

Here to Care Limited

Here2Care (Dartford)

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

Summary of findings

Overall summary

Here2care (Dartford) provides personal care and support to people in their own homes in Dartford, Gravesend and surrounding areas. At the time of the inspection the service was providing care for around 200 people. This included older people, people living with dementia and people with a learning or physical disability.

At the last inspection on 12 and 13 March 2015, the service was rated Good.

At this inspection on 10th May 2017, the service remained Good.

The service was run by a registered manager who was present on the day of our visit. 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 trusted staff and therefore felt safe whilst being supported by them. Staff continued to receive training in how to safeguard people. They knew what signs to look out for which would cause concern and how to report them so the appropriate action could be taken to help keep them safe.

Comprehensive employment checks were carried out on all potential staff at the service, to ensure that they were suitable for their role. There was on-going recruitment to ensure staff were available in sufficient numbers.

Assessments of potential risks had been undertaken in relation to the environment that people lived and worked in and in relation to people's personal care needs. This included potential risks involved in moving and handling people, supporting people with their personal care needs and with managing medicines. Guidance was in place for staff to follow to make sure that any risks were minimised.

A medicines policy was in place to guide staff. Staff received training in the administration and storage of medicines and a system was in place to regularly check they had the knowledge and competence to manage people's medicines safely.

New staff received an induction which ensured that they had the skills they required, before they started to support people in their own homes. Staff continued to undertake face to face training in essential areas, their practice was observed and they shadowed senior staff to ensure they were competent. People said that staff had the skills and knowledge they needed to support them.

People said staff asked for their consent before supporting them with their care. Staff had undertaken training in The Mental Capacity Act (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People's health care and nutrition needs had been assessed and clear guidance was in place for staff to follow, to ensure that their specific health care needs were met. Staff continued to liaise with health professionals when appropriate.

Staff were consistently kind and patient and treated people with dignity and respect. Staff had developed relationships with people and involved them in decisions about their care and support.

People's care, treatment and support needs were assessed and a plan of care was developed jointly with the person, which included their likes and dislikes. Individual guidance was in place for staff to follow to meet people's needs.

People were informed of their right to raise any concerns about the service and action was taken to investigate and endeavour to resolve them to people's satisfaction.

There continued to be robust systems in place to assess and monitor the quality of the service, which included asking people about their experiences. The registered manager had sustained an open and positive culture and staff knew how to put the aims and values of the service into practice so people received personalised care. Feedback from people was that most people were satisfied or more than satisfied with the service they received.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Here2Care (Dartford)

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 checked 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 comprehensive inspection took place on 10th, 16th and 18th May 2017 and was announced with 48 hours' notice being given. We gave notice to ensure the registered manager would be available. The inspection was carried out by two inspectors. On the 10th May one inspector visited the service's office. On 16th and 18th May another inspector telephoned 15 people or their relatives. This was to speak with them about their experiences of the service and the care they received.

Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned a PIR within the set time scale. We also obtained feedback from four external health and social care professionals.

We spoke to the registered manager, assistant manager, five support staff, the care advisor, the client services manager, the care quality officer, quality control officer, training officer and two care co-ordinators. We viewed a number of records including eight care plans, compliments and complaints logs, safeguarding, medicines and complaints policies, audits and quality assurance questionnaires. We also looked at seven staff files, the staff training programme, staff team minutes and staff handbook.

Is the service safe?

Our findings

People and their relatives said they felt safe when receiving care and support from the service. Comments from people included, "Yes I do feel safe the staff are so kind"; and, "I know I am safe: A 100% safe". Relatives commented, "Generally I think Mum is safe", and "I know my mum is in safe hands". People said staff always wore the service's uniform and badge so they could identify any staff whom they had not met previously. Some people said staff helped them to manage their medicines, ointments or creams to keep them or their skin healthy. They said staff made a record when they had taken their medicines and that staff always wore gloves when applying creams to protect themselves and people from the risk of spreading any infection.

People continued to be protected from abuse or harm. The service had a safeguarding adult's policy which set out the types of abuse, how to recognise abuse, staff's responsibility to report any concerns and the responsibility of the service to contact the local authority and other professionals as appropriate. Staff had received training in how to safeguard people and "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. The contact details for the local authority were in the office, so they could be contacted as appropriate. Staff understood to report any concerns to a senior member of staff and the registered manager liaised appropriately with the local authority to ensure people's safety and well-being.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. The service had a comprehensive medicines policy which set out the storage, administration, recording and disposal of medicines. People were assessed as to whether they required assistance or administration with medicines or if they required specialist interventions for which staff required additional training. Staff had received training in how to give medicines safely and their competency was assessed through quality checks. People's medicines, creams, lotions and ointments were recorded in their plan of care. A medicine administration record (MAR) was used to record each medicine, its dosage and the times it was required to be given. A separate record was used for medicines that had been prescribed to be taken 'when required' to alert staff. Guidance was also available to staff detailing where a specific cream should be applied to a person's body. MAR sheets were audited every four to six weeks to ensure people were receiving their medicines as prescribed by their doctor and to identify any medicines errors. If a medicine error occurred, action was taken to reduce the risk of the reoccurrence such as one to one medicines training with the service's trainer.

