

Inspire Care 247 Ltd

# Halo Domiciliary Care

## Inspection report

Unit 2d  
Stour Road  
Northampton  
NN5 5AA

Date of inspection visit:  
03 May 2023  
05 May 2023  
09 May 2023

Date of publication:  
20 June 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Halo Domiciliary Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 4 people were receiving support with personal care. Not everyone who used the service received personal care. 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

Systems and processes were in place to monitor the quality of the care provided; however, these had not always resulted in areas for improvement being identified and acted upon in a timely manner.

The manager was aware improvements were required in the service, they had met with the provider and had produced an action plan covering the areas where improvement was needed. This had been discussed with the provider and it could be seen that progress was being made.

People had suitable care plans for most of their needs. However, care plans for people who used medical devices to support their continence required more detail.

People's risks had been assessed, however the level of detail provided in relation to people's pressure ulcer and nutrition risks varied. The manager reviewed these assessments and ensured consistency across the service while the inspection was ongoing.

The provider needed to ensure that safe handling of medicines was consistently in place. We identified one area of concern in relation to medicines administration and the manager took immediate action to remedy this.

Although staff had received a variety of mandatory training, they required training in meeting people's specific health care needs. The manager was aware staff required this training and made arrangements for this training to be provided while the inspection was ongoing.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. Staff had good knowledge of infection prevention and control and had access to the required personal protective equipment.

People received their care calls on time and told us they were supported by consistent staff who knew them well. People were supported to have enough to eat and drink to maintain their health and well-being.

People's health needs were recorded in their care plans, and they were supported to access relevant health and social care professionals.

People were supported to have maximum choice and 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.

Complaints procedures were in place and people knew how to complain. People told us where they had complained their complaint had been fully addressed and action taken to prevent a reoccurrence.

People provided positive feedback about the manager and the staff who provided their care. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 17 March 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about care planning for people who use medical devices to manage their continence.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Halo Domiciliary Care

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post, however they had notified us that they were absent from the service. A new manager was in post and they planned to apply to register as manager for the service.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 03 May 2023 and ended on 09 May 2023. We visited the location's office on 03 May 2023.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

We spoke with the relatives of 2 people who used the service about their experience of the care provided.

We spoke with 7 members of staff including 4 care staff, 1 care co-ordinator, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and 2 people's medicines records. We looked at 5 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance surveys and audits were reviewed.

# 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 of this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Care plans for people who used a catheter or urostomy lacked sufficient detail to ensure consistent care and management of risks. However, staff were able to describe how they provided safe care to people who used these continence devices.

We recommend the provider consider current guidance on care plans for people who require support with continence equipment.

- Not all people's risks had been consistently assessed. We found some people had detailed assessments for pressure ulcers and malnutrition, whilst other people's assessments lacked detail. The manager took action to remedy this inconsistency during the inspection.
- Staff demonstrated a good understanding of people's individual risks and how to support people to mitigate these. For example, records showed staff provided regular support to reposition people at risk of pressure ulcers.
- People had suitable risk assessments and risk management plans in place for falls, moving and handling and their home environment.

### Using medicines safely

- Few people using the service required support with medicines and in the main medicines were safely managed. However, we found one person's care plan guided staff to encourage the person to take their own medicine, but in practice staff were administering the medicines. No medicines administration record (MAR) charts were in place and there was a risk that staff would not administer the medicines safely. The manager took action to remedy this inconsistency during the inspection.
- Staff had received training in safe handling of medicines.
- Where it had been identified staff were administering people's medicines, medicine administration records (MAR) were completed and regularly audited. The provider used an electronic medicines administration system which minimised the risk of medicines errors.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew people well and understood how to protect them from abuse. There were policies covering adult safeguarding, which were accessible to all staff.
- Staff had received up to date safeguarding training and understood the procedures they needed to follow to make sure people were safe. One member of staff told us, "I have had training in safeguarding, I would report concerns to the manager, and they would report these to the local authority safeguarding team."

- People's relatives told us people were cared for safely.

#### Staffing and recruitment

- There were enough safely recruited staff to meet people's needs.
- People's staffing needs were individually assessed and allocated. People's relatives told us there were enough staff to meet people's needs, staff arrived when expected and stayed for the allocated time.
- Safe recruitment and selection processes were followed. The provider had recruitment procedures in place, and records showed these were adhered to. Staff told us the necessary pre-employment checks were undertaken before they were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- Measures were in place to prevent and control infection.
- Staff had completed training in infection prevention. People told us staff wore PPE and washed their hands regularly when they visited them in their homes.
- Staff explained how they followed infection prevention guidance to ensure people's care was provided safely.

#### Learning lessons when things go wrong

- Systems and processes were in place to ensure lessons were learned when things went wrong.
- The manager looked at complaints, incidents and accidents and safeguarding to identify any trends or patterns. This information was shared with staff to ensure lessons were learnt and improvements embedded.



