

Home Healthcare Ltd

Home Healthcare

Inspection report

95 High Street
Beckenham
Kent
BR3 1AG

Tel: 02086507264
Website: www.homehealthcareltd.com

Date of inspection visit:
10 February 2016

Date of publication:
10 March 2016

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 10 February 2016. We told the provider two days before our visit that we would be coming, as we wanted to make sure the office staff and registered manager would be available. At the last inspection on 3 December 2013 the service was meeting all the regulatory requirements we looked at.

Home Healthcare is a small family run domiciliary care service registered for personal care and treatment of disease disorder and injury. They provide care and support to older people in the borough of Bromley. At the time of the inspection there were 25 people using the service. At this inspection we were unable to inspect the regulated activity treatment of disease disorder and injury as this was not being provided at the time. The manager told us they had provided this through registered nurses when this was required as part of someone's personalised care and support needs. One of the current senior office staff was an experienced registered nurse.

There was a registered manager in post and they had a previous background of work in the NHS. 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.

The service was outstanding in the way it responded to people's needs. It had a strong person centred ethos. Care and support was flexibly organised to respond to any changing needs and to reflect people's preferences and likes and dislikes. People and their relatives had a say in how they wanted to be cared for and this was respected by staff. The registered manager had a strong sense of equality, diversity and empathy and put these into practice in the way the service assessed and responded to people's needs. We saw examples and professionals commented on the responsiveness and individualised nature of the service. People were encouraged to participate in a range of activities they enjoyed and the service worked proactively to reduce their isolation and access links in the community.

People told us they felt safe and that care workers were always very kind and caring. We saw many examples where care workers supported people above or beyond what was expected of them. Staff knew the people they cared for well and demonstrated a commitment to provide a good service.

Staff had received training on safeguarding adults and understood the possible signs to look out for and what action they needed to take. There were enough staff to meet the needs of people using the service. Medicines were managed safely. Risks to people such as environmental risks or risk of falls were identified and assessed and plans were put in place to reduce the risk of them occurring. There were effective recruitment procedures to reduce the risk of unsuitable staff. People were supported to have enough to eat and drink when this was part of the plan of support.

There was a range of suitable training and support for staff and the registered manager fostered a culture of positive learning and development. People told us they were asked for their consent before any support was given. There were arrangements to comply with the Mental Capacity Act 2005. Complaints were managed appropriately and there were systems to monitor the quality of the service including obtaining people's views. Care workers told us they worked well as a team and were complimentary about the open, approachable and enabling style of the manager.

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.

There were enough staff to meet people's needs.

Staff understood how to recognise signs of abuse or neglect and knew how to raise concerns.

Risks to people were identified, fully assessed and monitored.

Medicines were safely managed.

Is the service effective?

Good 

The service was effective.

The service fostered a culture of improvement and staff attended both essential and additional training to increase their understanding of people's health conditions and needs and for their development. Regular internal training was also held.

Staff told us they felt well supported through informal and formal supervision and annual appraisals.

People told us they were asked for their consent before care was provided and there were arrangements to comply with the Mental Capacity Act 2005.

People were supported with their nutritional and dietary needs and had access to health professionals when they needed.

Is the service caring?

Good 

The service was caring.

Feedback from people and relatives commented on the individualised care provided by staff and their willingness to go the extra mile. There was a strong person centred rather than task focused culture at the service.

Care workers involved people in their care at all times and knew

people's needs and preferences well.

People told us they were treated with respect and dignity and staff demonstrated their commitment to this in the way they responded to our questions.

Is the service responsive?

The service was especially responsiveness to people's needs.

People told us they received individualised care that met their needs. Professionals commented positively on the service's ability to respond and be flexible to people's changing needs so that these were met.

People were actively involved in drawing up the plan of their care. Care workers were familiar with people's needs and recognised and responded promptly to any changes.

