

Huuman Kind Care Ltd

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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

Huuman Kind Care Ltd is a domiciliary care service providing personal care to people. The service provides support to younger or older people who may live with dementia or physical disabilities. At the time of our inspection there were eight people using the service.

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

People and relatives told us there were enough staff and they could rely on staff providing the care agreed at the times they wanted. Staff had assessed people's safety and care needs and worked with their relatives and other health professionals to mitigate their risks. People were supported to have the medicines they needed to remain well. Staff understood what action to take should they have any concerns people may be subject to abuse. Staff were confident if they raised concerns these would be promptly addressed by the senior team. The registered manager undertook checks on the suitability of staff before they could work with people so they could be assured people's safety was promoted. Staff were supported to provide safe care through the provision of personal protective equipment and infection control training.

People told us they had built extremely close bonds with the staff who cared for them. Relatives were positive about the relationships staff built with their family members and them. Staff worked in ways which valued people and promoted their dignity, independence and privacy.

People's and their relative's views were considered when care needs were assessed. Staff received training and induction to support them to provide good care. Where people wished to have support to have enough to eat and drink staff supported them. This helped to ensure people remained hydrated and well. People told us staff respected their decisions.

Where people needed some support to make decision's the registered manager worked with others who were legally appointed to help people. 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. Systems were in place to manage any complaints and suggestions made to benefit people receiving care.

People and their relatives were involved in drawing up care plans, based on people's preferences. People's care plans considered any communication support they may require and how staff should support people to maintain relationships which were important to them. The registered manager planned to further develop people's care plans. Relatives were very complimentary about the support all staff provided at the end of their family member's lives. Relatives told us this approach enabled people to experience a pain free

and dignified death, based on their wishes.

There had been changes in the management team supporting people. People and their relatives told us the new arrangements were working well and described a culture in the service which focused on the needs of the people. Staff told us the service was managed well and Huuman Kind Limited was a good place to work. A health and social care professional who regularly worked with staff told us systems were in place to ensure effective joint working. This benefited people by leading to improved health outcomes.

The registered manager undertook checks on the quality and safety of the care provided. The results of these checks were used to inform service development.

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

Rating at last inspection

This service was registered with us on 29 October 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and recruitment and the management of the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Huuman Kind Care 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 Health and Social Care Act 2008.

Inspection team

The 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 February 2022 and ended on 04 March 2022. We visited the location's office/service on 10 February 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed a range of the provider's policies relating to people's safety and management of the service. We used all this information to plan our inspection.

During the inspection

We spoke with three people who received care from Huuman Kind Care Ltd and four relatives. We spoke

with eight members of staff including the registered manager, senior staff, care workers and a recruitment staff member. We reviewed a range of records. This included four people's care records and multiple medication records.

We looked at records relating to the management of the service and the safety and quality of people's care. These included checks undertaken by the registered manager so they could be assured staff were safely recruited and trained and that people were receiving good care. We saw the compliments received by the service and registered manager, and how staff communicated with relatives and between staff teams. In addition, we saw the systems put in place to manage any complaints and accidents and incidents, should these occur.

After the inspection

We spoke with a health and social care professional who regularly worked with the service, to gain their views of the care provided. We spoke with the registered manager about their plans to further develop the safety and quality of the care provided to people.

Is the service safe?

Our findings

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

This is the first inspection since registration of this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew their responsibilities to report any safeguarding concerns to external organisations.
- Staff had received training in safeguarding and understood how to recognise possible signs of abuse.
- Staff were assured the registered manager and senior staff would promptly take action to support people, should any safeguarding concerns be identified. The provider had ensured safeguarding policies were available to guide staff, should these be required.

Assessing risk, safety monitoring and management

- People were positive about the way staff supported them to manage their safety. One person told us staff always carefully checked they had the equipment they needed to stay as safe as possible before staff left their home.
- Relatives told us their views on the best way to promote their family member's safety was regularly sought and listened to. This helped to ensure people's risks and safety were managed well.
- The provider had assessed people's risks and developed these further in line with people's needs.

