

Halo Homecare Limited

Halo Homecare

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

This inspection took place on 27 and 28 October 2015 and was announced. We told the provider one day before our visit that we would be coming. At the last inspection on 21 January 2014 the service was meeting the regulations we checked.

Halo Homecare provides domiciliary care and support to 43 people living in their own homes in Kingston and surrounding area.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager was on annual leave on the day of our inspection and we met with two directors, who were also the owners of the domiciliary care agency.

People told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in

Summary of findings

place to inform people who used the service and staff how to report potential or suspected abuse. Staff we spoke with understood what constituted abuse and were aware of the steps to take to protect people.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe. The provider ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff received training in areas of their work identified as essential by the provider. We saw documented evidence of this. This training enabled staff to support people effectively.

Appropriate arrangements were in place in relation to administering and the recording of medicines which helped to ensure they were given to people safely.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. Records showed people were involved in making decisions about their care and support and their consent was sought and documented.

We saw dietary requirements for people were detailed in their care plans for those who needed support with food preparation. Staff told us they always ensured the person had food and drinks available to them when they were on their own.

People were involved in planning the support they received and their views were sought when decisions needed to be made about how they were supported. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

Staff respected people's privacy and treated them with respect and dignity. Staff supported people according to their personalised care plans.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner.

Staff gave positive feedback about the management of the service. The directors were approachable and fully engaged with providing good quality care for people who used the service. They encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service.

The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions and action plans were developed where required to address areas for improvements.

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. Staff knew how to identify the signs that people might be being abused and how they were required to respond. The provider had undertaken all appropriate checks before staff started their employment. In this way only people deemed as suitable by the service were employed.

Staff received medicines training and this was refreshed regularly. In this way, medicines were administered to people as safely as possible and the risks of errors were minimised.

The provider had completed risk assessments to help ensure the safety of people and staff. Accidents and incidents were recorded and action taken to minimise the possibility of re-occurrences.

Good



Is the service effective?

The service was effective. The provider and staff were aware what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

When joining the service, staff had an induction programme. They also received regular training and support to keep them updated with best practice.

The provider had arrangements in place to make sure people's general health including their nutritional needs were met.

Good



Is the service caring?

The service was caring. People were encouraged to maintain their independence.

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

The service tried to make sure they provided the same care staff whenever possible so people had consistency and continuity of care.

Good



Is the service responsive?

The service was responsive. The support plans and risk assessments outlining people's care and support needs were detailed and reviewed six monthly or earlier if any changes to the person's support needs were identified.

People had opportunities to share their views about how the service was run.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

Good



Is the service well-led?

The service was well-led by two directors who worked in the service and a registered manager.

Staff felt supported by the directors and the registered manager who were approachable and encouraged an open door policy.

The provider carried out regular checks to monitor the safety and quality of the service.

Good



Halo Homecare

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 27 and 28 October 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the manager or a director of the company would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

During the inspection we went to the provider's head office and spoke with two directors of the company. The registered manager was on annual leave. The provider gave us a list of 12 people who used the service or their families and a list of staff. On the second day of the inspection we emailed a short questionnaire to five relatives of people using the service and invited relatives to either reply to the email or call us and answer the questions. One relative rang us in reply to our questionnaire and two relatives replied by email to our questionnaire. We also spoke with three people over the phone who used the services of Halo Homecare. We spoke with five care staff.

We reviewed the care records of five people who used the service, and looked at the records of four staff and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well. One person told us, “I am happy with the care I get, I know the staff and that helps me to feel safe.” Another person said, “I am very happy, staff are very kind and professional.” A relative said “My relative feels extremely safe and happy with the care and looks forward to their daily visits.”

The service had taken steps to make sure staff were aware how to safeguard adults at risk. Staff told us they had received the training they needed to help ensure the safety of the people who they cared for. Training records confirmed this. Staff were able to describe how they would recognise any signs of potential abuse and how they would respond if it arose. Staff knew who to report any concerns to. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for staff to read.

Staff we spoke with understood what constituted abuse and were aware of the steps to take to protect people. When we spoke with the director of the company they were aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts.

We checked recruitment records to make sure staff had all the appropriate checks prior to starting work with the service. We saw this included a completed application form, notes from the staff’s interview, references, proof of identity and criminal records checks. Staff had also been assessed as fit for work through a completed health questionnaire. The director told us and records showed that criminal record checks were updated every three years. This helped to ensure that only people deemed to be suitable by the agency were employed to work within the service.

We saw people had individual risk assessments in their care files. These had been developed with the person in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. One person’s risk assessment gave detailed instruction of how

to move the person from their bed using the different slings and hoist provided for this person to ensure their safety at all times. Staff told us and records showed that all staff had received training in manual handling.

