

3HA Limited

3HA Care Services

Inspection report

Suite 114, Lakes Innovation Centre
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Essex
CM7 3AN

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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

3HA is a domiciliary care agency (DCA) which provides care and support to people in their own homes. At the time of our inspection there were 29 people using the service.

The inspection was announced and took place on 21 June 2017. 48 hours' notice of the inspection was given because we needed to be sure that the registered manager would be available.

At the time of inspection there was a registered manager in post who was also the registered provider. 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.

Staff had received training in how to protect people from the risk of harm so people received care and support from staff who understood their safeguarding responsibilities. Staff recognised the different signs of abuse and knew what action to take if they suspected abuse had occurred.

The service had assessed risks to people and management plans were in place which provided guidance to staff on how to prevent or minimise the risk of people coming to harm.

Those people who required support with medicines were assisted by staff who had been trained and assessed as competent to give medicines safely.

There were sufficient numbers of staff employed who had been recruited safely.

New staff received an induction when they joined the service which included access to training to equip them with the knowledge and skills to care and support people effectively. Supervision and spot checks were completed regularly to continuously monitor and assess staff competency and performance.

The 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 legal requirements of the Mental Capacity Act 2005 (MCA) were followed when people were unable to make specific decisions about their care. Staff had received training in the MCA and understood how to help people to make their own decisions.

Where people required assistance at mealtimes, they were supported by staff to have enough to eat and drink which met their preferences and health needs. The service worked with health and social care professionals when they had concerns about people's health and safety so that people received the support required to maintain their health and wellbeing.

Staff were kind and caring and listened to people providing care and support how people wanted. People

were treated with dignity and respect and encouraged to be as independent as they could be.

The care and support provided was tailored to meet people's individual needs in accordance with their wishes and preferences. People were supported by regular and consistent staff who knew people well and had formed positive relationships with them.

People had care plans which detailed how they wished to be supported. People were involved in the care planning process and in decisions about their care and treatment.

There were systems in place to support people to make a complaint or raise concerns about the service. Feedback from people who used the service was actively sought to improve the service.

Staff liked working at the service and felt well supported by the provider and the management team who were accessible as they were hands-on providing direct care and support to people.

People and staff were included in the running of the service and there were systems in place to monitor quality and safety and drive improvements.

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 understood how to protect people from the risk of abuse. Risks to people were assessed and managed to minimise any risk of harm. Recruitment processes were robust and there were enough staff employed to meet people's needs. People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.
Staff received the necessary training, supervision and oversight to ensure they had the necessary skills and knowledge to be competent in their role. People were supported to have enough to eat and drink and were given support to access health and social care services to maintain health and wellbeing.

Is the service caring?

Good ●

The service was caring.
Staff were kind and caring, they knew people well and listened to them providing care the way people wanted. People were treated with dignity and respect and were encouraged to be as independent as they could be.

Is the service responsive?

Good ●

The service was responsive.
People received person-centred care tailored to meet their individual needs. People's wishes and preferences were understood and respected. There were systems in place to respond appropriately to concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.
There was a registered manager in place who understood their registration requirements. The management team was approachable and accessible and staff felt well supported. People and staff were included in the running of the service and feedback was actively sought. There were systems in place to monitor quality and safety and drive improvements.

3HA Care Services

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 took place on 21 June 2017 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure the manager would be available.

The inspection team was made up one inspector. As part of the inspection we reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of inspection we met with the registered manager at their office. We went out on home visits and observed two members of staff providing care and support at two separate locations. We spoke with seven people who used the service and seven members of staff. We reviewed three care records, four staff files, training records, audits and minutes of staff meetings.

Is the service safe?

Our findings

People told us they felt safe. They were supported by regular staff who they had been introduced to and had got to know. A relative told us, "I think [person] knows and trusts them [care staff]; I think it's a big thing to have regular carers for my [family member]." The provider and people confirmed that when new staff visited people for the first time they were accompanied by a staff member that the person already knew to help people feel safe. Care staff wore uniforms and ID badges and were provided with appropriate protective clothing such as gloves and aprons to prevent the spread of infection, all of which helped people to feel safe.

When people joined the service they were visited in their homes by a member of the management team to complete an initial assessment which included identifying any risks to people. We saw that people had a range of risk assessments in place which were tailored to each individual and covered aspects such as people's mobility, health conditions and skin care. The assessments included management plans which provided staff with information and guidance on how to keep people safe. For example, staff were provided with advice which stated, "Please check skin for pressure ulcers." And, "Please make sure [person] has their care call alarm on them at all times."

