

Heronsmere Home Care Ltd

Heronsmere Home Care

Inspection report

Heronsmere
Old Shire Lane, Chorleywood
Rickmansworth
Hertfordshire
WD3 5PW

Date of inspection visit:
06 December 2017

Date of publication:
10 January 2018

Tel: 07429076755

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 took place on 06 December 2017 and was unannounced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Heronsmere Home Care is registered to provide a service for people living with dementia, older people, people living with a physical disability and younger adults.

Not everyone using Heronsmere Home Care received a 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. At the time of this inspection Heronsmere Home Care supported 12 people with personal care.

The provider had originally registered this service in June 2015 however, they had subsequently made changes to the registration status which had resulted in a new registration in December 2016.

The provider was also the registered manager for the service. 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 2008 and associated Regulations about how the service is run.

People felt safe receiving care and support from Heronsmere Home Care. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. People's needs were met by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. The service did not provide support with people's medicines at the time of this inspection.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

The provider had developed an open and respectful culture in the service and people, their relatives and the

staff team were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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:

People's safety was promoted by a staff team who were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health, well-being or safety had been identified and controls were in place in place to mitigate risk.

There were enough staff deployed to meet people's needs and promote their safety.

Safe and effective recruitment practices were followed to help make sure that staff were of good character and suitable for the roles they performed.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills necessary to meet people's individual needs and promote their health and wellbeing.

The service worked in line with the principles of the Mental Capacity Act 2005.

People were supported to prepare meals where required.

People were support to access healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were kind and caring.

People were encouraged to make choices about how they lived their lives and staff focussed on promoting people's independence and wellbeing.

The service had a strong and person centred culture that was

reflected in discussions with the management, staff, people who used the service and their family members.

Staff told us that working with the same people consistently helped them to build up relationships and get to know people as individuals.

Is the service responsive?

Good ●

The service was responsive.

Staff provided individualised care to people.

People's individual care needs and preferences had been assessed and were being met whilst encouraging and promoting independence.

People could be confident complaints and concerns were taken seriously and dealt with appropriately to promote improvement.

Is the service well-led?

Good ●

The service was well-led.

People told us they would recommend the service to their friends and staff members told us that they were proud to work for Heronsmere Home Care.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

The registered manager actively kept themselves up to date with changes in the care sector and changes in legislation to ensure their continued good practice.

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs.

Heronsmere Home Care

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.

This inspection took place on 06 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken by one inspector. Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 06 October 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection activity started on 06 December 2017 and ended on 08 December 2017. We visited the office location on 06 December 2017 to see the registered manager and to review care records and documents central to people's health and well-being. These included care records relating to two people, recruitment records for two staff members, staff training records and quality audits.

Subsequent to the visit to the office location we spoke with two people who used the service and relatives of two people who used the service by telephone to obtain their feedback on how people were supported to live their lives. We also spoke with three staff members to confirm the training and support they received.

Is the service safe?

Our findings

People told us that they felt safe receiving care and support from Heronsmere Home Care. A relative of a person who used the service told us, "I feel [person] is absolutely safe with the support of Heronsmere Home Care. [Person] broke their hip some time ago and I was recommended to Heronsmere having had a previously had a bad experience of care agencies. I liked the registered manager's ethos."

Staff told us they had attended training about protecting people from abuse, and the staff training records we reviewed confirmed this. Staff were able to confidently describe how they would report any concerns both within the organisation and to CQC but were not aware that the local authority safeguarding team were the lead agency for all safeguarding matters. However, they told us that they would not hesitate to report concerns where necessary and encouraged other staff to do the same. Subsequent to the inspection site visit the registered manager advised us that face to face safeguarding refresher training had been booked for the staff team.

The registered manager gave us an example where they had taken action under safeguarding protocols to promote a person's safety and wellbeing. Actions had included involving health and social care professionals where staff had identified a person was not receiving care appropriate to maintain their safety. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for areas including people's mobility, the environment and specific health conditions such as diabetes. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. A staff member gave us an example of a recent incident where a person had fallen in their home. The staff member had completed an incident form and this had been taken to the agency office for the attention of the registered manager. The registered manager told us that learning from any incident or event was shared throughout the staff team immediately.

The registered manager gave an example where a person's health needs had recently escalated and the associated risks were fluctuating. They told us that to help ensure the person's safety and wellbeing was promoted they assessed the individual risks for this person on a daily basis. This showed that the service had a proactive and individual approach towards risk assessment.