The importance of people's emotional needs was recognised and care workers supported people to link with local groups to follow their interests or reduce social isolation.

People knew how to make a complaint and complaints were responded to in line with the policy. Any learning was identified and discussed with staff.

Outstanding 

Is the service well-led?

The service was well led.

The registered manager had a vision and clear set of values on which the service was based. They understood their responsibilities as a registered manager.

Staff were very complimentary about the registered manager and the support they offered.

There were systems to monitor the quality of the service and the manager looked towards continual improvement.

People told us it was well organised and that the provider sought their views on the running of the service.

Good 

Home Healthcare

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 10 February 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the manager would be in when we inspected. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service which included any enquiries; we also spoke with the local authority who commissions some contracts with the service.

We visited the office for the service and spoke with the registered manager and office staff and four care workers. We visited three people who use the service and or their relatives to ask them for their views. We also contacted two people using the service by phone. We looked at six people's support plans and six staff files as well as records related to the running of the service such as the service guide and policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they had full confidence in the safety of the service. One person told us, "I always feel safe." Another person commented, "But of course I feel safe, the carers are always looking out for me."

Staff talked knowledgeably about their responsibilities for people they care for and what might indicate a safeguarding concern. One care worker told us how they recognised possible signs of abuse, for example, "If the mood of the person was different or if they appeared withdrawn." Another care worker explained they reminded people about rogue traders, "It can be very easy to take advantage of our clients and I like to make sure they are aware of the sorts of scams there are out there." They were aware of the provider's whistle blowing policy and what to do if they felt they needed to use this. Office staff understood how to raise a safeguarding alert with the local authority if needed. Staff completed adult safeguarding training which was refreshed annually and there was a safeguarding policy they were required to read during their induction to ensure that they had sufficient understanding of their responsibilities.

Risks to people were identified and plans made to reduce the likelihood of these occurring. Care workers had a uniform and ID badge so that they would be easily recognisable to people and their relatives. There were arrangements to manage any emergencies. People had emergency on call numbers when they started to use the service. People told us they were able to contact the office if they needed to. One person said, "I am absolutely sure I could ring the office if I needed some help in an emergency." Another person told us, "You can always get hold of a manager, including out of hours." Care workers told us it was always possible to reach a manager, whether it was at night or over a weekend. One care worker told us, "There is a good back up system in place."

People told us the care workers were usually on time and the office contacted them if there was any problem. They said care workers stayed the full length of the call and sometimes longer if they needed to. One person told us, "Good time keeping is very important for me because I need to be ready to go to day centre and I haven't missed it yet." The registered manager and senior staff ran the on call service which helped maintain continuity at weekends and at night.

Checks were made for any environmental risks to people or care workers when they provided care. Office staff knew people's needs very well and were aware of who needed to be prioritised in any emergency. Care workers had all received first aid and health and safety training and knew how to react in an emergency. There was a business continuity plan that contained instructions to manage the service in a variety of emergencies. This was reviewed annually.

People had individualised risk assessments that included information 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. People at risk of malnutrition or of choking had risk assessments to reduce these risks and guidance from health professionals such as dieticians or speech and language therapists. Care workers

demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. Care workers were able to discuss risks individual people faced and spoke confidently about how they maintained their safety.

Occupational therapists were asked to provide guidance to staff on the use of new equipment. We saw there were additional records available in people's homes for example food diaries to help monitor possible risks. People were safe because the service had a process to manage accidents and incidents and learn from them so they were less likely to happen again. We saw there had been only one minor accident recorded since the last inspection which had been responded to appropriately and steps taken to reduce the risk of it reoccurring. Care workers told us there was a plentiful supply of personal protective equipment available to reduce the risk of infection.

There was evidence of staff being involved in a thorough recruitment process to reduce the risks of employing unsuitable staff. Recruitment checks were conducted before staff started work for the service including references, health questionnaire, previous employment, proof of identity checks and criminal record checks were carried out for each staff member. The interview record evidenced care workers were asked questions relevant to the role for which they were applying. The provider, therefore, made sure people had the right skills and knowledge before they were offered employment.