People’s care files showed other risk assessments had been carried out to help staff to ensure their safety and maximise their independence. The risk assessments we saw covered the range of daily activities and possible risks including preparing food, medicines administration and finances.

The provider had arrangements for health and safety checks of a person’s home to ensure staff were working and caring for people in a safe environment. Staff told us it was their responsibility to report any health and safety concerns to the person and to the office so that action could be taken to remedy any faults. These procedures helped to ensure the safety of staff and the person in their home.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Staff and people had an out of hours phone number they could call which linked them to on call staff if they needed help or advise. There were contingency plans in place for example, if the computer systems in the office went down, there was another separate system that kept identical records which could be used to identify who needed a service on any given day and copies of up to date care plans.

The service had a robust system in place for the investigation and monitoring of incidents and accidents. If an incident or accident occurred staff said they would contact the manager or director as soon as possible. If required, an investigation was carried out and an action plan developed. We saw where an incident had occurred a memo was sent to all staff reminding them of the procedures to take to ensure a person’s safety. This helped to remind staff of the need to keep people safe and the correct procedures to take to avoid a reoccurrence of the accident.

People we spoke with said that staff generally only prompted them to take their medicines or helped to take it out of the blister pack. We talked with the director and staff about the arrangements for the administration of medicines to make sure it was completed safely. The director told us medicines were delivered to peoples home from the pharmacy in pre-filled blister packs; this helped to mitigate the risk of errors. Once staff had prompted a

Is the service safe?

person to take their medicine or had administered the medicine, staff signed the medicines record to confirm these had been given. People were also asked to sign a consent form to give staff permission to administer off the shelf medicines, such as aspirins or cough mixture. The medicines records were retained at the office, where they were audited for any errors. We saw the records retained at

the office were correctly completed and signed by staff. Staff told us they encouraged people to be as independent as possible with the administration of their own medicines. We saw records and staff confirmed they received training in the safe administration of medicines and they said this was refreshed annually.

Is the service effective?

Our findings

People were cared for by staff who had appropriate support and training to do their job. A relative told us "Halo's visits are very effective in helping my relative to retain a level of independence and are therefore a positive contribution to her overall health. The staff are well trained and experienced." Another relative said "I have seen a big improvement in my relatives overall health due to effective personal care. Well trained staff."

Staff told us they felt well supported by their manager and the directors and had appropriate training to carry out their roles. One member of staff said, "They (Halo Homecare) invest in their staff. Access to training is good and we can always contact the office if a problem arises and they provide support straight away." Another member of staff said, "I feel well supported here, I enjoy doing this job, you can pop into the office anytime and someone is available to chat and help you."

The provider had identified a range of training courses that all new staff needed to complete as part of their induction. We saw documented evidence that staff completed refresher training courses either annually or every two years, dependent on the subject. Training courses included the safe administration of medicines; accident prevention; health and safety; infection control; first aid and lone worker safety. One staff member told us "The first aid training I received meant that I recognised when someone I was caring for had a minor stroke and I could help them quickly."

Staff had also completed additional training identified as necessary for providing safe and appropriate support for the people using the service. The provider supported and encouraged new staff to undertake training towards a level 2 qualification in health and social care within two years of starting their employment. Another member of staff had been supported to complete their level 3 certificate in dementia awareness and had become the provider's dementia care lead. Records also showed that the majority of permanent staff had gained a level 2 or equivalent diploma in health and social care.

The director explained that the training accessed by staff was provided in a number of ways such as e-learning

through the internet or DVD's and group training. All the training staff received help to ensure they were appropriately skilled and knowledgeable to meet the needs of people using the service.

Staff told us they had supervision sessions with the manager every 12 weeks. Staff we spoke with said this was sufficient because they could phone the office or 'pop in' anytime and someone, the manager or directors would be available to speak to them and support them. During our visit to the provider's offices we inspected four staff files and saw minutes of staff supervision sessions. Discussions about working with people, any learning or actions identified following training and other issues were recorded in the notes of the supervision session. We saw supervision notes on the files we inspected, signed and dated. Staff said they felt well supported by the manager and directors.

Staff received an annual appraisal. We saw copies of appraisal notes including any identified training needs and discussion about the support provided for staff. The provider arranged regular staff meetings to discuss any changes in procedure, legislation and any issues that had arisen. We saw copies of the minutes taken from the recent meetings these were circulated to all the staff so if they were unable to attend the meeting they were aware of what was discussed. The director explained they aimed to keep everyone informed and up to date so that the team remained effective.

