

Home Healthcare Ltd

Home Healthcare/Capable Care

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

Home Healthcare/Capable Care is a domiciliary care agency. It provides care and support for people 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. They were providing personal care to 6 people at the time of the inspection.

People's experience of using this service and what we found

There were safeguarding procedures in place and the registered manager and staff had a clear understanding of these procedures. Risks to people were assessed and staff were aware of the action to take to minimise risks where they were identified. The service had procedures in place to reduce the risk of infections. People received support from staff to take their medicines safely. Appropriate recruitment checks had taken place before staff started work at the service. There were effective systems in place for monitoring, investigating, and learning from incidents and accidents.

People's care needs were assessed when they started using the service and care plans were in place to ensure staff could support them safely. Staff received training and support relevant to people's needs. Where required, people received support from staff to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People using the service told us staff were kind and caring and they were always consulted about their care and support needs. They knew how to make a complaint if they were unhappy with the service. People had access to end-of-life care and support if it was required.

There were effective systems in place to monitor the quality of service that people received. Staff said they received good support from the registered manager. The registered manager took people and their relatives' views into account through satisfaction surveys and feedback from these was used to improve the service. The registered manager and staff worked with health and social care providers to plan and deliver an effective service.

Rating at last inspection.

This service was registered with us on 28 January 2022, and this is the first inspection. The last rating for the service under the previous provider was Good, published on 18 May 2018.

Why we inspected.

This inspection was prompted by a review of the information we held about this service.

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.

Home Healthcare/Capable Care

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

A single inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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.

What we did before inspection

We reviewed information we had received about the service. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people using the service and 3 relatives about their experience of the care provided. We spoke with 3 care staff and the registered manager. We reviewed a range of records. This included 3 people using the service's care records and medicines records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service, including the quality monitoring systems and audits.

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 of this newly registered 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 protected from abuse. There were safeguarding adults and children's policies in place and staff had received safeguarding training. Staff told us they would inform the registered manager if they suspected or witnessed abuse. They also said they would report safeguarding concerns to the local authority safeguarding team and the CQC if they needed to.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC as required.

Assessing risk, safety monitoring and management

- Risks to people were assessed to ensure their needs were safely met. Risks were regularly reviewed to ensure people's changing needs were safely managed.
- People's care files included risk assessments in relation to, for example medicines, self- medicating and moving and handling. Risk assessments provided staff with information on how to support people to safely mobilise with the use of hoisting equipment.
- The registered manager told us they worked in partnership with an occupational therapist. The occupational therapist trained staff to make sure they could use hoisting equipment safely.
- Staff knew people very well and understood their individual needs and risks. A staff member told us how they supported a person using medical equipment. They told us the manager always made sure they were trained according to people's specific medical and physical care needs before they were permitted to support them.

Using medicines safely

- People were receiving their medicines as prescribed by health care professionals. Where people required support from staff to take their medicines this was recorded in their care plans. People's care plans included detailed guidance advising staff on how they liked to receive their medicines.
- Care files included medicines assessments detailing who was responsible for managing medicines. Where people managed their own medicines, we saw self-medicating risk assessments were in place.
- The provider used an electronic medicine administration recording system (EMAR) for recording medicines administered to people using the service. The registered manager monitored the EMAR daily to make sure people received their medicines on time. We saw that regular weekly audits on medicines records were completed.
- Staff told us and records confirmed, they had received training and they had been assessed as competent to administer medicines safely. This ensured staff had the necessary skills to safely administer medicines.

- The registered manager showed us a staff rota and an electronic call monitoring system (ECM). The ECM enabled them to monitor care calls and alerted them if calls were running late. They told us if calls were running late, they alerted the person using the service that the staff member was on their way. The registered manager told us there were no missed calls and showed us records confirming they regularly audited the ECM.
- A relative told us, "The staff always turn up on time, it's very rare that they are late." A person using the service said, "The time keeping is good but if the staff are going to be late, they call and let me know." Another person commented, "The staff are always on time, you can set your clock by them." A staff member told us, "We have plenty of staff. I live in the same area as the people I care for so it's easy for me to get between calls."
- Robust recruitment procedures were in place. Recruitment records included Disclosure and Barring Service (DBS) checks, application forms with full employment histories, employment references, and proof of identification. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The service used effective infection, prevention, and control measures to keep people safe. People told us that staff wore personal protective clothing (PPE) when supporting them. One person said, "Staff always wear PPE when they help me with my shower."
- Staff told us they had enough PPE available to them. They told us they wore full PPE when they provided people with personal care. Records showed that staff had received training on infection prevention and control.
- A relative told us, "The staff always wear masks, gowns and gloves when they help my loved one with their personal care."

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately. The registered manager showed us a log for recording, monitoring, and learning from incidents and accidents.
- The registered manager and staff told us they discussed incidents in reflective practice during weekly team meetings. A staff member told us, "I know how to find and fill in incident and accident forms and report them to the registered manager. We talk about any incidents or accidents as a team to try and make sure it doesn't happen again."

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 for this newly registered 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 care, and support needs were assessed when they started using the service. The assessments covered people's health and social care needs. Information gained from the assessment was used to draw-up care plans and risk assessments.
- People and their relatives contributed to these assessments to ensure their individual needs were considered and addressed. We saw that care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. This training included topics such as catheter care, dementia awareness, end of life care, pressure area care, stoma care, basic life support, safeguarding adults and children, health and safety and infection prevention and control.
- Staff had received an induction and completed training in line with 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.
- A staff member told us, "We keep on top of our training; I'm also completing a level two course in social care."
- An external trainer told us they attended the office each week to facilitate training for staff. They said the staff always turn up for training and they are keen to learn.
- Records showed that staff received regular formal supervision from the registered manager.