All of the staff we spoke with were able to demonstrate that they were aware of risks to people and how to manage them. For example, one member of staff told us, "For [person] we need to make sure they don't stand too long as they have swollen legs and may lose their balance." Another staff member told us, "[person] can't walk so is at risk of pressure sores, every visit we move their position and check their skin."

Risks within the home environment both internal and external were also assessed to keep people and staff safe. Where hazards were observed, these were recorded on an action plan with a designated staff member responsible for completing the action by a specific date. We saw that the provider had taken appropriate action when hazards had been identified. For example, where they had noticed safety issues in a person's home which included a broken smoke alarm, they had emailed the person's social worker to highlight the concerns and request a visit by the fire service to complete a fire safety assessment.

Staff told us they had received training on how to safeguard people from abuse and could identify the signs that would alert them someone was being abused. They understood the reporting process and told us they would tell the manager or go to the local authority if they had any concerns. Staff were aware of the whistleblowing policy and procedures and told us they would feel confident to whistle blow without fear of reprisal.

We reviewed safeguarding incidents relating to the service and found that the registered manager investigated and managed safeguarding issues appropriately including notifying the relevant authorities in a timely fashion and taking any disciplinary action required.

Where people were supported by the service to take their medicines we found they were given to people in a safe and appropriate way. Staff who administered medicines had received training and had their practice

observed to ensure they were competent to administer medicines safely. People had individual medicine administration record (MAR) sheets which staff used to record when they gave people their medicines. We looked at two examples of people's MAR and found they had been correctly filled in with no gaps, indicating that people had received their medicines as prescribed.

Senior members of staff collected people's MAR sheets once a month and completed an audit to check people were receiving their medicines safely. Where gaps or errors were noted on the MAR this was investigated and appropriate action was taken, for example, reminding staff of the necessity of completing the MAR or offering support or additional training to staff if required.

As part of our inspection we observed staff completing home visits. During one of our visits we observed a member of staff giving a person their medicines from a plastic pot. A drink was provided to support the person to take their medicine comfortably and they were given enough time to take them without being hurried. We also saw that staff followed good infection control procedures and wore gloves and aprons when providing personal care and supporting people with eating or taking their medicines.

People and staff told us that there were sufficient staff employed to meet people's needs. Staff said they were not rushed and had time to spend with people. People told us that staff usually arrived on time and stayed for the allotted time and that they would usually receive a phone call from the office to let them know if staff were going to be late.

Safe recruitment practices were adhered to. We saw that all of the relevant checks had been completed before staff began work including taking up satisfactory references and obtaining a full employment history asking potential staff to explain any gaps. The provider also completed a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Is the service effective?

Our findings

Feedback about the service from people demonstrated that they were receiving an effective service. One person told us, "I would definitely recommend this company to others." People and relatives said that staff were friendly, helpful and competent. One relative told us, "She [the carer] is competent in how she talks to [person]." People provided us with examples of how helpful the carers had been in helping them figure out how things worked, such as key safes and mobility aids. A relative told us, "[carer] pointed out that [person's] chair was too low, it's much better now."

When new staff joined the service they received an induction which provided essential training, based on the care certificate. The care certificate is considered best practice and represents a set of minimum standards that social care and health workers should adhere to in their daily practice. The training took place over four days and was classroom based. Staff told us that the training was of a good quality and helped them feel confident to do their job. The induction process also required new staff to shadow senior members of staff to build their confidence and get to know people's needs. Shadowing also provided the opportunity for the provider to monitor and assess staff knowledge and skills to ensure they were competent to work unsupervised.

We spoke with a new member of staff who had recently gone through the induction process, they told us; "I'm definitely feeling very confident; when I first started I spoke to the boss, he was constantly in contact with me over the phone and said if and had any issues I could ring at any time." And, "We got training for medicines and manual handling in the classroom and out shadowing, someone observed me and made sure I was competent and all the medicines matched up."

The provider used an electronic system to record and monitor staff training which alerted them when refresher training was due. Because the service was relatively new, staff had not yet received any re-training but we saw that where required this was scheduled to take place. We looked at staff files and training records and saw that all staff had received an induction and the required mandatory training with the exception of two staff members. The provider advised us that these staff had been recruited from their previous organisation and brought with them up to date training and other relevant qualifications in health and social care which meant they already had the necessary skills and knowledge required to provide effective care and support.