Staffing and recruitment

- People told us they could rely on staff arriving on time and providing the care they wanted. One person told us if their regular carers could not attend their call, "They [senior staff] will get a stand in, there's no disruption, they still come at the same time." Another person said, "Staff always stay full time, there's no rush or hurry."
- New staff were not permitted to care for people until their suitability had been checked. This included taking up references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff gave us examples showing how they had been supported to spend additional time with people, for example, if people's needs changed.

Using medicines safely

- People were positive about the way their medication administration needs were met. One person told us, "They [staff] are very particular with medicine and do them every morning for me."
- Staff were not allowed to administer people's medicines until they had been trained to do this and their competency checked.
- The registered manager undertook checks to assure themselves people were receiving their medicines as

prescribed. Staff gave us examples showing how senior staff promptly contacted them to make sure people's medicines had been administered, in the event of information technology signal failure.

Preventing and controlling infection

- People and their relatives told us staff consistently used the personal protective equipment, (PPE), required to promote good infection control.
- Staff confirmed they had received training in infection control practices and gave us examples showing how they used their training to reduce the risk of people experiencing infections. For example, through safe disposal of used PPE and soiled items.
- Staff were supported to maintain people's and their own safety through access to COVID-19 testing and PPE.

Learning lessons when things go wrong

- People and relatives were encouraged to let staff know if they had any concerns and were confident staff would address these, if anything went wrong or could be improved.
- Staff told us their views on the most appropriate way to care for people were listened to.
- The registered manager had put systems in place to support the review of any accidents or incidents should these occur and to identify any patterns emerging so these would be addressed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since registration of this service. This key question has been rated 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 had been assessed before they started to receive care from Huuman Kind Limited. Where people chose, their relatives were part of this process. This helped to ensure people's care needs were fully explored and responded to.
- Staff gave us examples showing how people's assessments were updated as their needs changed.

Staff support: induction, training, skills and experience

- People told us staff knew how to care for them. Relatives were positive about the way staff used their skills to support their family members. One relative said, "They [staff] picked up on things for Dad, they advised us and made suggestions to make sure he was ok. They have the skills and the commitment to do this."
- New staff were supported to develop their skills to care for people through induction and on-going training. This included opportunities to work alongside more experienced staff, (shadowing), initially. One staff member told us, "I had training before I went shadowing. It included manual handling, infection control, safeguarding policies and everything you would need to do, all before I did shadow shifts."
- The provider supported staff to continue to develop their skills. This included access to a dedicated training area to show staff how to competently use equipment, and support to complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. One staff member said, "I am 100 percent sure they would organise additional training for me if I wanted it."

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

- People told us staff consistently checked they had enough to eat and drink to remain well. One person told us, "They [staff] help with food and cook it fresh sometimes, other times I like a ready meal. They always ask me what I would like."
- Relatives told us staff made sure people had enough food in their homes to support good nutritional intake.
- Staff had considered if there were any barriers which may prevent people from having enough to eat and drink and had developed plans to address these.

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

- People were supported when their health needs changed. Relatives told us staff were skilled at identifying possible areas of health concerns and letting relatives know, so routine health care was promptly sought.

- One relative highlighted how effectively staff had supported their family member in an emergency health situation. The relative told us staff had been very calm and organised when an ambulance had to be called for their family member. The relative told us staff's approach meant a difficult situation was managed very well.
- The service had developed effective working relationships with other health and social care professionals. One health and social care professional told us "I know they will contact me if they have any concerns for people, they know what to call me for, and they follow the advice I give." The health and social care professional said this approach had ensured people with complex health needs experienced the best care possible.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People had consented to their care and were offered choices by staff and told us these choices were respected.
- Where people needed support to make some decisions staff consulted with people's relatives.
- The registered manager had established if people had legal representatives who would need to be involved in decisions about care and was in the process of obtaining copies of court documents to confirm this. This will help to ensure people's rights are further promoted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since registration of this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were very positive about the staff caring for them. One person said, "[Staff] are absolutely wonderful, I could not better them, they are very kind and they will do anything for me." Another person told us they really valued, "Knowing [staff] are coming, as I am on my own a lot. We always have time for a bit of a chat and have a nice relationship." Another person told us how well they got on with the staff caring for them and said, "They [staff] do care and they are kind."
- Relatives told us the caring and thoughtful approach of staff meant people's whole households were well supported at critical times. One relative said, "It made a huge difference to dad's quality of life and it gave me a sense of hope."
- Staff valued the bonds they had built with the people they cared for. One staff member told us, "Its brilliant working here, I love it because I love the clients."
- A health professional who also supported people in receipt of care from Huuman Kind Limited said, "Staff are very thorough and very kind. [People and staff] know each other well, and it makes it fantastic care."