People who used the service told us that there were enough staff to meet their needs safely. They told us that staff were seldom late and always stayed their allotted time to make sure that all aspects of care were covered. One relative said, "I would say most of the time they are punctual, maybe 15 minutes late, so not unduly so. Sometimes a previous client may have been taken ill, so staff can be late coming to us. We are not

always advised if they are going to be late. In a perfect world it would be good if they would let us know."

The registered manager told us that there were sufficient staff members employed to meet people's needs taking into account staff annual leave and sickness. They said they were not currently looking to take on any new care packages and did not intend to until they had recruited appropriate staff members. They told us, "The problem isn't finding the work it is finding good staff. Anybody can be a care staff member but not everyone cares." This showed that the registered manager was committed to a values based recruitment procedure that helped to ensure they recruited the right people.

The registered manager reported that there had not been any missed care calls since the agency started. Travel time was factored into the rota for staff members to help ensure that people did not have to wait for staff who had been delayed. The registered manager told us that they were having a computerised call monitoring system installed to help monitor if staff were being delayed so that the rotas could be amended if needed. They also said it would give them peace of mind as the system would also help promote the safety of the staff team.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two staff and found that all the required documentation was in place including two written references and criminal record checks. The registered manager told us that they contacted people who had supplied references to confirm the validity of the response. We noted that this had not been recorded, the registered manager undertook to record this action going forward as a matter of good practice.

People who used the service did not have their medicines managed or administered by staff. People managed their own medicines, or their relatives did so on their behalf. Staff told us that they merely reminded people to take their medicines which they then noted within the daily records. However, staff had received training in the safe administration of medicines and were clear that if there were successive occasions where people had missed their medicine they would inform both the family and the person's GP.

The registered manager had arrangements in place to manage and monitor infection control practices. Gloves and aprons were available in people's homes for staff to use as needed with paper towels and liquid soap. Staff received on line training about infection control and the registered manager assessed staff competencies in this area during shadow shifts and on-going daily practice.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided by staff of Heronsmere Home Care was appropriate to meet people's needs. One relative said "The care staff are all really nice, they treat [person] like their own. It's like having family looking after your [relative]."

Staff told us that when they first started working at the service they completed an induction. They also told us that they shadowed experienced staff until they felt confident in their role. The registered manager told us that new staff shadowed for a minimum of four shifts before working alone. The last shadow shift was undertaken with the registered manager who assessed the staff member's competency across all aspects of care. If any concerns were identified at this stage staff were offered more training and additional shadowing until they were confident and assessed as competent in their role.

Staff received training to support them to be able to support people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling, safeguarding, food hygiene and person centred care.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time. The registered manager told us that they routinely worked three evening shifts alongside the staff each week. They said this enabled them to satisfy themselves that people were happy with the care and support they needed and that staff had the skills, knowledge and support they needed to provide good care for people.

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.

We checked whether the service was working within the principles of the MCA. The registered manager demonstrated a good awareness of what steps needed to be followed to protect people's best interests. For example, they told us that some relatives supported people in making decisions about their care and support. However, if the registered manager was in any doubt that the decisions made did not appear to be in people's best interests they would contact health and social care professionals for additional support in this area.

People told us, that staff explained what was happening and obtained their consent before they provided day to day care and support. Staff members were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. It was clear from talking with people that they had been involved with making decisions about their care and support and,

where appropriate, their family members as well.

People were provided with support where needed to have a healthy diet and fluid intake. We were given an example where a person experienced some confusion about whether or not they had eaten and told staff that they did not want any food. Staff were aware that the person had not eaten so they prepared the person's lunch and encouraged them to eat. We were given another example where a person had lost their appetite following a stay in hospital. The person's relative was away so a staff member took their supper to the person's house each evening to eat with them in a bid to encourage them to eat. This showed that staff were caring, compassionate and went above and beyond to encourage people to maintain a healthy food intake.

People told us that most of their health care appointments and health care needs were managed by themselves or their relatives. Staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care if their health or support needs changed. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse as appropriate. For example, on the day of this inspection a staff member had contacted the registered manager with a health concern about a person. The registered manager visited the person immediately and arranged for a GP to call. A relative of a person who used the service told us, "They are very quick at picking up on health issues and contacting me. [Relative] wouldn't be where they are today without [Registered manager's name] and her team."

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff that provided their care. A relative told us, "The staff are very caring, they are on first name terms with [person]. It's not over familiar, it's just the right degree of familiarity." A further relative said, "They [staff] are absolutely wonderful."

