

## Hannah's Homecare Ltd

# Hannah's Homecare Ltd

### 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 

## Overall summary

We carried out an announced inspection of Hannah's Homecare Ltd on 15 October 2015 and contacted relatives of people receiving care services from the agency on 16 & 20 October 2015. It is with relatives' consent we have included their comments in this report.

Hannah's Homecare Ltd registered with the Care Quality Commission in November 2014 however it did not begin to operate until March 2015. This was our first inspection of the agency.

The agency provides care and support to people living in their own homes. The agency can also provide live in positions and a night sitting service. On the day of our inspection eight people were receiving support from Hannah's Homecare Ltd.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed.

Staff received suitable induction and training to meet the needs of the people who used the agency. Their work was overseen by the registered manager, but they did not receive any formal individual supervision or appraisal. The registered manager said she would implement this.

Staff had good relationships with people who used the agency and were attentive to their needs.

Staff respected people's privacy and dignity and interacted with people in a caring, respectful and

professional manner. Relatives told us, "They always show interest in what she has been doing", "They are just fabulous" and "They don't rush mum, they always talk to her to tell her what is happening and ask if it's ok".

Before people started to use the services of Hannah's Homecare Ltd their needs were assessed to see if the agency could meet them.

Individual risk assessments were completed for people who used the service, including assessment of any environmental risks and staff were provided with information as to how to manage risks.

We saw that the agency had a complaints procedure and relatives confirmed that they knew how and to whom they could complain.

Relatives and staff told us that the registered manager was approachable.

# Summary of findings

## 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.

There were effective systems in place to safeguard people from abuse.

Recruitment records demonstrated there were systems in place to check that staff employed at the agency were suitable to work with vulnerable people.

There were sufficient staff employed at the agency to meet the needs of the people using it.

Good



### Is the service effective?

The service was effective.

Staff received on-going support from the registered manager responsible for the agency so they carried out their role effectively. Formal supervision was not in place, the registered manager said she would implement this.

We found that new staff worked alongside experience staff until they became familiar with the person using the service.

Arrangements were in place to request health and medical support as required.

Good



### Is the service caring?

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of individuals well and took an interest in people and their families in order to provide person-centred care.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed to see if the agency could meet their needs.

Care records identified health professionals involved with people's care so that staff could access healthcare support when necessary.

Complaints and concerns were dealt with effectively.

Good



### Is the service well-led?

The service was well-led.

The agency had a registered manager who was also the registered provider. They led by example and worked alongside staff to provide the care.

Staff spoke positively about the leadership of the agency. Relatives and staff told us that the registered manager was approachable.

Good



# Summary of findings

The agency had a whistle-blowing policy so that staff could raise concerns with outside statutory agencies. This meant there was an alternative way for staff to raise any concerns if they felt they could not discuss them with the registered manager.

# Hannah's Homecare Ltd

## 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 15 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager often works in the community providing care and we wanted to make sure they were available. We also spoke by telephone with relatives of four people receiving care and support on 16 and 20 October 2015. One person we spoke with had two relatives receiving care and support from Hannah's Homecare Ltd.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. On this occasion we did not request the provider complete the Provider Information Return (PIR). The PIR is a form that asks the provider give some key information about the service. We contacted the local authority contracts quality assurance team to seek their views.

We reviewed the three care records of people supported by the agency, staff training records, and records relating to the management of the service such as policies and procedures; recruitment files and complaints. We spoke with three relatives of people who used the agency. We also spoke with the registered manager, the director of the agency, two care staff and the administrator during our inspection.

# Is the service safe?

## Our findings

We spoke with three relatives of people receiving care and support from Hannah's Homecare Ltd, they all told us that they felt their loved ones were safe and well looked after by the agency. We were told it would be difficult to talk to the people using the services of the agency, however the relatives of those we spoke with had a good understanding of the care and support each person received.

We were told by relatives that people working at the agency; "Go above and beyond" and "They are very experienced, they are very able".

A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable about safeguarding and recognising the signs of potential abuse. No safeguarding concerns had been raised since the agency started operating. Staff also were required to read the agency's whistle-blowing policy as part of their induction. This provided them with information of how to raise concerns should they have any anxiety regarding the practice demonstrated by colleagues.

There were arrangements in place to help protect people from financial abuse. We saw that policies and procedures had been developed to instruct and inform staff of the process and the records required. At the time of our visit the agency did not have access to any finances belonging to those using the service as they all had support from their family members.

People who received support from Hannah's Homecare Ltd either lived with relatives or had daily support from relatives. The registered manager told us that agency carers had limited responsibility for their medicines. Medicines were supplied in blister packs from the pharmacy and processes were in place to record when staff supported individuals to take medicines.

Individual risk assessments were completed for people who used the service, including assessment of any environmental risks and staff were provided with information as to how to manage risks. Risk assessments we read included information for staff about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. Staff who we spoke with were familiar with the risks and knew what steps needed to be taken to manage them. A relative confirmed that their mother's occupational therapist instructed staff on the use of any new equipment supplied to meet her mother's needs. Relatives confirmed that staff always wore gloves and aprons when providing care, this helped to protect individuals from infection.

There were sufficient staff employed by the agency to keep people safe. Staffing levels and recruitment was determined by the number of people using the agency and their needs. The registered manager told us that she would never send new staff to support people they did not know. A relative confirmed that new staff work alongside the registered manager or work in addition to regular carers until deemed competent by the registered manager.

