

H & H Healthcare 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 

Overall summary

H & H Healthcare Limited is a domiciliary care service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in the Plymouth, Ivybridge and surrounding areas. This includes people with physical disabilities, mental health problems and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 19 people were receiving a personal care service. These services were funded either privately, through Devon and Plymouth Councils or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We carried out this announced inspection on 7, 12 & 13 January 2015; we told the provider the day before that we would be coming. This was to ensure the registered manager was available when we visited the agency's office and so we could arrange to visit some people in their own homes to hear about their experiences of the service. This was the first inspection since the service was registered.

People we spoke with told us they felt safe using the service. People told us, "I can rely on them {staff}" and "overall very good". Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "good attention to detail" and "they {staff} do a brilliant job". Health and social care professionals told us managers kept in contact with them and informed them of any concerns about the people using the service. They told us staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

Health and social care professionals told us staff really understood people's needs, were flexible and willing to provide a service for people with complex needs. One professional told us, "they are an outstanding service; they don't treat people as 'difficult' seeing beyond people's behaviour and supporting them to become independent. They take our most complex cases and have achieved amazing results with people".

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture in the service, the management team provided strong leadership and led by example. The provider/registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way that they cared for people. Care staff told us, "you have time to give people the help they need and deserve" and "clients get a good service and have the care that's right for them".

People and their families told us the management team was very approachable and they were included in decisions about the running of the service. People told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

The service worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided. Health and social care professionals were all very positive about working with the service and how the service sought different ways to improve the quality of the service provided.

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. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Good



Is the service caring?

The service was caring. People who used the service, relatives and health and social care professionals were positive about the service and the way staff treated the people they supported.

Staff supported people to improve their lives by promoting their independence and well-being. Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People were consulted and involved in the running of the service, their views were sought and acted on.

Good



Is the service well-led?

The service was well-led. There was a positive culture in the service, the management team provided strong leadership and led by example. The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team.

People were included in decisions about the running of the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

Good



Summary of findings

The service worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided.

H & H Healthcare Limited

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 of H & H Healthcare Limited took place on 7, 12 & 13 January 2015. We told the provider the day before that we would be coming. This was to ensure the registered manager was available when we visited the agency's office and so we could arrange to visit some people in their own homes to hear about their experiences of the service. This was the first inspection since the service was registered in September 2013. One inspector undertook the inspection.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to

give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service.

During the inspection we went to the provider's office and spoke with the registered manager, the service manager, the two care co-ordinators and three care staff. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited three people in their own homes and made phone calls to two other people and one relative. We also made phone calls to two care staff and three health and social care professionals who worked with the service. These professionals were a social worker, a district nurse and a representative from a local disability charity that supported people with their direct payments funding.

Is the service safe?

Our findings

People told us they felt safe using the service. People told us, “I can rely on them {staff}” and, “overall very good”.

Staff had received training in safeguarding adults. Safeguarding and whistleblowing policies were available and staff were required to read them as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would have no hesitation in reporting any concerns to managers as they wanted people to be safe and well cared for.

The service had not made any safeguarding alerts themselves since they started to operate in September 2013. However, we were told by health and social care professionals that the service had been instrumental in safeguarding referrals being made. The service had passed on information of concern to these professionals, who had a lead role in the individual’s care, and this had resulted in people being safeguarded against the risk of abuse.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, the service provided staff with torches if there was no external lighting to people’s homes when staff carried out visits when it was dark. Where people had restricted mobility information was provided to staff about how to support them when moving around their home. Staff supported some people to move from one area of their home to another by using a hoist. Staff told us they had received training in using hoists and were always given clear guidance on how to support each individual person when using any equipment. People who required staff to use equipment told us there were aware of the risk assessments and had agreed to them.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a

re-occurrence of the incident. For example if someone had a fall, managers would re-assess their needs to see if additional equipment might be needed and involve the appropriate healthcare professionals if necessary.