Where people were supported with their medicines, there were arrangements to ensure this was managed safely and in line with current guidance. People told us they were assisted to take their medicines when needed. Medicines administration records detailed the medicines prescribed and detailed guidance for staff about each medicine and possible side effects. Medicines records were checked during spot checks and at the office for any errors or omissions. Care workers received medicines training during their induction and at regular intervals. Care workers were also offered further medicines training through a recognised provider of training at a local college. Care workers told us that their competence to administer medicines was checked during their induction and at regular intervals to ensure staff had the necessary skills to safely administer medicines and we confirmed this from records.

People told us there were sufficient numbers of staff to meet people's needs and keep people safe. They confirmed that they had a group of regular carers and that any holidays or sickness was covered by the service without a problem. Care workers told us they had sufficient time in which to complete their visits and their schedule included travelling time between clients, which took into account their means of transport.

Is the service effective?

Our findings

People told us staff were skilled and well trained in their roles. One person said, "The carers are well trained and know how to care for me and understand my routine." Another person described their care worker as "very comforting and attentive." Care workers received training across a range of areas to provide them with sufficient knowledge to support the people they cared for. These included first aid, fire safety, medicines, food hygiene, manual handling practical and theory and safeguarding adults. Many care workers had completed additional qualification levels on the Health and Social Care Diploma. The manager told us they encouraged all staff to enrol in this additional training. Care workers also completed relevant training qualifications at a local education college including dementia care, end of life care or other courses identified to meet any training needs.

All new staff undertook induction training as part of the Care Certificate a nationally recognised qualification in Health and Social Care. There was a detailed induction programme and new care workers shadowed more experienced care workers until they had completed the checklist satisfactorily. The manager told us if they or the new care worker felt additional training or support was needed before they completed their induction this was arranged. A care worker commented, "I think they train new staff very well. They shadow more experienced carers to learn on the job."

Staff were appropriately trained and supported to meet the assessed needs of people who received care and support at home. One care worker told us, "Their training is very good, especially their moving and handling skills." Another care worker said, "The training is fabulous; we do annual refreshers in all areas." They also told us how there was a training slot every week in the staff meeting, "on a wide spectrum of topics." We were shown teaching aids that covered a range of topics such as Mental Capacity, medicines, healthy eating, diabetes, catheter care and continence. The manager told us care workers were also identified to lead some training sessions in recognition of their skills and knowledge in specific areas and to encourage their confidence and development. One care worker told us they had recently led a training session about applying creams and another care worker was going to demonstrate shaving techniques. Care workers were all of the view that these regular sessions were positive for the development of their knowledge and in helping them work well as a team. Other training was arranged, for example the local Trading Standards had done a training session with care workers to alert them to the types of fraud currently being uncovered.

Care Workers told us the manager and office staff were always available for advice and support and that they dropped into the office if they needed to discuss any issues. They also received regular formal supervision and an annual appraisal. One care worker told us how their supervision, "Gives me ideas about how to do things in different ways." Another care worker told us, "It is nice to have it said that I have done a good job and get a pat on the back for it." People told us they found their annual appraisals useful, "It is a good time to reflect on my work and reaffirm my abilities." They also told us they were well supported by the manager when working out of hours as the on call system ensured that management support and advice was always available "when they needed it."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. Care workers demonstrated a clear understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS). They told us they supported people to make plans and decisions about their care. One care worker told us how they did not "overwhelm a person with loads of choices." The manager told us that the people they currently supported had capacity to give consent in relation to different decisions about their care. For example where someone had difficulty with their medicines they were supported to obtain GP and pharmacy advice. Their relative told us, "I am so relieved we had the support from the agency with this, my (family member) is happy with the new arrangement." Care workers understood that where a person may lack consent they would make a decision in their best interests in consultation with relatives or health professionals.