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). We checked three staff files, which confirmed that all the necessary checks had been completed before they had commenced working at the agency. This helped to reduce the risk of unsuitable staff being employed. Staffing records we looked at showed that staff had previous experience in working in health and social care settings. Staff were registered to complete the common induction standards published by Skills for Care.

# Is the service effective?

## Our findings

Relatives told us that as much as possible their relative always had the same staff; they said that they never received support from people unfamiliar to them. One relative said this was important as their mother had limited sight and therefore needed to recognise staff's voices. We were told that records maintained by staff were "excellent". A relative told us that staff always kept them informed and worked with them in accessing health services as necessary to maintain their relative's well-being.

We were told that staff tried to encourage people to do as much as possible for themselves, and when they provided support there was continuous conversation about what was happening and what came next. A relative told us that the agency was flexible in working around their loved one's interests and adjusted the time of their visits when social activities were planned.

Staff had received training regarding the expectations of the agency and its policies and procedures before starting work. New staff worked alongside more experienced staff until they gained sufficient experience. The point at which staff were considered to be competent to work on their own was decided by the manager and the person using the

agency. We saw records to show that staff were enrolled to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

At the time of the visit the agency employed ten staff; two people had been newly recruited and were waiting to start work. Relatives confirmed that the manager of the agency frequently worked alongside staff to monitor their performance and check on the quality of the service provided. We found no formal records of supervision and appraisal of the staff in place. These processes afford staff the opportunity to discuss their performance and identify any further training they required. The registered manager said she would implement a system of regular formal appraisal of staff's performance so that any further learning and development needs could be identified, planned for and supported.

Care records were available to demonstrate when people's health changed. Two relatives confirmed that recent changes to their relative's health had been reported to them immediately. We were told other health professionals were contacted appropriately; one resulting in a visit to Accident and Emergency and the other needing district nursing input. This demonstrated that the agency staff supported people to access and receive on-going healthcare support.

# Is the service caring?

## Our findings

Relatives described staff as follows; “They are like part of the family”; “They are very helpful”; “Very caring”; “They talk to mum about her interests”; “They always show interest in what she has been doing”; “They are just fabulous” and “They don’t rush mum, they always talk to her to tell her what is happening and ask if it’s ok”.

One relative told us that their mother had told her she looked forward to her staff coming. She said that on very rare occasions there had been issues with punctuality. She recalled one of those times when the co-owner, (the director) of the agency had visited her mother to check on her well-being until the regular carer arrived. This demonstrated that the co-owner valued and respected the person and showed concern for their welfare.

Relatives told us that staff were always respectful towards their relative and showed consideration that they were

guests in somebody’s home. They told us that staff always knocked and announced themselves; relatives said that whenever staff provided personal care this was done in private, staff always closed doors and curtains to maintain people’s dignity.

Relatives we spoke with said that they had been involved with the registered manager from the beginning. They said that together they had developed the care plan and discussed what needed to be done. We looked at three plans of care and found them to be written in a person centred way and instructed staff how to engage with the people they were supporting.

We saw records which demonstrated that people using the agency were supported by individuals with whom they felt comfortable. The manager had processes in place to check on their satisfaction and changed personnel when necessary.



## Is the service responsive?

### Our findings

Relatives told us that they saw the staff daily and had regular contact with the manager of the agency as she also provided care. We were told that any changes in their loved one's condition was identified straight away and information shared with the family and other staff so that people receiving care were supported appropriately. Relatives told us that they were always involved with any change made to their relative's plan of care.

Before people started to use the services of Hannah's Homecare Ltd their needs were assessed to make sure the agency could meet their identified needs.

Care plans were detailed and provided information to help staff understand how people liked to be supported. Staff were knowledgeable about people's health needs. A relative told us that staff chatted with their mother during their visits about her life, her interests and what she had been doing the day before or that morning. Relatives told us that staff remembered important family events such as birthdays and special events which enabled them to provide a personalised service.

Care records held at the agency and at the individual's home identified any health professionals involved with their care. These included contact details of their doctors, district nurses, occupational therapist and social workers. This enabled staff to access healthcare support should they judge that it was necessary due to a change in the person's well-being.

We saw that the agency had a complaints procedure and relatives confirmed that they knew how and to whom they could complain. One person told us that matters never escalated as the manager always responded to any concerns they had and visited them to discuss issues. We saw records following a concern raised by a relative. We found that the matter had been responded to, action taken and a satisfactory outcome had been achieved. The relative confirmed she had been more than satisfied with the actions of the agency. Nobody we spoke with currently had any concerns.

# Is the service well-led?

## Our findings

A Statement of Purpose and Service User Guide were available for people wishing to know about Hannah's Homecare Ltd. The agency had a clear vision and a set of values that included providing privacy, dignity and quality care for people wanting to stay in their own homes in a caring, friendly and professional manner.

The agency had a registered manager who was also the co-owner along with her husband who was a director of the company. The registered manager also worked providing support to people who used the service most days. She led by example and worked alongside staff to provide the care. Relatives told us that the registered manager was approachable and available if they needed to speak with her. One relative said that her mother was very fond of her [the manager], which meant a lot to her [the relative].

We spoke to the registered manager and she demonstrated good knowledge of all aspects of the business including the needs of those using the service, the staff team and her responsibilities as manager. She told us that feedback was gained from people and their relatives through direct conversations. As the agency had only been operating since March 2015 surveys had not yet been sent to people using the service. The registered manager told us she would implement a structured formal quality assurance system as the business developed.

The staff we talked to spoke positively about the leadership of the agency. Relatives and staff told us that the registered manager was approachable.

The agency had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising concerns if they felt unable to raise them with the registered manager.