather that we're having at the minute." One relative said, "As part of [name of person] condition, she can only have a liquid diet. Her current carer is extremely good at trying to make something which will at least taste nice. It is really considerate of her because sometimes it can be a real struggle to encourage [name of person] to eat anything at all." Staff told us some people requested for drinks and snacks to be left out for them. This enabled them to have adequate amounts of fluids and snacks throughout the day. They also told us if people had special dietary needs they would be supported to ensure they were met. The registered manager told us if people were at risk of poor food and fluid intake or had difficulty with swallowing they would be closely monitored. We saw this in practice and the staff worked closely with the GP and other healthcare professionals. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. This enabled people to access specialist advice and support if required.

During this inspection we visited a person in their home. They told us that staff prepared meals and snacks for them daily. The person said, "They always ask me what I want to eat. I have a good appetite and they know what I like to eat." The person further commented and said, "I order all my food on line and make sure it is delivered when staff are here so they can help me to put it away."

People told us that staff supported them to maintain good health. One relative said, "My [name of person] carer is aware of the signs if her health is beginning to deteriorate and would get the appropriate medical support to avoid it escalating further."

Staff told us that people had access to healthcare services and if there was deterioration to a person's condition they would seek the person's permission and report it to the manager or a relative who would contact the GP or other health care professional for support or advice. One staff member said, "We are provided with training to support clients to maintain good health and we liaise with the physiotherapist and occupational therapist if we require any advice on moving and handling." The registered manager told us if people needed to be supported with hospital appointments, staff would accompany them. He said, "The clients trust us with their health and welfare and would always ask us to accompany them to hospital appointments if family members are not able to do so." We saw evidence that staff regularly supported people with hospital appointments if needed.

## Is the service caring?

### Our findings

People and their relatives told us they had developed caring and positive relationships with staff. They also said that the staff were caring. One person said, "My carer is very good and caring. She knows I occasionally like a cake so even though I haven't put it on my shopping list, she will often come back and say would I like a treat and show me a cake that she has bought. That just makes such a difference and it just shows me that she cares and thinks about me." Another person commented and said, "When my carer takes me out during the week, he never minds if we stay out for a bit longer if something over runs. Sometimes we get caught in the traffic on the way home."

Staff were able to tell us about people's individual needs, their preferences, and personal histories and how they wished to be supported. One staff member said, "We communicate with the clients and get to know them really well, and build up a rapport as we visit them regularly." We saw evidence that there was consistency with the staff who visited people. This helped to ensure that staff knew people really well.

During this inspection we visited a person in their home. The relative of the person who use the service said, "I am very happy with the care my [name of person] receives from the staff. I see them as part of the family." They commented further and said, "Whenever there is a review meeting [name of care manager] is always interested to know my concerns and whether there is anything I think we need to alter or add to the list of jobs that staff can help with." We observed throughout the visit that the person and their relative looked at ease in the company of the registered manager who was present and seemed to trust them. Throughout the visit the relative made positive comments on all aspects of the care provided.

People told us they were involved in the planning of their care and supported to express their views and making decisions. One person said, "I think the agency is very good at involving you in your own care, I always feel that my comments are valued and taken on board." Staff told us that people and their relatives were involved in the planning of their care; and the support provided to them was based on their individual needs. One staff member said, "We always ask the clients to choose what clothes they wish to wear or what they would like to eat. We don't assume." The registered manager confirmed that people's views were acted on. He said, "We contact the clients on a regular basis to find out if they are happy with the care and support they are receiving; and if there are any changes that need to be made." We saw evidence in the care plans we examined that people and their relatives were involved in decisions relating to their care and support needs; and their care was regularly reviewed.

People told us that the staff provided them with information and explanations as and when needed. One person said, "Rotas are emailed to me, sometimes they arrive late and I have to chase them up. It is important I get the rota on time so I know what time to expect the staff." One relative said, "I know all the managers in the office as they provide hands on care and are able to answer any queries that you may have." This showed that people were confident that their queries would be addressed.

The registered manager told us that if required people would be supported to access the services of an advocate. (An advocate supports people to have a stronger voice and to have as much control as possible

over their own lives). On the day of our inspection we were told there was no one currently using the services of an advocate.

People were assured that information about them was treated confidentially and respected by staff. One person said, "My carers are far too professional to talk about anybody else that they go to." Another person said, "I've never heard them talk about anybody else they may see."

The registered manager told us that the service had a confidentiality policy. A copy of the policy was issued to all staff and they were expected to read and sign it to confirm they understood the contents and would adhere to it. Staff confirmed they were aware of their responsibility to ensure that information relating to people's care was only discussed in line with their duties and on a need to know basis. We saw there were systems in place to ensure records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to maintain confidentiality.

People's privacy and dignity was respected. One person told us, "The staff preserve my dignity. They always make sure when assisting me with personal care that I am not exposed unnecessarily. They give me the option to choose what clothes I like to wear; and address me by my preferred name." Staff told us that they had been provided with training on equality and diversity and were aware of the importance of treating people as individuals and promoting their human rights. We saw records to confirm that staff had been provided with this training. There was a hearing loop installed in the office to enable people with a hearing impairment to communicate effectively when having a telephone conversation with staff. We saw that the registered manager had made provision for information about the service to be issued in other languages if this was requested. This ensured that people's diverse needs had been taken into consideration.