People were supported with their nutritional and dietary needs. People's care plans detailed their food preferences, any allergies and any advice from health professionals. Care workers were aware of the need to encourage people to drink and eat. A care worker told us, "If someone says they are not hungry, then I always give them a smaller portion so as not to put them off." Another told us, "I am very hot on nutrition and always try to encourage people to have a healthy diet." Care workers told us they had received training in nutrition and food safety and were aware of safe food handling practices which we confirmed from records and we saw healthy eating had also been discussed as part of the internal training sessions.

Staff had made links with a range of professionals such as GP's, chiropody service, district nurses and community pharmacists in order to ensure people's health needs were addressed. A care worker told us of a time when they requested a referral to a Community Occupational Therapist, "Because I knew the person was becoming more unsteady and needed additional aids to help with this." They also told us, "People's needs change so we make sure we raise this with the office and get the right sort of support for the person." Care workers commented on the prompt response from the office.

Is the service caring?

Our findings

People and their relatives were all of the view that the care offered by the service was consistently good and that the care workers were always kind and caring. One person told us, "They are all so kind and helpful. They can't do enough for you." Another person said, "We are lucky to have them, my carers always have enough time for me. A relative had commented about their recent experience of the service, "So professional and caring, whose good humour always helped things to be bearable." A social care professional commented on the noticeable way the service quickly, "built relationships with people that had positive results."

There was a very strong person-centred culture at the service that was demonstrated by the way the manager and the care workers behaved and spoke with us about their work. The service's mission statement in the service user hand book stated Home Healthcare wanted to 'enhance our clients' lifestyle, by providing excellent care, based on knowledge, delivered with dignity and respect.' The manager told us, "We want people to feel that they are in control of their own care and support, not us. We are always talking with them about their care and support needs."

Care workers demonstrated a commitment to the people they cared for. They understood the concerns and issues that were important to the people they supported. There were many examples where care workers had gone beyond what was expected to help support and care for people. For example one care worker supported a person to find where their loved one was buried and enabled them to visit on several occasions and place a wreath on the grave. Another person was supported with a festive celebration in a way that was significant to them. Care workers also supported relatives to visit their family member in hospital or visited people they supported when they were admitted to hospital. The manager told us, "We are very fussy about the staff we employ. You can't teach kindness, compassion and empathy." A person using the service for a short period of time commented, "The comfort and attention given over the following few days was very impressive."

People told us how they had the same care worker on a regular basis; one person commented, "The familiarity is a comfort." The manager told us they tried to match people to individual care workers or small groups of care workers to help build supportive relationships. Care workers were able to talk with us about the people they supported.

People received a service user guide when they joined the service which gave them information about the way the service was run. They were confident if they wanted to change anything about their care the office staff would try to help as much as possible. Their responses to our questions made it clear that the service was open with them about the way it was run. They knew the care workers met regularly for training and staff meetings to ensure that care workers were up to date with changes in their needs.

People were encouraged to be as independent as possible. This was included as part of people's care plans, for example, one plan said 'to be encouraged to walk as much as possible' and another plan stated 'to support in improving and retaining a good range of mobility to help build in confidence and independence.'

A care worker told us, "I encourage people to do as much as possible for themselves, no matter how small. This helps maintain their independence and to feel good about themselves." Completed telephone monitoring forms showed office staff checked if this aspect of care was being followed and there had been no problems identified.

Care workers received training in equality and diversity and we saw there was a policy to further guide staff to ensure people's wider needs were met. Staff told us they looked to find ways to positively support people's well-being in this area. For example, plans contained guidance around ensuring people received care from the gender of staff they preferred or if there were any cultural needs. A social care professional commented on the distinctive way the service had quickly identified and supported someone's cultural needs with regard to their personal care that previous services had not identified as a need.

