

Huntleigh Medical Healthcare Limited

Sova Healthcare Harrogate

Inspection report

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sova Healthcare Harrogate is a domiciliary care service providing personal care. The service was supporting 8 people at the time of our inspection, including those living with dementia, physical disability, older people and younger adults.

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

People received support from staff who were exceptionally caring and encouraged them to be the lead decision-makers for their care. Staff provided highly attentive and responsive care. People thrived from the person-centred, attentive culture, experiencing significant improvements in their wellbeing.

People's safety was supported, they felt safe with their care staff. Staff were aware of risks to people and how to reduce these. People were supported to take their medicines as prescribed.

People were involved in developing their care plans and ensuring their care was appropriate to their needs. Staff were well supported; they had the knowledge and skills to provide effective care. Staff worked effectively as a team and with healthcare professionals to enable people to live healthier lives and make healthy nutritional choices.

People were supported to have maximum 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 this practice.

Care plans contained information to guide staff in providing person-centred care. People's care visits were organised flexibly to meet their needs. People and their relatives were in regular contact with the registered manager, which meant early action could be taken to address minor issues.

The provider's value base of person-centred, empowering care was reflected in the care people received. Staff shared these values and were motivated to deliver high quality care. The registered manager was developing their quality assurance systems to capture themes and areas for improvement as the service grew.

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 28 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was 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 ●

Sova Healthcare Harrogate

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 carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with CQC. 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 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 20 September and ended on 3 October 2019. We visited the office location on 3 October 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority safeguarding and contracting teams who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

We looked at four people's care records and three medication administration records. We looked at three staff recruitment, induction, training and supervision records. We viewed a range of records relating to the management of the service, including meeting minutes and accident and incident records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a range of policies and procedures.

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; Learning lessons when things go wrong

- Staff understood their responsibility to safeguard people against abuse and followed internal and external processes to raise any concerns.
- People were supported to understand local authority safeguarding processes and participate in these.
- Accidents and incidents were monitored to identify any themes and prevent reoccurrences.

Assessing risk, safety monitoring and management

- People and their relatives felt safe with staff supporting them. One relative said, "I feel [person]] is safe, absolutely, we are relieved they are safe."
- Staff understood where people required support to reduce risks. Risk assessments were in place and reviewed to identify and mitigate risks to people.
- Environmental risks to people and staff had been assessed to support their safety.
- Contingency planning was used to good effect to ensure people received a consistent, reliable service.

Staffing and recruitment

- Safe recruitment processes were in place and followed.
- Safe staffing levels were maintained. Consideration was given to staff capacity before decisions about supporting people new to the service were made.
- People received support from regular staff who had a good understanding of their needs and wishes.

Using medicines safely

- People received their medicines safely as prescribed, including 'as and when required' medicines.
- Topical medicines records contained relevant information to support their proper use.
- Medicine audits were used effectively to monitor records and consider any patterns or trends across the service and support improvement.

Preventing and controlling infection

- Measures were in place to manage and reduce the spread of infection.
- Staff understood when to wear personal protective equipment, such as gloves and aprons and when additional infection control precautions should be taken.

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

- People received an initial assessment to ensure the service was able to meet their needs.
- Best practice guidance was used and followed in developing care plans. People were involved in writing their care plans.

Staff support: induction, training, skills and experience

- The provider was committed to ensuring staff received sufficient training and support for their roles. One member of staff said, "There are constant checks that I am ok as a member of staff and how I can be supported, it's so refreshing to have this approach. It motivates me."
- Careful consideration was given to supporting staff development, ensuring they had the necessary knowledge, skills and experience before taking on additional responsibilities.
- Staff shared their knowledge and expertise within the staff team. The care coordinator was a mental health 'champion' and told us, "I have worked with staff to help them understand bereavement and how to respond to people's families if they experience it."
- A robust system of competency and spot checks was used to support the delivery of effective care and support.
- Staff received regular supervisions to support their development and wellbeing. Appraisals had not taken place as staff had not been in post sufficiently long to require these.

Supporting people to eat and drink enough to maintain a balanced diet

- People were effectively supported with food planning and making healthy choices with their nutritional needs.
- People's specific dietary requirements and allergies were understood. Staff had received training in how to respond should one person experience an allergic reaction.

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

- Medical advice was sought in a timely way when health concerns were identified. One relative told us, "If there is anything out of the ordinary with [person's] skin the staff contact the district nurses, [person's] skin is great."
- Recommendations made by healthcare professionals were documented in care plans to ensure people received consistent support.
- The registered manager was introducing health action plans to enhance staff understanding of people's

health needs and healthcare professionals supporting them.

- New staff were introduced to people prior to supporting them to familiarise themselves with people and their needs to provide effective care.
- Staff communicated effectively with people's relatives, sharing information about their family member's needs to ensure people received consistent support and any concerns could be monitored.

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.

- People were involved in setting up and agreeing their care plans, their written consent was obtained.
- Staff understood the MCA principles and worked on the presumption people had capacity.
- Staff upheld advanced decisions people made, such as where they had a do not attempt cardio-pulmonary resuscitation (DNACPR) records in place or where people had representatives with the legal authority to act on their behalf.