There were sufficient numbers of staff available to keep people safe. People told us there were enough staff available to cover their agreed visits. Staffing levels were determined by the number of people using the service and their needs. The service used a computer package to rota the times people required their visits and record which staff were allocated to go to the visit. All staff who worked in the office could access the system which meant they were working from the same information when speaking with staff and people who may ring to ask about their visits. Office staff were also able to access the system when they worked ‘out of hours’ and this meant they still had reliable information to work from outside of office hours.

People had telephone numbers for the service so they could ring during office hours and in the evening and weekends should they have a query. People told us phones were always answered, inside and outside of office hours. One person told us, “I can contact the office out of hours”. The service sent a list each week to people to let them know the exact times of their visits and the names of the staff coming. People told us they had regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported every having had any missed visits. People told us, “good on times – I am confident staff will turn up” and “they ring me if staff are running late, I don’t mind as long as I know”.

Staff told us their rotas allowed for realistic travel time which meant they could arrive at people’s homes at the agreed times. If they were delayed, because of traffic or needing to stay longer at their previous visit, the office would always let people know or find a replacement worker if necessary.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

Some people required assistance from staff to take their medicines. The service had a clear medicine policy which stated what tasks staff could and could not undertake in relation to administering medicines. For some people the

Is the service safe?

help required was to verbally remind people to take them and for other people staff needed to give the medicines to the person to take. Each person's care plans detailed the medicines they had prescribed and the level of assistance required from staff. All staff had received training in the administration of medicines.

We discussed the service's emergency planning arrangements with the registered manager. They told us there was a plan in place to deal with adverse weather

conditions, especially for people who lived in rural areas that may be difficult to access. There was an individual plan for each person as to how their visits would be covered in the event that staff could not travel around easily due to adverse weather conditions. This included re-deploying staff to carry out visits for people they could walk to and obtaining details of neighbours and friends who could help if it became impossible for any staff to visit.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, “good attention to detail” and “they {staff} do a brilliant job”.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. Staff received regular supervision and appraisal from managers. This gave staff an opportunity to discuss their performance and identify any further training they required. For example staff had received training in Dementia Care as a result of discussions with managers.

Staff were matched to the people they supported according to their own skills and interests and the needs of the person. For example, if people needed staff who were trained to use specific equipment. During the initial assessment, before people started to receive a service, managers found out about people’s interests and hobbies so staff who shared similar interests were allocated where possible.

Some people who used the service made their own healthcare appointments and their health needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. People told us about occasions when staff had taken them to hospital appointments or

made phone calls to their doctor on their behalf. Staff had regular people they visited and as a result were good at noticing any changes, to people’s health. One person told us staff had noticed a red mark on their leg, which they kept under observation, and called their doctor when it did not improve.

Health and social care professionals told us managers kept in contact with them and informed them of any concerns about the people using the service. They told us staff were knowledgeable about the people they cared for and knew how to recognise if people’s needs changed.

People, or their legal representative had, signed consent forms to give their consent to the care and support they received. Staff told us they always asked people for their verbal consent before delivering care and support. People we spoke with confirmed staff asked for their agreement before they provided any care or support.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. Care records showed the service recorded whether people had the capacity to make decisions about their care.

Where people’s capacity to make daily decisions could fluctuate care plans detailed how staff should support people to make their own decisions wherever possible. For example care plans explained how people communicated their wishes, and if an individual had difficulty communicating, what certain expressions or gestures meant.

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with all of the staff and got on well with them. People told us, “they {staff} seem to care about you and your feelings” and “they {staff} care”. Relatives told us, “very good care”, “staff are very good”, “staff are excellent” and “very caring”.

Rotas were organised so that everyone had regular staff. A small group of staff were not given a set rota and were available to cover when other staff were not working. This small group of staff knew everyone who used the service and this meant people always received care from a care worker known to them. People confirmed they knew the staff booked to come to them and new staff were always introduced to them before they started to work with them.

