

Huggies Cares Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Huggies Cares Limited is a domiciliary care agency. At the time of our inspection, the service was providing care to 24 people who were living in their own homes. 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

This was a small service that employed 24 staff. This meant staff and people using the service got to know one another, and care was consistent.

People and relatives told us care staff were kind and caring in their approach. People told us care staff communicated well with them and acted in an open and transparent way.

Care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences.

People's calls were usually on time or staff called if they were going to be late. The provider monitored care staff attendance at calls using electronic call monitoring.

Medicines were managed in line with good practice guidance.

Staff assessed risks to people's health, safety and wellbeing and put plans in place to manage these risks.

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.

People told us they would feel confident to raise any complaints they might have. We saw complaints were identified, investigated and used to improve the service.

There were processes in place to monitor the safety and quality of the service.

The service had a registered manager in post at the time of our inspection.

The management team had the knowledge and experience to operate the service safely and effectively. They demonstrated a good understanding of all aspects of managing the service such as safeguarding procedures and medicines management.

The service met the characteristics of good in all areas. More information is in the full report

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (amended version published 30 April 2019). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Previous breaches

At the last inspection we identified five breaches of the Health and Social Care Act regulations in relation to recruitment processes, staffing training, care records, the management of complaints, acting on feedback and quality assurance processes. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Huggies Cares Ltd

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 Care Act 2014.

Inspection team

This inspection was carried out by one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 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 12 June 2019 and ended on 17 June 2019. We visited the office location on 12 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We also contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch had no information to share about the service.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, the clinical lead and the aftercare support manager. The registered manager was absent from work at the time of the inspection.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement in relation to recruitment practice and consistent staffing. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative told us, "I feel having Huggies Cares staff coming in helps keep [Name] safe because the carers visit regularly and are reliable. They alert us is something doesn't seem right."
- Staff told us that they had effective safeguarding training and could explain the safeguarding processes in detail. Staff could access information about whistleblowing in the staff handbook.
- Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "The management team are great. I wouldn't hesitate to report any concerns. I know they would be acted upon."
- The provider had effective safeguarding and whistleblowing systems and policies in place.
- The provider was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- People's needs and abilities had been assessed in a pre-assessment plan. The potential risks to each person's health, safety and welfare had been identified.
- Risk assessments were detailed within categories for example; nutrition, mobility, the environment and were individualised. The risk level and actions to reduce the risk were clearly documented.
- Risks to people were regularly assessed and safely managed. People told us staff left their homes securely locked.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- There were enough staff to meet the needs of people and deliver a consistent service.
- All staff had completed induction training in line with the providers policies and had regular competency checks to ensure they understood the training provided.

Using medicines safely

- Risk assessments relating to medicines were carried out where people needed support from staff.
- Medicines were stored securely in people's homes when this was necessary.
- People's independence to manage their own medicines was maintained if safe to do so. Any changes to

this was done with people's full consent.

- People told us they were happy with the support they received to take their medicines.
- Records showed that medication was administered as prescribed.

Preventing and controlling infection

- Staff had completed infection control training.
- Unannounced spot check visits were completed by the manager to ensure staff followed the infection control procedures and used personal protective equipment (PPE) when carrying out personal care, food preparation and handling.
- Staff told us they had access to PPE.

Learning lessons when things go wrong

- The provider showed us a copy of the accident form that staff would complete in the event of any injury, significant incidents or near misses. We saw this prompted staff to consider any 'lessons learned'.
- Incidents and accidents were regularly audited to check for trends or patterns, to mitigate further risks.

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.

At the last inspection this key question was rated as requires improvement in relation to staff training. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide support and people confirmed this. This included their physical, social and emotional support needs.
- Staff confirmed they received information about people new to the service and were always introduced to the person by a manager before they went to them to provide care. The registered manager and staff were confident that any needs associated with people's protected characteristics would be met.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.
- Staff applied learning effectively in line with best practice, which led to effective outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff received appropriate training, support and induction to enable them to meet people's needs. Staff received regular supervision.
- One staff member told us they had received the necessary training to meet the needs of the people they were supporting. They said, "The induction is thorough I felt really prepared for my role. We also have a designated coach to support us early on"
- People using the service felt staff were competent. One person we spoke with told us they had confidence in all the care staff. They said, "All the carers seem to know what they are doing and they do it well."
- A relative told us, "The management team and staff seem highly competent." A health and social professional told us, "The staff I have been in contact with have been helpful, responsive to queries and willing to engage with additional training."

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

- People told us they were supported appropriately with eating and drinking. One person told us, "The carers always ask me what I would like to eat and drink so I have a choice."
- We saw people's preferences and requirements were recorded within people's files.
- Where required, staff recorded how much and what a person drank. This information was then used to ensure appropriate healthcare was sought if needed.
- People's risk assessments considered whether there were any risks in relation to eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- People, relatives and staff told us that there was continuity of care. People had visits from regular staff.
- Care plans were regularly updated and audited by managers to ensure that changes in need were documented.
- Staff communicated effectively with each other. Staff told us the methods they used to communicate included updating the office information and checking care plans before each visit, sharing information at team meetings and via text messages.
- One relative told us "We can totally rely on Huggies, they contact us appropriately and we can always contact them." A person who used the service said, "The carers are reliable and always on time. I am happy with the service. They will do anything to help you."

Supporting people to live healthier lives, access healthcare services and support

- Staff passed on information to relatives and managers when people needed referring to health care professionals such as GP's or district nurses. Alternatively, staff assisted the person to call for support themselves.
- Relatives told us staff effectively identified any health concerns and ensured the correct professional was contacted as necessary.