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

- People were encouraged to let staff know what care they wanted during their care calls and when their care packages were reviewed.
- Relatives told us they did not have to wait for care reviews if they wanted any elements of their family member's care to be changed. Relatives gave us examples showing how staff had involved them in decisions about their family member's care, including care at the end of their family member's life and in response to suggestions about personal care.
- Staff gave us examples showing how they supported people so they would be in the best position to make their own choices. This included writing things down for people so they could make informed decisions about the care offered.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect by staff who ensured their rights to dignity and privacy were respected. One person explained staff had checked which gender of staff they preferred to receive personal care from, and this was respected. The person also told us staff consistently supported them to maintain their dignity during personal care.
- Staff gave us examples of the actions they took to ensure people's independence was promoted. This included encouraging people to continue to manage elements of their care where they were able to do this with minimum support from staff.

Is the service responsive?

Our findings

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

This is the first inspection since registration of this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were as involved as they wished to be in care planning. This helped to ensure people received care which was based on their preferences and met their needs.
- One person told us about their care plan and said, "They [staff] all ask what I want, they don't tell me. They listen and they do not argue, this helps me to get the care I want."
- Staff told us suggestions they made to improve people's care plans were listened to. For example, one staff member told us staff were now supporting one person with the administration of their medicines, so they could be assured this was done in the safest way possible for the person, as their needs changed.
- The registered manager planned to further develop people's care plans, so they consistently provided staff with the guidance they needed to provide good care to people.

End of life care and support

- Relatives were very complimentary about the quality of care provided to their family members at the end of their lives. One relative explained staff had gone above and beyond in order to ensure their family member had a dignified and pain free death. This included extended care provided by the person's regular care team and the registered manager, practical steps taken to support the family and effective working with other agencies. The relative told us, "The day before they died staff gently changed them, [gave personal care], had a laugh and gave them a cuddle. The last week leading up to their death, I can't express how it helped emotionally knowing they [staff] were there."
- The relative said the excellent care provided had continued after their family member had died, and they were treated in a respectful and person-centred way. The relative told us because of this, "It was so lovely what they did, they made [person's name] comfortable and dignified, they put low music on. [Person's name] looked so serene, as if they were asleep. They'd made the hospital bed look more like a normal bed and the whole thing left me with a beautiful memory."
- Another relative highlighted how good the quality of care had been at their family member's end of life. The relative told us, "Staff made extra few minutes with [person's name] possible, because they travelled to two different towns to get their prescription for us, so I could spend time with [person's name]."
- The relative gave other examples of kindness which supported the person and their family at this critical time. For example, their family member needed additional nightwear. The relative told us, "Staff went to Matalan in their lunch break, what they did was above and beyond. They have taught me so much about being a good person. Staff were with them till the end, called [the family] over, and [person's name] died with 'her [staff]' as they would have wanted."
- Staff were supported after providing end of life care to people. One staff member said even though they knew people were coming to the end of their lives, when it happened, "It knocks us for six but they

understand that in the office, and you talk through what happened." A relative told us, "They [staff] did not rush off to the next call, they [senior staff] organised things to make sure the next call was covered, so staff had time to recover."