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

- People received support to maintain a balanced diet. Where people required support with eating and drinking, this was recorded in their care records. The registered manager told us they would seek advice and guidance from speech and language therapists or dietitians if people needed any support with eating and drinking.
- A staff member told us, "Most people or their relatives prepare their own meals. Sometimes family members leave pre-prepared meals in the fridge for staff to heat up. I always make sure people drink plenty of fluids especially in this hot weather. Fluid intake is something we regularly discuss in team meetings."

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

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

- The registered manager and staff worked in partnership with GP's and other health and social care professionals to plan and deliver the service.

- Peoples care records included information about people's medical needs and conditions and the details of health care professionals involved in their care.
- A staff member told us if they thought someone wasn't feeling well, they would contact their relatives and the registered manager. If need be, they would contact the persons GP or call an ambulance.

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's capacity to make decisions was assessed and held in their care files.
- Records showed that staff received training on the MCA. Staff told us they asked for people's consent before providing care and they encouraged people to make their own decisions and choices.

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 for this newly registered 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

- A person using the service told us, "The staff and the manager show great understanding and empathy. They always have smiles on their faces. I am lucky and eternally grateful to have them." Another person and their relative told us, "The staff are excellent. They are always very polite and helpful." Another relative commented, "The staff are amazing, they love to chat with my loved one. They even brought a card and some flowers on my loved one's birthday."
- People's care records included sections that recorded their religious and spiritual needs. A staff member told us, "I had training on equality and diversity. I am happy to support people with different cultural and religious backgrounds. I respect everybody and I am always professional."

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

- A person and their relative told us, "The staff asked us about all the things we needed when we started using the service. The staff are always asking us if we need anything else." Another relative told us, "I have always been involved in my planning for my loved one's care. The registered manager came and done an assessment and asked what kind of care we needed. It's all in the care plan."

Respecting and promoting people's privacy, dignity and independence

- A relative commented, "My loved one's privacy and dignity is always respected. My loved one has two staff visiting and one is always a female to help with washing and dressing. The staff make sure the door is closed when they help my loved one with their personal care."
- A staff member told us they explained to people what tasks they were doing, they encouraged people's independence by asking them to do what they could do for themselves. If a relative was present, they would explain to them that this was a private moment, and asked if they could leave for a few minutes to complete the personal care.

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 for this newly registered 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 told us they were always consulted about their care needs. Care plans were personalised and included evidence that people and those important to them had been involved in planning for their care and support needs.
- The provider used an electronic system for assessing people's needs and developing, monitoring, and reviewing care plans and risk assessments. We saw that people's care plans included detailed directions for staff on how to support them with their daily needs.
- Staff used handheld devices to access people's needs and to record when tasks were completed. A staff member told us the system was simple to use, it included descriptive details of what they need to do for the people they supported.

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 were assessed and recorded in their care files.
- The registered manager told us that most people could understand the information they provided. If people required information in large print or a different language this would be made available to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. A relative told us, "We have never needed to make a complaint about the care. If we had any concerns, we would speak with the manager and we are sure she would deal with them."
- The registered manager showed us a complaints log and told us they had not received any complaints. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

End of life care and support

- The registered manager told us no one currently using the service required support with end-of-life care. They said they would work with people, their family members and health professionals and the local hospice to make sure people were supported to have a dignified death. Training records confirmed that staff

had completed training on end-of-life care.

- Peoples care records included palliative care assessments. These were used for people to record their end-of-life plans if they wished to do so.

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 for this newly registered 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.

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

- The service had a registered manager in post. They were experienced and knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC where needed.
- The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. A relative told us, "The registered manager is great. She is always available to take our calls and answer any questions we have."
- A staff member told us, "The registered manager is very supportive. She is always available 24 hours a day every day." Another staff member told us, "The registered manager has a good heart. She is the best manager I ever had. If I had a problem, she is always there to deal with it. I can call her anytime."

Continuous learning and improving care: 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 recognised the importance of regularly monitoring the quality of the service. They used an electronic system for monitoring the service. This covered areas such as medicines management, care plans and risk assessments. Areas such as safeguarding, complaints, incidents and accidents, staff training and supervision were also monitored.
- Regular unannounced observation checks were carried out on staff. The registered manager said these checks were carried out to observe staff on duty, to check they were meeting people's care and support needs.
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They said they would always take responsibility if something went wrong. They would report any incidents or concerns to people's relatives, the local authority and CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke positively about the service. A relative said, "This is the best care service we have ever had. They do so much for my loved one." Another relative commented, "Overall the service is excellent. We are very happy with the support we are receiving from the people in charge and from the staff. I am very grateful to them."

- The provider took people's views into account through surveys and feedback from these was used to improve the service. We saw a report from a survey in February 2023. Feedback from people was very positive. The registered manager told us if there had been any issues raised by people, they would have developed an action plan to address them.
- Regular weekly meetings were held with staff to discuss the running of the service. A staff member told us, "There are team meetings every Tuesday. These are very helpful, and I am always happy to come to the meeting. The external tutor comes to teach us about topics such as safeguarding, care planning and medicines. We have time to discuss any problems we are having. The meetings are always at lunch time, so we have coffee and sandwiches. The registered manager is very good at taking care of staff."

Working in partnership with others

- The registered manager and staff worked effectively with health and social care professionals to ensure people received good care. The registered manager told us they were participating in a programme on adult social care reform with the local authority.
- The registered manager regularly attended provider forums run by the local authority where they learned about new initiatives. For example, at a recent forum the local authority held a session on safer recruitment. The registered manager told us the forums were helpful and they had used their learning to improve the service. They told us it was good to mingle with other providers to share good practice and ask for advice and information.