Risks to people's personal safety and in their home environment were thoroughly assessed before the service commenced. This included all areas of the person's daily needs such as moving and handling, skin integrity, nutrition, personal care tasks and any specific behaviour a person may exhibit. Each potential risk was identified together with the appropriate action that staff needed to take to minimise their occurrence. Moving and handling assessments were in place which took into consideration people's ability with different types of movements such as standing, transferring to a chair and moving in bed. Each person was rated according to their risk to alert staff if extra vigilance and care was required when supporting them. People had the specialist equipment they required such hoisting equipment, but there was inconsistency in checking equipment had been serviced. A system was but in place during the inspection to ensure

everyone's equipment was checked to ensure it had been serviced within the necessary timescales and so remained safe for people and staff to use.

Staff made a record of any accident or incident and reported it to office staff. They described situations when they had contacted health or emergency services to ensure the safety of people whom they were supporting. The registered manager reviewed all events to see if there were any patterns or trends. The company trainer took the lead on health and safety and undertook any investigations into accidents or incidents that had occurred in people's homes. A business continuity plan was in place which set out the actions the service would take in the event of an emergency. People were rated in relation to who was a priority to receive support in an emergency situation and this was regularly reviewed.

The service regularly monitored how many care hours a week were needed to enable them to support each person's care package. They used this information to assess how many staff were needed. The turnover rate of staff was higher to other services of this size. Staff recruitment was on-going and staffing numbers peaked and troughed around a consistent number. There were two staff members on call at peak times, so one staff member was able to cover any unforeseen staff absences. There had been five missed calls since January 2017. These had been investigated and action taken to reduce the risk of their reoccurrence.

Disciplinary procedures were set out in the staff's handbook and included the expected standards of staff performance and behaviours and what performance and behaviour may lead to disciplinary action. The service had followed these procedures to ensure that staff working at the service were of good character and had the necessary skills and knowledge to carry out their duties.

Potential employees' completed an application form and were interviewed to assess their skills and attitude towards caring for people. A number of checks were carried out including obtaining two suitable references, the person's identity, and a Disclosure and Barring Service (DBS) check. A DBS identifies if prospective staff had a criminal record or were barred from working with children or vulnerable people. All these checks helped to minimise the risk of unsuitable people being employed by the service.

Is the service effective?

Our findings

People and relatives told us staff were well trained and had the knowledge and skills necessary to care for them. One person told us, "The staff seem well trained and they certainly look after me well". A relative commented, "The staff seem well trained and able to look after my family member well". People and their relatives said staff monitored people's health needs. One person told us, "When the staff are concerned about me they do talk to me about it. I can arrange a doctor if I need one". Comments from relatives included, "If the staff have been concerned about Mum they have contacted me. I also let them know if mum is off colour to"; and "Staff do say if they have any concerns about Mum. They worry when she does not drink much, as it can cause urine infections, and let me know".

People's physical health and mental wellbeing was protected by staff who were qualified and trained to meet these needs. New staff completed the Care Certificate which is the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. This included an eight day training provided by the company's trainer, shadowing more senior staff and observations of the new member of staff's practice. Staff said their induction was comprehensive and gave them the skills and confidence they required to support people. Staff were encouraged to complete a Qualification and Credit Framework (QCF). Around half the staff team had completed level 2 and some of these staff had completed or were working towards level 3. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard. There was an on-going programme of development to make sure that all staff were kept up to date with required training subjects. Staff received specialist training in supporting people living with dementia as part of their induction and staff gave examples of how they did so effectively. All training was provided face to face by the company's trainer, who was a 'train the trainer'. They were continuously developing their knowledge base for the benefit of supporting staff and had commenced a distance learning Health and Social care degree.

Assessments of people's health care needs were undertaken which included their needs in relation to mobility, skin integrity, medicines and their mental well-being. Individual guidance was in place about how to support people effectively and staff understood how to put this into practice. Staff undertook training in diabetes awareness, stoma care, and catheter care. The medicines policy gave detailed guidance about this and the use of support stockings. Staff were alerted to important information about people's medicines and health care needs as they were contained in staff's summary sheets of each person and highlighted in people's care plans. Staff liaised with health professionals, such as the district nurse and occupation therapists to ensure people had the right equipment and staff the necessary knowledge to support people's health needs. Medical assistance was sought when people were unwell. The service had received a thank you card from a relative as when their Mum was unwell, staff called an ambulance and waited with them until they were taken to hospital.