People told us staff were mindful of their needs for privacy and maintained their dignity. Everyone we spoke with said they thought they were treated with respect and had their dignity maintained. One person told us, "I am never made to feel embarrassed when they are helping me to wash." People told us they were spoken with politely and respectfully.

Care workers told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Where people required more support they told us, "I always ask permission and explain what I am going to do beforehand" and "I never over expose a person's body, and imagine how I would like things to be done." Another told us, "We must always remember that we are in people's home by invitation only."

Is the service responsive?

Our findings

People and their relatives told us there was a plan for their care and that it was drawn up in consultation with them and was personalised to meet their needs. An assessment of people's needs was completed when they joined the service. Care records contained detailed assessments of people's individual health and care needs and preferences. There was guidance in these, for care workers which showed all the aspects of care and support that were involved, for example, people's preferred time to get up, what they liked to eat and how they liked to be assisted with their personal care. This meant that the staff were assured that they could meet each person's individual needs and preferences appropriately.

The manager told us that their objectives were to see the care and support needs for the whole person and they did not have a "task centred" approach to care. There were details of people's history, previous occupations and significant events to help care workers engage with people about things that mattered to them. A social care professional commented on the prompt and distinctive approach of the service because, "It sees the whole person and can and has achieved significant positive changes as a result." A comment recorded by another professional stated, "What a brilliant service Home Healthcare are, (a relative) cannot believe what a difference the change has made in just a few weeks."

People told us they were consistently involved and consulted about their care and involved in any decision making. They said communication from the service was well organised and efficient. They told us how staff consulted with them and were flexible and responsive in their support, one person said, "They don't just do the tasks which are written down, they always go the extra mile; I could not get out to my washing line last week and before I knew it my carer had hung my washing out." Another person told us, "They always respond to any changes in my support needs." A care worker told us, "The manager encourages us to be flexible in how we work."

Care plans were regularly reviewed to ensure they were accurate and up to date. For example we saw a care plan review meeting had been held following a person's discharge from hospital. The changes to this person's health condition were noted and a new risk assessment was completed to reflect this. A relative told us, "They always assess to see if there are any changes, post hospital discharge." Care workers told us they referred to people's care plans, "I always look at the care plan, even though I go in every day and know the person very well." They also told us how the care plan, "Gives us an insight into what the person would really like, for example, we made sure a person who was nursed in bed still managed to do some baking, as was their wish." There were photographs of the person enjoying this activity and it was clear it had benefited their quality of life.

A family member told us, "They are completely aware of any changes in my relative, for example, if their skin is deteriorating, and will act accordingly." Another relative told us, "They keep very good records of my relative's food intake and communicate well with the other carers so that everyone knows what is going on." Other comments recorded from relatives evidenced the flexible and responsive service that was focused on meeting people's needs. One relative recorded, "Thank you for alerting me to (family member's) emotions over the weekend. I appreciate it very much." Another relative commented, "What a difference this care has

made." A professional commented on how responsive the service was to a range of different people's needs at short notice when they had requested the service to provide support or care in an emergency.

Care workers were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A care worker gave us an example of how they had very quickly identified when a person they regularly gave care to was unwell, just by a change to their pattern of behaviour, "I called an ambulance and the person was admitted to hospital. I have been told that this prompt action saved their life." They told us, "That is the advantage of having the same clients, you can recognise when things are not right with them very quickly."

The service looked for opportunities to increase people's emotional well-being. We saw care workers had enabled people to take up activities such as drawing or visiting art galleries or have a visit from a pet. The service looked to increase people's links with the community proactively to reduce isolation and improve their quality of life. Care workers arranged to link people with day centres if this was appropriate. This included taking the person to visit and to see if they wanted to take part. They identified other activities or hobbies that people enjoyed and found connections in the community for them to join. We found people had been supported to make links to local choirs, lunch clubs, dementia café's, concert and theatre attendance and other local resources that met their needs. For example one person had been supported to attend a singing activity, a lunch club and day centre on different days of the week when previously they had spent their time at home. This helped to increase people's social interaction and reduce isolation.