Written records showed that staff received regular supervision to monitor their progress and help them develop professionally. They also received regular spot checks of their practice completed by the provider or team leaders to check that staff continued to be competent and identify any learning needs.

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.

Staff told us they had received training in the MCA and training records confirmed this. Staff were able to demonstrate how they applied the principles of the Act in their daily practice to support people who had difficulty making decisions by giving them choices and talking to people in ways that would help them to understand what was being asked of them. One staff member said, "We always just ask people, don't give too much information for them to have to think about; if you know what they like, know their routines etcetera this helps; I give a couple of choices that I know they will like."

We asked people if staff always asked them for their permission before providing any care or support. One person told us, "Oh yes, I open the door and they say do you want me to go up?" Another said, "Of course, they wouldn't just lunge at me." We saw that people's care records had been signed by people or their representatives evidencing that consent had been sought.

Where people had requested help with eating and drinking we saw that care staff provided support with mealtimes and provided people with plenty of fluids so that they remained hydrated. People and relatives told us that they would choose what they wanted to eat and the care staff would prepare the meals for them. During our inspection we observed care staff supporting a person with their lunch time meal. To support the person to make a decision about what they wanted to eat, the care staff took them to the fridge and showed them everything on offer so that they could make their own decision. We saw that food was heated appropriately and nicely presented and people were offered condiments. Before staff left they made sure people had drinks of their choosing both hot and cold and that snacks were left out for people to eat in between meals if they were hungry.

People were supported to maintain their health and wellbeing. If people became unwell, staff were aware of the importance of seeking medical advice and guidance. One staff member said, "If I noticed someone was not well I would call 111, the office and any family." Staff told us that if they needed to call an ambulance for people they would wait with people until relatives or the paramedics arrived.

Where people had specific health conditions staff had received the specialist training to help people maintain their health and wellbeing. For example, some people who used the service had catheters in place so staff had received training in catheter care. Staff were able to tell us the signs they would look for that would indicate a person might be becoming unwell due to complications from the catheter such as blood in the urine or the person becoming confused or having a temperature. We looked at one person's daily records and saw an entry from a staff member stating; 'Noticed blood in catheter bag, [person] said they had pain in stomach, reported to office, family and district nurse who came out and unblocked catheter.' This demonstrated that staff training had been effective and people were being supported to receive the help they needed from healthcare professionals to stay well.

Is the service caring?

Our findings

Feedback we received from people was that the staff were kind and caring. Comments from people included, "They [staff] are wonderful," And, "The girls are excellent, nothing is too much trouble."

Peoples care records contained information about people's life history, routines and preferences which helped staff become familiar with people's likes and dislikes so they could provide care and support the way people wanted. People told us they felt included and listened to regarding how they wanted their care and support to be provided. A person told us, "They always ask me, what do I want." Another said, "They do things how I want them done."

Staff visited the same people consistently and because of this they got to know people and were able to build positive relationships with them. We observed staff engaging in friendly conversation with people laughing and joking with them in a warm and familiar way.

Staff knew the people they cared for well and spoke about them with warmth and kindness. Care was seen being delivered at a relaxed pace and was not rushed. We saw that staff demonstrated thoughtfulness towards people when working with them. For example, we observed staff visiting a person in their home on a warm day, they saw the person looked hot so opened up some windows to let cool air in. Another person was enjoying the sunshine in the garden so staff offered to go and get some sun tan lotion to ensure the person did not get sunburnt.

After each visit staff wrote in people's daily notes. We looked at several examples and saw they were written kindly and showed that staff had time for people. For example, we saw one entry which stated, "Sat with [person] and had a nice chat with him about his day."

We looked at people's care records and saw that the importance of treating people with dignity and respect was reinforced in the staff guidance. Staff told us when supporting people with any personal care they would ensure this was done in a way that respected the person's privacy and maintained their dignity, for example, keeping doors and curtains closed and keeping people covered up. People told us they felt they were treated with dignity and respect.

Independence was supported and promoted. Staff told us they would encourage people to do as much as they could for themselves and only step in where needed. We asked people and their relatives if the service helped people to remain independent. A relative told us, "Oh yes they do, they encourage [person] to walk straight and use the stair lift properly."

We saw that people's right to confidentiality was protected. All personal records were kept secured at the office and on the service's computer system which was only accessible by authorised staff.

Is the service responsive?