The majority of people who used Halo Homecare were funding the support themselves and only three people were supported financially through the local authority. This meant that people and their relatives had made the decision themselves to use this service and had decided on the type of support they required. It was clear from speaking with people and staff that they were actively involved in making decisions about their care and support needs. Staff we spoke with told us they encouraged people's involvement. Records we saw showed people were involved in making decisions about their care and support and their consent was sought and documented. The director said that people's capacity to decide on how their care was to be delivered was always discussed at the initial assessment stage. If a relative needed to be involved, they were, so everybody was aware of the person's ability to decide on what was in their best interests. Staff

Is the service effective?

displayed a good understanding of how and why consent must be sought and what to do if they felt people were not able to make decisions about specific aspects of their care and support.

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. The director told us that new training was being organised on the MCA to ensure staff were up to date on the legislation. Staff we spoke with understood the principles of the MCA and how it could affect people they supported. The policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent.

We saw dietary requirements for people were detailed in their care plans for those who needed support with food preparation. Staff told us many meals were pre-prepared frozen meals but some staff would cook with a person a meal they particularly liked. People's religious and cultural needs were met by staff when preparing food. Staff would use food and fluid charts to monitor a person's eating or

drinking if they were concerned about a person's nutrition and fluid intake. Care plans detailed what food should be prepared and left for the person when the staff ended their visit. Staff told us they always ensured the person had food and drinks available to them when they were on their own. Records showed that staff were trained in food nutrition and food safety.

The service supported people to meet their health needs. Staff told us that if they noticed people's health had deteriorated, they would assist them to contact their GP or other healthcare professionals as necessary. Staff told us they would contact the emergency services if needed and inform the relatives of the person and the office. Staff told us because they knew the people they supported well they were quick to notice if the person was unwell and could take appropriate action to help the person. This knowledge of people and the training and support staff received had helped to ensure an efficient service that was person centred.

Is the service caring?

Our findings

People told us they were happy with the staff who supported them. One person said “They [staff] give outstanding care.” Another person said, “They are very good, friendly and understanding but always professional.” One relative told us, “I can’t praise the staff enough for what they do”. And another said “The care given to my relative by Halo is absolutely the care they need and want.” A third relative said “This is the first time I have come across such an agency who are so efficient, kind, caring and responsive. I have complete faith in their care of my relative. My relative seems more cheerful and relaxed. I am grateful to have found them.”

We saw that people's care plans included information about the person's background, which staff told us had helped them to have a better understanding of the person they support. Staff said the process of getting to know the person continued as they worked with them.

The provider recognised the importance of providing the same staff consistently over time so they knew the people they cared for well. One person told us “The service has been very reliable over the last 2yrs.” Another person said “It’s nearly always the same staff and if they do make a change they let you know beforehand.”

Staff we spoke with said they would tell a person if they were going to be off at the next visit and who would be coming to see them. Staff told us that one person needed a specific medical procedure followed each day and that all staff had been trained to be able to assist the person. One staff member told us “If I’m going to see someone new the manager sends me their care plan so I can read up about them before I visit. This helps me to know the person and give the best care.” This meant that people receiving a service had continuity from staff who understood their needs and were reassured by familiarity.

All the people we spoke with felt that their privacy and dignity were maintained by staff when personal care was being given. One person said “Staff are business like and friendly, I’ve got no complaints.” A relative said “They [their relative] are treated with dignity, respect and kindness. Their privacy and confidentiality are respected.”

Staff were able to explain what they would do to ensure a person’s privacy and dignity were maintained at all times. They told us they did this by knocking on doors before entering, asking the person what they would like and listening to their reply and talking to them while assisting them. Staff told us they wear their uniforms and staff badges so that people knew who they were. Where a staff member was not required to wear a uniform this was noted in the person’s care plan. Staff said all this helped to foster a friendly working relationship with the person.

Is the service responsive?

Our findings

People told us staff who provided their care knew about their wishes and support needs and cared for them accordingly. One person said “I was very impressed with the initial visit.” Two relatives also spoke about their and their family member’s involvement in the support planning process. Another relative said “I am particularly impressed with Halo; they are easily contactable, keep me in touch via email or telephone of any issues and are very accommodating if I need to arrange additional care for my relative.”

People’s needs had been assessed and information from these assessments had been used to plan the support they received. The director explained they would carry out an initial assessment of a person’s support needs and would explain about the service to the person before carrying out a comprehensive assessment of needs. This comprehensive assessment would ensure the service could provide an appropriate level of care and support to meet that person’s needs. Where the service was unable to meet a person’s needs they would offer the person the opportunity to go on a waiting list while the provider employed suitable staff to meet the person’s needs.

Staff were matched with a person and where appropriate would meet the person before care started to discuss how the service might help provide appropriate support. People told us the service did not start until they were happy it would meet their needs appropriately and safely. One person told us “Staff are willing to do what you want and I’ve made a few changes and it’s all been very easy.”

Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. Care plans also encouraged staff to ‘make time to chat with the person and see how you might help them today.’ The person using the service was involved in the development and review of their care plan. The care plans we look at evidenced that the person had signed their plan and a copy was kept in their home and in the office. Records showed

that care plans had been reviewed and were up to date. This process helped people to express their views of the support they received and identify where any changes they thought were needed.

The people we spoke with were positive with their views and experiences of the service and the ability of staff to respond to their changing needs. One person said, “I talk to the staff about how I would like their support and between us we work out a plan.” Staff told us where a person wanted to change their support or staff felt changes needed to be made to help give a person the very best care, they would discuss this with the person and then with the manager or director before any changes were made. This was evidenced in the care plans we reviewed.

Where people had activities outside of their homes such as for shopping, attending healthcare appointments or going to a day centre and they needed support to continue with these activities, appropriate support was provided according to their preferences.

In response to people’s changing needs the directors told us and we saw plans that they were developing a bespoke dementia care service. This will include a better oversight of people’s needs and more regular reassessment as a person’s condition develops. They also plan to provide information and support to relatives. In preparation for this a member of staff has been trained as a dementia lead. The provider in response to the needs of people using the service now and demand from people wanting to use the service was also developing a live-in care service. The responsiveness of the provider was helping to ensure people receive the service suited to their needs.

People we spoke with told us they knew what to do if they were unhappy about something and they felt they were able to talk with staff or management about anything. We were shown the provider’s complaints policy and procedure. The handbook given to people also explained the complaints process and what they could do if they were not happy with the quality of service they received. The director told us they reviewed any complaints or concerns made and this had provided them with the opportunity to improve the service appropriately.

Is the service well-led?

Our findings

People and the relatives who we spoke with told us they thought the service was well managed. One person said “The communication with the office is very good.” Another person said “When I call the office they are always very helpful and will sort out any concern I may have.” A relative said, “Halo Homecare is extremely well led and I think their excellence in communication and response runs throughout the organisation. The management is first class.” Another relative said “I have never had any problem in 'getting through' to the office either by 'phone or email and their response is always swift, efficient and helpful.”

We found staff were positive in their attitude and they said they were committed to the support and care of the people. One staff member said, “They [Halo Homecare] are very good to work for, they are considerate to staff and to people using the service.” Another staff member said “They are very good, approachable and understanding. I enjoy working here.” Another said “Happy to work for Halo, they are nice people.” One staff member described Halo as “A big family, friendly, and a good company, easy to reach on the phone.”

The director told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. Staff told us that this was a fair reflection and they were encouraged to consider ways they could provide people with better standards of care and support. One staff member told us, “We are encouraged to discuss any issues and the manager and directors listen.” Staff said they were able to raise issues and make suggestions about the way the service was provided either in one to one meetings or team meetings and these were taken seriously and discussed. Several staff members spoke about the management having an ‘open door’ policy.

The provider produced a staff newsletter every quarter and we saw the summer 2015 edition had article about people who use the service, local events that people may like to attend, introductions to new staff and good byes to staff leaving and new services the provider was developing such as specialist dementia care and live-in care. In this way staff were kept informed about developments within the service.

The provider also published case studies to help potential new people understand the range of service they could offer and what the care had meant to people. The stories were about people using the service now and we could verify what was said in the case studies with what was written in the person’s care plan. One person described the care they received as having “Given me the gift of time,” because the support they received meant they had more time to do the things they liked to do.

Systems were in place to monitor and improve the quality of the service. Records we looked at showed that new people were asked for their views about the service after six weeks to ensure they were happy with the service they were receiving. An annual survey was sent to people and relatives. Comments taken from the latest survey described Halo Homecare as, ‘friendly, helpful and efficient,’ and staff as marvellous.’

The director told us and we evidenced that the manager conducted ‘spot checks’ by visiting a person at home or phoning them to check the care they were receiving was what they wanted. We saw that notes from telephone calls were kept and that any concerns were addressed promptly and compliments passed on to staff. One person told us “The office always rings if staff are going to be late, but that’s not very often.”

The director told us they and the manager keep up to date with changes in legislation and care delivery by being part of the UK Homecare Association and the local Surrey Care Association (SCA). SCA held regular meetings to inform members of changes and had recently developed a new safeguarding policy specifically for domiciliary agencies. The director said SCA was a good system of support for staff and managers.

The provider had quality assurance systems in place to monitor the scheme’s processes. The director provided us with evidence of charting staff training. This evidenced the scope of training delivered and highlighted any training needs for staff. Another quality assurance record we looked at was an audit tool used to monitor and audit peoples support plans to ensure they were up to date. These systems all helped to ensure people received the care they needed as detailed in their support plans and delivered by appropriately trained staff.