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. People were asked their preferences in terms of the gender of the staff that provided their personal care and this was respected.

People told us that they received their care and support from a consistent team of staff which enabled them to build up positive relationships. A relative of a person who used the service told us, "There is a maximum of four or five staff that care for [person] which means they have consistency of care and know them all really well." Another relative said, "We usually have the same staff, occasionally there are changes due to holidays but usually it's the same carers."

Staff told us that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service. One staff member told us, "I am very fond of the people I care for and I treat them with the respect and dignity they deserve."

People were treated with dignity and respect. Without exception people told us that staff respected their privacy. One relative said, "They do treat [person] with dignity, they give them as much privacy while providing them with intimate care as possible."

We were given an example where a relative of a person who used the service went away and had asked for the number of care calls to be increased in their absence. During a care call the staff member became concerned about the person's health and health professionals were contacted. As a result of this the person was admitted to hospital and representatives from Heronsmere Home Care accompanied them and stayed with them in hospital until the person's relative was able to return. A relative of the person said, "The care provided is exemplary, they [care staff and registered manager] watched over [relative] and supported them until we arrived."

We were given a further example where a person who has 'live in' care was admitted to hospital. The person's live in care staff member went into the hospital daily to provide the person with personal care, comfort and reassurance. The registered manager told us, "That's what makes us special, we take the time to care."

People's care records were stored in a lockable office at the service in order to promote their dignity and confidentiality.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. A relative told us, "We established a plan at the outset and [registered manager] comes every now and again to check that the care plans still meets [person's] needs. The service is very flexible. If we wanted to vary anything we would only have to speak with [registered manager]."

People's care plans detailed the level of care and support people required but did not clearly reflect what actions staff were to undertake at each visit. The registered manager told us that all staff were completely conversant with people's needs before they started to provide people's care and support and people who used the service had the capacity to communicate their needs. However, the registered manager undertook to update the information held in people's homes to make sure it was sufficiently detailed to be able to guide staff to consistently meet people's individual needs.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. The registered manager told us of one person who really enjoyed a particular daily television programme. In order to support the person's wishes their care call times were arranged around these programmes so that they did not miss any of their favourite viewing.

The registered manager reported that, although Heronsmere Home Care was registered to provide personal care for people, they also supported social engagement for people. The service also supported people to go shopping, to keep their gardens nice and to visit garden centres.

People told us they felt the registered manager took them seriously and if they needed to change or adapt their care they felt they only had to make a phone call. A person told us, "[Registered manager] comes in from time to time to make sure I am happy. If I need anything changed I only need to ask [registered manager] and it is done."

The provider had policies and procedures in place to ensure that concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. However, they told us that there had not been any formal complaints raised since the service had started. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager.

Is the service well-led?

Our findings

People who used the service knew the registered manager by name and felt that they were approachable with any problems. One relative told us, "We get the feeling we are in easy contact with [registered manager] and she is always very amenable. I would certainly say we have no problems and would recommend Heronsmere Home Care to anybody requiring care in their own home. It is a small company operating in a small geographical area, which we like."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships.

Staff told us that the registered manager was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement.

People told us they would recommend the service to their friends. One relative told us, "I would totally recommend Heronsmere Home Care in terms of care and efficiency I couldn't recommend them more highly, the service they provide enables me to be a daughter when I visit [person] as opposed to a carer." A person who used the service told us that the services of Heronsmere Home Care helped to improve the quality of their life and they would be very happy to recommend the service to other people looking for care in their own home.

Staff members told us that they were proud to work for Heronsmere Home Care. One staff member said, "I am proud to work for Heronsmere, we are very good. We provide good quality care. The agency is building through a good reputation."

The registered manager was passionate about providing good care for people. They told us that Heronsmere Home Care would not provide 15 minute care calls because they did not believe it was possible to provide people with personalised care and support in that time frame.

The registered manager kept themselves up to date with changes in the care sector and changes in legislation by being a member of care provider associations and communications from CQC.

The registered manager told us that they worked alongside the staff team on a weekly basis which gave them a good insight to any issues the staff encountered and enabled them to quality assess the service they provided for people.

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs. These included spot checks whilst staff were in care calls, checks on care records to confirm they were accurately completed and reflected the care that people needed and had been provided with and routine checks with people who used the service to confirm their continued

satisfaction.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. This showed us that the registered manager was committed to providing a safe service.