One person told us they had had care and support from different services for over 10 years. Previous providers had been unreliable and this had been very stressful for them because they never knew who was coming or when they were going to arrive. They told us they had not realised just how much of a strain this had been until they could make a comparison with the service provided by H & H Healthcare. They told us they felt the most relaxed they had been in years now they had such a reliable service with regular staff who they trusted.

Most people had visits between one and four times a day of up to an hour per visit. Management and staff provided support outside of people’s agreed hours, going ‘that extra mile’ to help people maintain their independence by supporting them to access other services. Managers showed us examples of helping people to apply for benefits, which was offered as a complimentary service. These examples showed how the service advocated on people’s behalf to access help and services that people did not have the knowledge or ability to access themselves. This included filing in forms for people to apply for disabled badges, housing and disability benefit. One person told us, “someone helped me fill in my disability allowance forms”. Another example was where managers dealt directly with one person’s housing provider to explain the impact of having a kitchen that, without the necessary adaptations, they could not fully use. This resulted in the repairs being carried out within a few days rather than the several months the person had been previously told.

The registered manager told us they realised that people’s care needs may not be the only areas of their life where they needed support. By identifying and helping people to improve other areas of their lives this supported people to live as fulfilled lives as possible.

Health and social care professionals told us, “they {the service} really care about the people they support and for their staff” and “the registered manager is very caring and compassionate only taking on work she can cover”. Health and social care professionals gave us many examples of how staff ‘went the extra mile’ and had ‘turned people’s lives around’. The service had worked with several people who were experiencing periods of mental illness which meant they had lost their self-esteem and contact with the local community. The service had carefully matched staff to people’s needs and over time had enabled people to regain their confidence, self-esteem and start going out again and mixing socially with people. One example was where staff had worked with an individual who no longer looked after their appearance or personal hygiene and was either confined to bed or in a wheelchair. Over time staff encouraged this person to regain an interest in their personal appearance and hygiene. Staff also found the person was able to walk and eventually the person’s confidence was raised to such a point where they were going out, without a wheelchair, to shops and the hairdressers.

People told us how the service had helped to improve their lives by promoting their independence and well-being. One person told us how they had resisted having care for some time because they were not comfortable with strangers coming into their home and helping them with their personal care. They told us when they started to have help with H & H Healthcare staff were very kind and patient and over time they began to trust the care workers. Prior to starting the service the person had not been out for several months and had lost confidence. Now the service had become established they told us, “They [care staff] make me feel relaxed. My regular worker cares for me like my Mum. I go out shopping once a week with my worker and we have a good laugh”.

Staff were very motivated and clearly passionate about making a difference to people’s lives. Staff told us, “I love it, you have time with your clients, you are not rushing” and “We have regular clients so we can really get to know people and make sure they are well looked after”.

Is the service caring?

Staff were aware of issues of confidentiality when visiting people. Staff told us they did not talk about other people when they carried out their work. One person told us, “staff don’t talk about other people when they are with me, which assures me that they don’t talk about my affairs to other people”.

People told us that if they were unwell and needed a doctor or to go to hospital in an emergency staff always stayed with them until the doctor or family arrived. We were told it was not unusual for staff to go to hospital with people and spend several hours with them to support them.

Staff respected people’s wishes and provided care and support in line with those wishes. People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. One person

told us, “staff listen to what I want and you don’t feel overruled”. People told us that staff ensured their privacy was protected when they provided personal care. Care plans detailed how people wished to be addressed and we observed staff speaking to people using their agreed name. For example some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

People were involved in decisions about their care and the running of the service. The service had recently surveyed everyone to ask their views on staff wearing uniforms. Most people said they liked staff to wear a uniform. However, there were a few people who, when asked, said they didn’t like staff wearing uniforms as this advertised that they were receiving care. The service respected this and ensured that staff who visited them did not wear a uniform.

Is the service responsive?