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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives consistently told us the service exceeded their expectations. One person wrote, 'I honestly don't believe it can be improved.' A relative said, "I'd recommend them to anyone, they've done everything we've asked for."
- People received exceptionally compassionate and empathetic care. Staff had in-depth knowledge of people's mental health needs and worked to help them overcome their phobias and times of heightened distress. This led to one person experiencing a remarkable improvement in their mental health.
- Staff were highly motivated to provide kind, person-centred care. One care worker said, "If I can help people in any way I will." People's experiences of care reflected this. When people became unwell staff recognised the stress and upset this may cause their relatives and took time to empathise and provide additional support.
- Staff used their knowledge and skills to help people understand changes in their care and support needs and the impact on their lives. This approach empowered people to see these changes positively and set new goals to accomplish.
- People and their relatives formed trusting, open and honest professional relationships with staff. One relative had written, 'The care staff make [person's] care time a happy time and they have many laughs together.'
- Relationships were maintained with people when they went into hospital, including when one person was admitted to hospital out of the local area. This meant the person's transition home from hospital went smoothly, their health improved and they regained their independence.
- Staff were matched to people using the service, ensuring they had the relevant skills, personalities and characteristics to support people. The care coordinator told us, "It is so important that people have companionship and that we share interests with them." This benefited people's wellbeing. One person had previously had a negative experience with a previous care provider, leading to a deteriorating in their health and confidence. The relative said, "The registered manager bent over backwards to make sure [person] has the same care workers: [Person] has definitely got their confidence back."

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

- The provider was exceptional in supporting people to express their views and be at the centre of decision-making about their care. One person said, "They listen to what I want to achieve." The person had gone from not leaving their home to achieving their goal of accessing a variety of community services. There were further plans for the person to attend church independently.
- People were actively encouraged to be involved in developing their care and ensuring their preferences,

wishes and choices were observed. One person had written, 'I'm really impressed by this provider. They tailor your care plan around your specific needs.' Another person had previously worked in fashion. Their relative described how staff understood the importance of them selecting their own clothing and having their make up applied. Their relative told us, "They provide care brilliantly and beautifully."

- Feedback and decisions about people's care could be given through their preferred means of communication and was welcomed. People and relatives had absolute confidence this would be listened to.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was at the heart of the service's culture. Staff understood what dignity meant to each person. One care worker recognised the importance of styling people's hair and used their skills having worked in hairdressing previously. A relative said, "Staff will plait [person's] hair and do it in different styles and paint their nails, these are definitely things that matter to [person]."

- Staff were exceptional skilled at anticipating people's care needs. They were aware to take early action to prevent people experiencing discomfort or pain. For one person they had worked with them and their relative to develop a guided fantasy and breathing care plan to support the person to relax should they become anxious or experience a panic attack. One person said, "They pick up on how I am. They talk to me about it and what I want."

- A focus on equality, diversity and human rights was embedded. People's sexuality and religious beliefs were respected and supported. This helped them to grow in self-confidence. The registered manager told us, "We give [person] support to be who they want to be."

- Staff felt listened to, respected and valued. The registered manager said, "I want my staff to be happy, this makes people happy and it makes for a happy service." This highlighted their strong commitment to employing staff with kind, caring and empathetic values.

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

- Care plans were person-centred and supported staff to deliver responsive personalised care. One care worker told us, "Care plans give me a good sense of who people are and what they need."
- Care visits were organised flexibly to support people at their preferred times.
- People's independence was promoted. Care plans contained information to guide staff in how to reassure and support people to be as independent as possible.
- Reviews were completed at regular intervals and when changes in people's needs may have occurred.

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.

- Written information was available in alternative formats to suit people's needs, for example easy read consent forms.
- Staff ensured people were supported with any communication aids they required.

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 to maintain their interests. One person enjoyed bird watching, staff took photos for them to identify different bird species and stimulate conversation.
- People were assisted to access the community and to take part in activities of interest to them.

Improving care quality in response to complaints or concerns

- People and their relatives were able to contact the registered manager to raise any minor issues. This meant concerns did not escalate to becoming complaints.
- A complaints policy was in place to support the investigation of any complaints.
- Compliments were shared with staff, recognising good practice. They were shared with the wider staff team to further improve the service.

End of life care and support

- End of life training had been provided to staff. They were confident in how to provide this care while upholding people's wishes and dignity.

- End of life care plans had been developed and were being introduced across the service.

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

- The provider was committed to providing person-centred care, empowering people and staff. This created a positive culture in which high quality care could thrive.
- Staff shared the provider's value base and consistently commented on the positive atmosphere at the service. One staff member said, "It's a very positive environment, when I see staff they are always so happy and the people I support always give positive feedback."

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 registered manager met the regulatory requirements of their registration; they informed CQC of significant events that happened in the service.
- When accidents and incidents occurred they were discussed openly with people and their relatives and apologies were given.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance checks were used to monitor safety and quality across the service. These systems were being developed with the expectation the service would grow.
- The provider's electronic care plan system enabled the provider to respond immediately to late calls and provide a consistently high level of support.
- Staff were clear of their responsibilities and were passionate about maintaining and improving standards across the service.
- People and their relatives praised the openness and how approachable the registered manager was. One relative said, "The registered manager is really nice and listens to us, they are very pleasant and full of light."

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

- People and their relatives completed quality reviews to provide feedback on the standard of care they had received and areas for improvement. Due to the small size of the services these had not been analysed to look at wider themes. The registered manager had plans to develop these.
- Staff were encouraged to provide feedback on the service.
- Staff felt valued and supported, motivating them to provide high quality care. The care coordinator said,

"The registered manager would ring me when I was shadowing to see how it was going, seek feedback and ask for ideas on improvement. I felt valued as an employee, this makes you want to work to the best of your ability."

- Monthly staff meetings were held to share best practice.

Working in partnership with others

- The registered manager was looking to develop relationships with other care providers to share good practice and learning.
- Feedback from professionals was sought and used to plan improvements.