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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA

- Care files contained details about people's capacity to make decisions.
- Care plans were developed with people and their relatives. People had agreed with the content and had signed to receive care and treatment.
- Care staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care Staff told us that if they had any concerns about decision making they would pass this on to the management team.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 and relatives told us staff were very caring. One person said, "The staff are excellent and very happily do anything I ask of them." A relative told us, "All the staff seem lovely and [Name] is always telling me how much they like them. It really gives me peace of mind to know they are looked after."
- Staff told us they used care plans to find out about people to get to know the person and build positive relations with them. A staff member told us, "I look at their care plans each time I go to see if there are any changes."
- Staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Staff actively considered people's cultural or religious preferences.
- Staff received training in equality, diversity and inclusion.
- The aftercare manager told us that staff were carefully matched to meet people's needs, for example one person preferred female staff only and the service ensured this request was actioned.

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

- People confirmed care staff listened to them, involved them in decisions and respected their views.
- Care plans were reviewed regularly and as and when a person's needs changed. The person and relatives were involved in reviews of their care plan if this was required.
- A relative told us "I talk regularly with the team about [Name's] care and can view all the information that's available at [Name's] house. I feel like I can go away on holiday and not worry about [Name]."
- Nobody using the service at the time of our inspection had an advocate, but the provider explained they would share information about local advocacy organisations, with anyone who they felt may benefit from independent support with decision making. The service user guide contained information about local advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were attentive, kind and caring. Staff had a good understanding of people's needs and wishes. Staff ensured people's privacy and dignity.
- Consideration to privacy and dignity was embedded throughout each care plan we saw.
- A service user guide demonstrated how the service considered people's rights to independence, privacy

and self-expression.

- A health and social care professional told us, "Huggies Cares have been a pleasure to work with. They are a well-led and friendly team. I have observed them with the client and families and they have been responsive and caring."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement in relation to the management of complaints. At this inspection this key question has now improved to 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

- The provider developed a care plan for each person, which contained information about different aspects of their care. Care plans were very detailed, for example, one person's plan explained exactly how they preferred to be supported with personal care including which flannel they preferred to use and prompt to use bubble bath.
- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us, "The staff know me well and know how to support me best."
- Care plans included people's personal information, people's routines and support needs. They were up to date and reviews took place regularly with people. A staff member told us, "Care plans seem to have the right information in them and are regularly updated."
- Staff completed a daily log, which recorded information about people's daily routines, general wellbeing and daily activities in most cases. This meant that people received continuity of care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was proactive in ensuring that they complied with Accessible Information Standards. The service adapted information to meet people's needs. For example, information about the service had been produced in large print and pictorial form.
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where it was part of someone's support plan, staff supported people to access activities and facilities in the community.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. Complaints were handled in the

correct way and a response was sent in a timely manner.

- A complaints register was in place that included details of the complaint and action taken, which provided oversight to the management team.
- Care staff were aware of how to manage complaints. They told us that the management team took complaints seriously and this would be reviewed and investigated.
- People and relatives told us they knew how to raise complaints. Information of how to complain was clearly available in the service user guide. A relative told us, "I have no complaints, I can call the office if I need to speak to them and know they would sort things out."

End of life care and support

- The service continued to support anyone coming to the end of their lives. The management team assured us they continued to support people if they were able to meet their needs and provided specialist training for staff as required.
- Plans contained information about people's wishes. One person's plan stipulated that they wished to stay at home as long as possible with the assistance from staff.

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.

At the last inspection this key question was rated as requires improvement in relation to governance. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had clear values and vision for the service. The provider told us that the ethos of the service is 'to let our family care for your family.' These values were shared by care staff. One staff member told us, "The management team pass on quality of care from the top down."
- Staff were positive about their workplace and complimentary about the support they received from the management team. A staff member said, "I feel really valued as an employee of Huggies Cares. The supportive has been great."
- One person told us, "The managers do listen if I ring up with anything. They do their best to sort things out for me."

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 provider was aware of their responsibility to report events to the CQC by statutory notifications and reported relevant incidents to the local authority safeguarding and commissioning teams.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post. 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.
- There was a positive culture where staff and management took pride in the care and support that they provided. A staff member said, "The management team are really committed to providing high quality support."
- The management team worked well together to ensure the day to day running of the service, clear contingencies were in place to cover absences. Staffing levels were supported by the management team who were working to support people 'hands on' alongside their managerial role.
- People's confidential information was kept securely at the registered office.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Feedback was gathered from people in an annual questionnaire. The provider was planning to also collect relative feedback in the near future.
- A suggestion box at the office meant that care staff could contribute their ideas to the running of the service. Staff groups met frequently, and the management team met with staff regularly to support them in their role.
- Staff were engaged with their roles, one staff member told us "I love my job and working for Huggies. I get a lot of job satisfaction."
- The provider told us they have a small committed group of staff that work well together and go above and beyond, they told us "We are fortunate to have some excellent staff working for us with a common goal of delivering good, safe care."
- The aftercare manager told us how important it was to have good relationships with people's families, they said, "We pride ourselves on our relationships with families and involve them in line with what people want."

Continuous learning and improving care

- Monthly visits were carried out on people's homes by the management team which enabled them to obtain feedback from people and check the environment, equipment's, medicine management and safety.
- Spot checks were carried out to check staff performance on service delivery and approach when supporting people. Outcomes of spot checks were discussed with staff along with further learning and development.
- This meant that there were systems in place to ensure there was a culture of continuous learning and people received effective care at all times.
- The provider had developed a business plan in line with the new integrated health and social care model focused on early intervention and prevention. One future plan was to help people live more independently offering safe, long term support.

Working in partnership with others

- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.