For those who wish to be involved the service organised an annual outing on Remembrance Day to a local memorial to see the parade and go to a cafe afterwards. The manager told us care workers volunteered this time and the office arranged transport for people that were able to get out and about.

People who used the service and their relatives told us they knew how to make a complaint. Two relatives told us any issues they had raised such as a late call had been promptly resolved by the manager. We saw a summary of the complaints policy and a complaints form was available in people's service user guides in their home. We looked at the complaints log and saw complaints had been dealt with in accordance with their policy. Any learning from complaints was identified and discussed with staff at their regular meetings. The local authority who commissions the service told us they found the service very responsive to any complaints raised and had followed through by discussing issues with office staff and care workers in team meetings and supervisions to ensure the learning was spread within the service.

Is the service well-led?

Our findings

People told us they thought the service was well organised and well managed. They knew who the manager was and told us the manager would sometimes visit them to see if they were happy. One person told us, "The manager comes in to see us; just to check we are alright."

There was a registered manager in post at the time of our inspection; they demonstrated a good understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2008. They held a strong person centred approach to care and had a clear vision that they wanted the service to be person centred in its values and approach. They told us, "I believe that good care is holistic, where staying at home is a good experience for people." They said they wanted to maintain a quality service and so had remained small in size. Professionals confirmed the service was well run in their experience. A professional described the manager as, "Knowledgeable, and quick identify what needed doing."

The registered manager had an open attitude to learning and development and told us they looked for ways to improve the care they delivered. A care worker commented of the registered manager "They are never content, they are always thinking of ways in which the service can be improved and ask for our opinions along the way."

There was an emphasis on supporting and enabling staff by encouraging their development and views. This was apparent from the discussions between care workers and the manager during the inspection and the feedback we received from care workers who were very complimentary about the management team. Comments included, "They are so good and supportive; you can take any concerns to them and know they will not judge you." Another care worker told us, "They are very encouraging; they share their knowledge and suggest ways to help me to develop my career." The registered manager told us, "We give staff the work they want and try to accommodate all requests. That way we get good quality and contented staff."

Many of the care workers had worked in the agency for a considerable length of time. One staff member told us, "This is a very good place to work, that's why I have stayed." Care staff told us they received regular support and advice from their managers via phone calls, and face to face meetings. They felt the registered manager was available if they had any concerns, "I pop into the office a lot because I find it is a good way to keep in touch." There were regular weekly meetings with care workers that were a combination of training and ways to encourage consistency and consider improvements at the service. Care workers told us they worked well as a team because they all shared the same aims to provide good care. One care worker told us, "We work very well as a team. We are all on the same page and want the best for people we care for."

There were processes to monitor the quality of the service. Daily notes and medicines records were checked when they were returned to the service. Policies were reviewed annually or earlier if there were changes. There were regular spot checks of the work carried out by care workers to ensure the care was of an appropriate standard. This was confirmed by people who used the service, staff and records. One person told us, "They come regularly; I think they want to see how the carer is doing their job." Another person

commented, "I have had something in the post; but in addition, the manager pops in quite frequently to see how things are going." A care worker told us, "They come to see me on the job very often. I enjoy this and never feel anxious. It is good to have a fresh pair of eyes to make sure things are done well." The manager told us if any action were identified these would be discussed in supervision or at team meetings. We saw records of telephone monitoring checks carried out with people or their relatives as another means of monitoring the quality of care provided. The manager told us as it was a small service they knew everyone well and would pick up any issues

There were quarterly surveys carried out to ensure people and their relatives views were sought about the service. We looked at some recent returned surveys and no issues had been raised. The manager told us the surveys were checked for any areas to address and if so they would be acted on. We were shown a written communication from someone who had recently used the service who had commented "I will certainly use Home Healthcare again if the need arises."