People who received support with their meals said that staff prepared them food according to their choices and preferences. People's needs in relation to food and fluids were assessed and the support they required was detailed in their plan of care. Some people's care plans stated that drinks and snacks should be left within easy reach for people when staff had finished supporting them and staff understood the importance

of this.

People and relatives said that staff always asked people for their consent before supporting them with their care. One person commented, "The staff always check with me that I am happy to get started on my routine". A relative told us, "The staff do talk to Mum all the time when they are caring for her. They explain what they are doing and ask her things". 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 had received training in this area and people's mental capacity had been taken into consideration when planning their care needs.

Staff continued to feel well supported by the management team. They said they felt confident to ring the office if they had any queries or concerns and that they were given the guidance and knowledge they required. For example, if they were asked to support a new person, they were given additional information about their care needs. Staff had regular supervision and appraisals where staff's performance was measured against their objectives. Staff said these sessions were useful as they involved discussions around how to support people better and included positive feedback and any areas for improvement. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. An on-call system was available for people and staff out of normal office hours. Staff said when they had called they had received prompt support and advice. One staff member described how the on-call member of staff had supported them with kindness and helped them remain calm when they had been presented with a difficult situation.

Is the service caring?

Our findings

People and their relatives were extremely positive about the caring attitude of the staff team. They said staff were kind, patient and always treated people with dignity and respect. One person told us, "The staff are lovely. They are friendly but professional". Another person commented, "The staff are wonderful girls, they certainly do look after me well and nothing is too much trouble. My regular girls are like part of the family". A relative told us, "They treat my mum with compassion and they have shown respect to us". Another relative said staff made a significant improvement to people's well-being. "Staff; they are so caring and thoughtful. They really have improved Mum's life. It is good to see her so happy". A social care professional told us, "Hearing from my service users regarding their carers – a few have been noted to go above and beyond and their input has been appreciated".

Staff listened to people and had developed positive relationships with them which made people feel valued. One staff member described how they enjoyed chatting with a person they supported as they shared common interests. One person told us, "The staff who care for me do listen to me", Another person said, "We have a chat and a laugh at the same time the staff are helping me". A relative explained, "The girls are very good with Mum. They talk to her all the time and discuss what she wants them to do". People had been asked about their past life and details were recorded in their care plans. Staff demonstrated they knew people well and about their individual needs and preferences. For example, one staff member described how a person liked their breakfast prepared with the food items in their bowl in a specific order.

People said staff treated them with kindness and compassion and supported them at their own pace. "I think the staff are very patient when they are with me. I have slowed down in my old age but they are very accommodating", one person told us. Another person said, "Staff give me time to do things for myself. They are patient with me. I never feel rushed".

People and their relatives were involved in developing their plans of care and signed them if they had the capacity to understand the information they contained. Care plans gave guidance about what tasks people could do for themselves and when they needed support so staff could support people to be as independent as possible. "We work together. I do what I can and they support me with the things I need help with", one person told us. Another person said, "The staff do just what I need to keep me independent".

The service had received a number of compliments about the caring nature of the staff team. Compliments included, "Thanks for the care and attention your company gave my relative. She enjoyed the conversations and company of the carer. All of them were kind, obliging and helpful"; "Thank you for looking after our mum who loved you all"; The carers were very kind, kept Dad's spirits up and looked after him in a dignified way"; and, "Your carers have been a source of great help and comfort during what's been a very difficult time for me".

Is the service responsive?

Our findings

People, their relatives and professionals said the service responded well to changes in people's care needs. "Over time I have needed more support and the agency has got hold of my person at the council to arrange that", one person told us. A relative said, "The agency is very good at picking up changes and understanding when my family member has deteriorated and needs more support". Social care professionals told us the service was quick to respond to any concerns with a person's care. They said the service informed them and acted appropriately, including holding a joint meeting with them, the person and their family to resolve them.

People's care and support was planned in partnership with them and their relatives. Before people used the service they were visited by an assessor, and their relatives where possible, to make a joint assessment as to whether the service could meet their needs. "They came and saw me when I got out of hospital and we talked about the help I needed", one person told us. Assessments included all aspects of the person's health, social and personal care needs such as their daily life skills, mental well-being, mobility, nutrition and communication. This information was used to develop a plan of care for each person and included personalised guidance. Care plans included each person's daily routine and their likes and disliked about how they wished to be supported. "The regular staff know me and what support I need. They know for example I have dry skin and they always ask me if I would like my legs creamed", one person told us. Another person commented, "The staff know me well and I know them. We have a routine that works well and that's the way I like it".