Our findings

The service provided people with both short-term and long term support packages depending on individual need. The provider told us they would visit people before taking them on to complete an initial assessment to make sure they could meet people's needs.

The assessment process included talking to people and their families or friends and other professionals, if appropriate, to find out about the person's needs, wishes, aspirations and goals so that the care provided could be person centred. Person centred care means putting the person at the heart of the process and providing care and support that meets their individual needs and preferences. Staff we spoke to understood the importance of taking a person-centred approach. One staff member told us, "Each person is unique and they have different needs so it's about knowing people and what they like."

The information gathered was recorded in a care plan to provide guidance for staff on how to support people in the way they wanted. We looked at three care plans and found they were person-centred as they clearly explained how people would like to receive their care and support. The plans were personalised which supported staff to meet people's individual needs. Information recorded included people's life histories, their preference for gender of staff, guidance on what was important to the person, what they enjoyed, how they liked to communicate and any support they needed with decision making. People and their relatives told us that they were included in the development of people's care and support plans and we saw that the plans were signed evidencing peoples consent and involvement in the process.

The provider regularly reviewed the service people received to ensure they were satisfied and that it was meeting their needs. People received a review after six weeks by the provider or team leaders to check that people were happy and make sure that people's care folders in their homes contained all of the relevant information and guidance staff needed. After the initial review, the service also completed six monthly reviews as well as telephone quality checks every six months to obtain feedback from people. We looked in people's care records and saw evidence that these reviews had been completed, signed by the person and the reviewer had recorded people's comments which were actioned if necessary.

There were systems and processes in place to respond to complaints. At the time of inspection there were no open complaints. The provider advised us that team leaders worked out in the field and would deal with concerns as they arose. We saw that there had been one formal complaint made since the service began operating. This had been logged and investigated appropriately and had been resolved.

When people joined the service they received a service-user guide which included information on how to make a complaint. People and their relatives told us they knew how to make a complaint and would feel confident to do if necessary. We asked people if they thought the service would respond to their concerns or complaints. One person said, "They would if I had a complaint but nothing much to come adrift really." Another said, "I think they would."

Is the service well-led?

Our findings

There was a registered manager in post who was also the registered provider. They understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe. The provider was supported by a quality assurance manager and two team leaders, together they made up the management team and were responsible for the day to day running of the service.

The team leaders worked out in the field providing direct care to people and overseeing staff performance and quality checking. They were responsible for a range of audits such as checking people's daily care records and MAR sheets to make sure people were receiving the care and support they required. We saw that these audits had been effective in picking up on mistakes and that appropriate action had been taken as a result including sending out memos to staff to remind them about good practice and providing re-training if necessary. Team leaders also completed spot checks every four months or sooner in response to any concerns that were flagged up.

The provider was also hands-on providing direct care to people which meant they had good oversight of the organisation and was accessible to people and staff. Staff told us the service was a good company to work for and they felt well supported by the management team. One staff member said, "I feel one hundred per cent supported." Another said, "I would say this is one of the best companies I have ever worked for." And, "They go out of their way to make sure that you as a person are ok as well as being ok to do the job with clients; if there are any issues they make sure they are always available."

The provider promoted a positive culture that was person-centred and emphasised the importance of providing a quality service. We saw evidence of this documented in the Minutes of team meetings where the provider reminded staff about good practice and the importance of ensuring that quality time was spent with people.

The provider recognised the importance of listening to people to ensure they were satisfied with the service they received. This was accomplished through the role of the quality assurance manager and team leaders who regularly completed reviews with people to check they were happy and that the service was meeting their needs. Satisfaction surveys were also sent out to people to invite feedback on the service and drive improvements. We saw copies of the most recent surveys returned by people which were all positive and included comments such as, "Going very well, happy with the service." And, "[carer] and [carer] are excellent."

Staff were also included in the running of the service through supervision and team meetings. Feedback from staff was received positively from management and acted upon. For example, staff had asked for new uniforms with pockets and this was then arranged. Staff told us they felt included in the running of the service. One staff member said, "We brought up issues about the rota and they listened to us and changed it."

Staff told us that the provider was a good communicator and kept them informed of what was happening within the service. One member of staff said, "It's a good company to work for, they keep us updated, we get a newsletter weekly and they share with us when we get good feedback from people about how well we are doing." Recognition of staff was also shown during team meetings. We looked at Minutes from a recent staff meeting and saw that the provider voiced appreciation to staff for their good work.