Meeting people's communication needs

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

- People's communication needs had been considered when their needs were assessed, and their care planned.
- Staff recognised some people needed extra support to make informed decisions about their care. One staff member told us about one person they cared for and said, "You learn to understand [person's name] communication methods. You do write things down for them, so they can decide for themselves."
- Relative's told us staff ensured notes were left for them, so they were aware of any changes in people's needs.

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

- People told us they valued the social aspect of receiving care from staff. People said they looked forward to their care calls, and interaction with staff. One person told us, "They always sit and have a chat with me about what goes on in the world and our families."
- Relatives said because staff were skilled at ensuring their family members were fully supported and were reliable, relatives were able to concentrate on maintaining meaningful relationships with their family members.
- One relative told us their family member had recently started to receive care from Huuman Kind Limited. The relative said staff had already identified their family member would like to spend more time out locally enjoying themselves. The relative said, "They are pre-planning to do nice things with them, like feed the ducks, when the weather is better."
- Staff gave us examples showing how they used their knowledge of what mattered to people to help them stay connected with their past. For example, staff had chatted with a person about their life and located some archive photographs, showing their late relative in their younger years, which the person had really appreciated.

Improving care quality in response to complaints or concerns

- Relatives told us they had not had to formalise any complaints because staff very promptly adjusted the care provided to people, should any concerns be raised.
- Systems were in place to manage complaints and to take learning from these.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection since registration of this service. This key question has been rated 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

- There had been changes to the leadership of the service since they were registered with The Care Quality Commission. People and relatives told us the new management arrangements were working well. One relative explained about the changes and said because of the culture set by the management team, "They seem to do things well, I would recommend them to someone else now."
- Another relative told us senior staff led by example and emphasised senior staff and the registered manager had spent time caring for their relative at a crucial stage in their care. The relative said, "It was not like a business, it felt they cared, and they wanted to do things for [person's name]. If I was to refer anyone for a care company it would be them. Between [registered manager's name] and [senior staff's name] they have turned it around. They have had challenges but maintained their care."
- Staff were supported by the registered manager to ensure people's wishes were the focus of the service. Staff were consistently positive about this approach and the way they were supported to provide good care. One staff member said, "I love working for them, they really listen to what you say. From the start we said people prefer consistency [of staff] and you treat them as part of the family. This is working."
- The registered manager was supported by the provider to focus on the needs of people and drive through improvements in their care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager and senior team checked key areas of people's care so they could be assured people received safe, quality care at the times people had planned with staff.
- The findings of the checks were used to drive through improvements in the care provided. This included in relation to staff recruitment and training and the management of people's risks.
- The registered manager knew what important events needed to be notified to The Care Quality Commission and understood they were required to be open and honest in the event of something going wrong with people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to let staff know what they thought about the care offered through surveys and informal discussions. We saw the feedback from people on completed surveys was positive.

- Relatives told us their views on the care provided were welcomed by staff and acted on. This helped to ensure people continued to receive good care.
- Staff's views on how people's care could be further developed was obtained through supervisions and check-ins with the senior staff. Staff told us they did not have to wait if they wanted to make suggestions to improve people's care further. One staff member told us senior staff had promptly followed a suggestion they made for increasing one person's confidence using equipment they needed to mobilise round their home. The staff member told us the person's confidence had increased and they were now mobilising well.
- Relatives told us communication with staff was good, and there was a commitment from staff to work together with the service to ensure people were supported to have the care they needed from other organisations, such as people's GPs.
- The health and social care professional we spoke with was positive about the joint working arrangements and said these promoted good health outcomes for people. The health and social care professional told us, "If they[staff] had any issues they would contact us, and we would arrange a joint meeting. They know [people] well and [people] always had a smile on their face when staff [arrive]. They worked very well with the families, too."

Continuous learning and improving care

- Learning was taken from feedback from people, relatives internal audit findings and feedback from other organisations, such as the Local Authority. Findings were used to develop the service further. For example, the registered manager was being supported by the provider to introduce new information technology systems. This will further promote people's medicine management safety and care planning arrangements.