People were contacted after the commencement of their care package and at regular intervals to check it was meeting their needs and expectations. "They talked to me about my care plan and then again after I started having care, to make sure I was getting the care I needed", one person told us. Most people said they were asked for their views about the support they received. "I do get a call occasionally from the office to see if I am happy, which I am", one person told us. "They do ring occasionally to see if everything is ok", another person commented. Prior to the inspection, the programme for contacting people about their experiences was behind schedule as staff had been allocated to different tasks due to staff shortfalls. At the inspection, the programme had re-commenced to ensure people were regularly contacted.

People said staff usually arrived at the times they expected. Most people said they had regular staff, but some people told us there was some inconsistency, particularly at the weekend. The service monitored each person's care package to review the consistency of their care and the reasons for any changes in staffing. In addition, feedback from the last quality assurance survey in January 2017 was that all but one person was satisfied with the consistency of staffing. Where people had two staff to support them, the service ensured one of the two staff was a regular member of staff. "I do have the same two staff a lot of the time especially in the morning", one person told us ".It is not always so good the rest of the day, but I must say that if I get a new member of staff they have always sent them with someone who knows me well".

People were made aware of their right to raise a concern or complaint with the service when they first started to use the agency. The service contacted people to ask for their views about the service so that any

issues could be dealt with as soon as possible. Some people told us they had raised concerns about not getting regular staff and that this had been resolved to their satisfaction. Another person said, "I have spoken to care staff when I have not been happy. They have always sorted things out OK". If a complaint was raised, a record was kept together with the action taken by the service to investigate and resolve it. Complaints were audited and telephone reviews used as a tool to assess if people, whose complaints had been resolved, continued to be satisfied with their care they received.

Is the service well-led?

Our findings

The majority of people and their relatives knew the name of the registered manager and said the service was well run. Comments included, "I do think it is well managed: We have been supported from day one"; " We have been supported from day one"; and, "Generally it is well run, but there is always room for improvement". The service had received a compliment from a relative stating they would recommend the service to others. "I am very grateful for all the care and thoughtfulness as shown by every carer towards my relative. I should never hesitate to recommend your company to any enquirer". A social care professional told us, "Overall I feel that the service provided by Here 2 Care is well managed and effective. The registered manager is very supportive and if I need to speak with her about a particular issue she is very efficient in resolving the matter in a timely fashion".

The registered manager continued to have an open door policy and staff said they had developed a culture in the service whereby they felt supported and included. Some staff described the relationship between the management team and staff as a two way, whereby they received support and in return they helped out with any calls that needed to be covered. One member of staff who had left the service praised it for the level of support they had received. "I have the upmost respect for the company. Here2care has helped me get to where I am today".

Staff consistently understood the aims of the service to help people to live as full a life as possible in their own home, in partnership with them, their families and health and social care professionals. Most staff who were based in the office also undertook regular care work supporting people in the community. They said this because they enjoyed doing so and it also allowed them to maintain their skills, understanding and knowledge of people living in the community. A number of meetings were regularly held with the management team, on-call staff, care staff and office staff to ensure there was effective communication within the service. At these meetings issues were discussed, information disseminated, aspects of the service reviewed and an action list compiled. Staff also received regular communications through a newsletter. This included reminding staff to undertake specific actions, thanking staff for their help, welcoming new staff and letting them know of anyone's birthday or if a person had passed away.

The quality of the service was continually monitored through audits, staff spot checks and observations and gaining people's experiences of the service. A quality meeting was regularly held which reviewed all aspects of the service such as care plans, review meetings, staff training, complaints, quality check feedback, and changes and consistency in people's staff support. Announced and unannounced checks were carried out on staff to observe their practice and ensure they were arriving and leaving people's homes at the right time. Staff received feedback after these visits about what they had done well and any areas where improvement could be made. If any issues with a staff member's practice were made known to the service, an unannounced spot check was carried out to investigate the concerns raised.

People were contacted at regular intervals and asked to complete an annual survey and 'Essential Standard's' based around if the service is safe, effective, caring, responsive and well-led. Feedback was gained about all aspects of people's care such as if they felt safe, their medicines and meals were managed

appropriately, they were involved in decisions, staff completed all tasks, they felt listened to and treated with dignity. The results of the surveys were that people were satisfied with the service and the majority that they thought the level of care was excellent. Where shortfalls had been identified action to address them had been taken. For example, one member of staff was reminded to check the date on all foods in a person's home and another staff member to prompt a person to wash their hands.