# 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.

Staff support: induction, training, skills and experience

- Staff had not always received training in the needs of the people who used the service, such as catheter, urostomy and dementia care. There was a risk they may not meet people's needs safely and appropriately. The manager was aware staff required this training and made arrangements for this training to be provided while the inspection was ongoing. Records showed all staff had completed mandatory training in areas such as health and safety, falls prevention and oral health. Some training in people's specific needs had been provided, for example where people had specialist moving and handling needs.
- Staff received regular supervision meetings with the manager. Staff told us they felt supported, one member of staff said, "I have supervision with the manager, they are very nice and always thinking about the clients and their safety, they always deal with any concerns."
- Staff received an induction when they started employment. One member of staff told us, "I did training at the office including manual handling and first aid and then did shadow shifts with the people I was going to work with, I felt confident."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager met with people and their relative if required, to complete a comprehensive assessment of each person's physical and mental health to ensure staff would be able to meet people's needs. The outcomes of these assessments were shared with staff before they began providing people's support.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's spiritual and cultural needs.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People's relatives told us staff understood people's risks in relation to eating and drinking. One person's relative told us 'They [staff] place bottles of water around and make sure the caps are loose so [person's name] can undo them. They fill the bottles up and follow up if [person's name] doesn't drink enough.'
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements.

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

- The manager worked closely with relatives, and community health professionals to ensure people were supported with their various needs and people received joined-up care. For example, district nurses and occupational therapy staff.

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 MCA 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 supported to make decisions about their care in line with the Mental Capacity Act 2005.
- The manager considered people's ability to make decisions as part of their initial assessment. They were aware of the need to complete a mental capacity assessment if it was unclear whether the person had capacity to consent to care. At the time of inspection all the people using the service were able to provide consent to their care.

# 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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well and their equality and diversity was respected.
- People were supported by a small, consistent team of staff that knew them well and had sufficient time to meet all their needs. One person's relative told us, "[Person's name] gets on with all their staff and often speaks fondly of them." Another person's relative said, "[Person's name] does like the staff, they're very nice."
- Care plans detailed people's preferences as to how they liked their care to be delivered, for example in relation to people's social, cultural and religious needs.

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

- People and their relatives were involved in the planning of their care and making decisions about how their support would be delivered. Care plans and records were held electronically and could be accessed by people and their relatives.
- The manager understood the importance of involving people in decision making. We saw that the manager met with people and their relatives regularly to discuss any changes to their needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- People were encouraged and enabled to carry out activities themselves to maintain their independence in that area. For example, aspects of their personal care that they were able to complete themselves.
- Staff recognised the importance of confidentiality and records were stored securely.

# 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

- In the main people received personalised care that met their needs. One person's relative told us they had raised concerns with the manager about the way staff communicated with their relative when the person first began receiving support, and this had been resolved promptly.
- Records showed that staff involved people in their care and respected their wishes.
- Care plans contained personalised information about people's background history, preferences and interests. This enabled staff to develop a good understanding of the person they were providing care to.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager was aware of the requirement to provide people with accessible information should they require it.
- People's care plans contained information about their communication needs and the best way to provide them with information.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place, and people knew how to make a complaint.
- We saw a number of complaints had been made by people about the staff team's lack of experience in care, which affected their ability to meet people's needs appropriately. The manager had responded promptly to these issues and was working with staff to improve the service. People's relatives told us they felt all the concerns they had raised had been responded to, and improvements had been made. One person's relative said, "Complaints are dealt with swiftly, they are corrected, and extra training given to staff if needed."

End of life care and support

- At the time of inspection, the service was not providing end of life support to anyone.

# 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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems and processes were in place to monitor the quality of the care provided; however, these had not always resulted in areas for improvement being identified and acted upon in a timely manner. For example, in relation to medicines practice, assessment of risk and staff training.
- At the time of inspection, the manager had begun to implement observations and spot checks for staff, however few staff had received these. This meant the manager could not effectively monitor the care that staff were providing to people.
- The manager was aware the systems to maintain oversight needed to be more effectively implemented and had already begun making improvements. These improvements need to be sustained and embedded.
- The manager had regular meetings with the nominated individual and directors. Minutes of these meetings showed a focus on improving the service for the benefit of people and staff and an action plan had been created to drive the improvements required.
- The manager was knowledgeable about the skills of the staff team and the people they were supporting. They were clear about their vision for the service and their role in achieving this.
- There was a positive culture within the service. Staff told us they were well supported by the manager and felt they all worked well together to provide people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The manager was planning to register with CQC and was making improvements to the service.
- People's relatives and staff said communication with the manager was good, they were accessible and listened to people. One person's relative said, "When I raise things they get resolved, [manager] is on the ball." Another said, "I do feel [manager] listens and deals with any issues."
- People had the opportunity to provide feedback on the service during regular review meetings with the manager. A survey of people's views was planned.
- Regular staff meetings were held, for staff to share their views and contribute to the running of the service. Minutes of these meetings were available and showed action was taken in response to staff 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 manager was open and honest when things went wrong, they informed families and external agencies

as needed.

- The provider notified the Care Quality Commission (CQC) of events they were required to by law.

Working in partnership with others

- Contact with health professionals was made promptly to ensure people's care was effective and met their needs.
- The manager was open and receptive to feedback during our inspection.