Our findings

Before people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. Care files had comprehensive assessments in place detailing people's needs. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. Care plans contained details of people's daily routines which gave clear guidance for staff to follow to meet people's needs.

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. Staff told us they involved people in developing their care plans so care and support could be provided in line with their wishes. One person told us, "my regular carer went through my care plan with me last week". 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.

Health and social care professionals told us staff really understood people's needs and were flexible and willing to provide a service for people with complex needs. One professional told us, "they are an outstanding service; they don't treat people as 'difficult' seeing beyond people's behaviour and supporting them to become independent. They take our most complex cases and have achieved amazing results with people".

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example providing extra visits if people were unwell and needed more support or responding in an emergency situation. One person told us about when their husband became extremely unwell within minutes of the worker leaving their house after a planned evening visit. The person rang the 'out of hours number' and the worker returned immediately and supported them to phone for an ambulance, staying with them until help arrived.

Another person told us they had funding to have a certain number of hours each week to go out with a worker. Sometimes they liked to go out for the whole day with their worker so they could travel further and see different places. They told us the service was happy for them to 'save' their hours so they could have a longer visit some weeks.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Managers respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. The registered manager was also one of the owners of the service. They were supported by another manager and two care co-ordinators. People told us they knew who to speak to in the office and had confidence in the management and office team. One person told us, “office staff are very friendly and are approachable”.

The service had effective systems to manage staff rotas, match staff skills with people’s needs and identify what capacity they had to take on new care packages. This meant that the registered manager only took on new work if they knew there were the right staff available to meet people’s needs. A health care professional told us, “the manager only takes on work they can cover”. One person told us, “the company is well organised”.

Staff were positive about the how the service was run. One member of staff told us, “more organised than other services I have worked for, you are not put under pressure to take on extra work. They are aware of when you can work and don’t make unreasonable requests”.

There was a positive culture in the service, the management team provided strong leadership and led by example. The provider/registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way that they cared for people. Staff demonstrated they understood the principles of individualised, person centred care by talking to us about how they met people’s care and support needs. They spoke with commitment and used words like ‘individual’ and ‘personalised’ when they talked about the people they supported. Care staff told us, “you have time to give people the help they need and deserve” and “clients get a good service and have the care that’s right for them”. A member of office staff told us “we [staff in the office] have all worked for other care organisations and know what a good service should look like, we want this service to be the best”.

Staff received regular support and advice from managers via phone calls, texts and face to face individual and group meetings. Staff told us the management and office team were very supportive and readily available if they had any concerns. Staff told us, “you can go into the office at any time to talk, office staff always stop and talk to you”. “Good to work for they value staff, easy to make changes to your rotas to fit around your family life”, “I couldn’t have asked for better support when I had a family bereavement” and “I feel valued”.

The service had recently started posting information about adverse weather conditions or any local traffic problems on social media. Staff told us this was very helpful as they could check this each day before they left home and make any necessary adjustments to the journeys.

Staff were encouraged to challenge and question practice and were supported to make improvements to the service. Staff told us how they would often feedback to the office about different ways of supporting people and this was taken on board and changes made to people’s care plans. Staff said they were encouraged to report any concerns about other staff’s practice to the management if they felt the practice was not of the high standard expected. One staff member told us, “if you report anything about other staff to the office, this is listened to and dealt with discreetly”.

The service worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided. Health and social care professionals were all very positive about working with the service and how the service sought different ways to improve the quality of the service provided. One professional told us, “the service has integrity, are self-reflective about their practice and strive to continuously improve the service delivery”. Another professional told us, “whenever I have raised any concerns these have been dealt with immediately They get things right 95% of the time and for the other 5% they learn from the experience and make changes to improve the service. This is the only service I work with where the registered manager has asked for feedback about the service, they want to continuously improve”.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their families told us the management team was very

Is the service well-led?

approachable and they were included in decisions about the running of the service. People told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The management team worked alongside staff to

monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.