## Is the service responsive?

### Our findings

People told us the care they received met their needs. They said they were involved in their care assessment and the development of their support plans and how they wished to be supported. One person said, "I think we met [name of the manager] initially or [name of care manger], it was certainly one of them; but whoever we met gave us all the information that we needed and was very open to answering questions that we had asked." One relative said, "I looked at the agency online and did some research to see what was said about them. When I phoned the office they arranged for the care manager to come and visit and we talked through everything that needed doing. [Name of care manager] explained to us how the agency worked and asked us about what time we would like the visits and the frequency."

The registered manager said, "When we carry out our assessments we discuss with the clients what help they need and agree timings with them. We also have followed up discussions with them to make sure everything is to their satisfaction." We found assessments were undertaken to identify people's support needs and the plans outlined how the needs were to be met. The care plans were reviewed on a regular basis and if needed changes were made to them. This was to ensure that people received the appropriate care and support according to their individual needs. We saw evidence that reflected people's care packages were reviewed on a regular basis with their representatives to ensure the care they received was still relevant to their identified needs.

People told us that staff encouraged them to maintain their independence. One person said, "They encourage me to be as independent as possible and would say, do you want to wash your face, or shall we do it for you?" Staff confirmed that where appropriate they prompted people to undertake certain tasks for themselves such as doing up buttons and brushing their teeth. We found some people were being supported to re-establish their social and daily living skills to avoid them from becoming isolated. For example, staff accompanied people on shopping trips, coffee mornings, visits to the gym and museum.

People were encouraged to give their views. For example, the registered manager told us that people were contacted by telephone or asked to complete customer questionnaires on the quality of care they were receiving. The registered manager said, "We send out customer questionnaires and talk with clients regularly and act on the feedback received. Any changes suggested are acted on in a timely manner." We saw evidence to confirm this. For example, a person had asked for their schedule to be emailed to them on a particular day.

People told us they knew how to make a complaint. One person said, "If I did have a concern, I know there is a leaflet in the folder which tells me how to make a complaint." The person commented further and said, "I've never had any particular problem that I haven't just been able to sort out quickly with one of the managers; but I'm sure from the way I have been treated to date, if I did have a particular concern, then it would be treated seriously and looked into for me." One relative said, "If I had a concern I would contact [name of care manager] and discuss it with her. From how she has been in the past, she has always been willing to do whatever it would take to make the situation better."

The registered manager told us that the service had a complaints policy and people were issued with a copy of the policy when they started to use the service. They also told us that lessons were learnt from complaints and they were used to improve on the quality of the care provided. We saw complaints had been responded to and investigated appropriately in line with the complaints policy.

## Is the service well-led?

### Our findings

People and their relatives told us that the culture at the service was positive, open, inclusive and empowering. One person said, "Every single person that we have met from the managers to the office staff to the carers themselves have been lovely. It is really encouraging that you can have an open conversation with people and I have found that if they have promised to deliver something then they have done so." Another person commented and said, "I wasn't particularly keen to have carers in the first place; but my family said to me that if I didn't they would have to find me somewhere else to live and I really didn't want that. I reluctantly agreed to have carers coming in to make my family feel happier. I must admit, it has been the best experience ever and I really feel that I will be able to live on my own for longer now with the support I have. I would certainly recommend them to anybody." A third person made positive comments about the service's flexibility and honesty and said, "They never mind if you need to phone them up and change arrangements even at very short notice; and they are always very honest and say if they can, they will, but if they can't it will be because they just haven't got the personnel free at that time. I would much rather people take this approach than simply saying yes I'll do it and they don't at the last minute."

Staff told us the management team ensured that the culture at the service was open and transparent. They also told us that the registered manager was approachable and supportive and acted on suggestions made. For example, one staff member said, "If you report that there has been a change in a client's condition, someone from the office would come out immediately to re-assess their needs." This ensured that staff's comments were acted on.

The registered manager told us when mistakes occurred there was honesty and transparency. Feedback was given to staff in a constructive and motivating way. If required additional training was provided to minimise the risk of future errors occurring. Staff spoken with confirmed this.

Staff told us that good management and leadership was visible at the service. They told us that the registered manager and care managers would provide hands on care. This inspired them to deliver a quality service to the people who used the service. All the staff we spoke with were enthusiastic about their roles and understood the service's vision and values, which was to ensure that people were at the centre of the service and they received quality care.

The registered manager told us that recruiting staff with the right values helped to ensure people received a quality service. He told us that he was aware of the attitude values and behaviours of staff. These were monitored formally and informally through observing practice, staff supervision and appraisal meetings. We saw evidence that regular staff meetings were held and these were used as training workshops to enable staff to enhance their knowledge. We saw evidence that the registered manager regularly net-worked with other care organisations and attended care forums and workshops. This was to ensure that good practice ideas were shared with the staff team and people received a quality service.

Information held by the Care Quality Commission (CQC) showed that we had received all required notifications that the registered manager was legally required to submit. A notification is information about

important events which the service is required to send us by law in a timely way.

People told us that they were regularly asked to comment on the quality of the care provided. One person said, "It doesn't always take the form of a phone call; because [name of manager and care manager] both sometimes cover shifts when the other carers are ill or at short notice. Whilst they are here, they will always ask us if there is anything we are unhappy with or anything that needs changing, this is in addition to the review meetings we have." The registered manager said, "We pride ourselves on constantly looking at new ways to enhance our service based on feedback from our clients." This showed that the registered manager and the staff team acted on comments made by people who used the service to improve the service.

The registered manager told us there were systems in place to check the quality of the care provided. We saw evidence that people and staff had completed satisfaction questionnaires relating to the quality of the care provided. Audits relating to medication recording sheets and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.