

HLC Care Agency Ltd

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## Inspection report

Unit 2, Invicta Park  
Sandpit Road  
Dartford  
Kent  
DA1 5BU

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Tel: 01322284883

Website: [www.hlccarefoundation.org.uk](http://www.hlccarefoundation.org.uk)

## 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

The inspection was carried out on 25 July 2017, and was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

HLC Care Agency is a small family run domiciliary care agency which provides personal care and support for people living in their own homes. At the time of the inspection the service was providing personal care to 13 people.

There was a registered manager at the service. The registered manager was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our previous inspection on 05 July 2016, we found breaches of Regulation 17, Regulation 18 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate an effective quality assurance system and failed to maintain accurate records. The provider had not ensured that staff received appropriate training and professional development to meet people's needs. They had not provided appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they were employed to perform. The provider failed to follow established recruitment procedures effectively.

The provider sent us an action plan on 28 July 2016 which showed they planned to make the changes and meet regulations by 20 October 2016.

The provider had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the provider's whistleblowing policy. They were confident that they could raise any matters of concern with the provider, or the local authority safeguarding team.

The provider provided sufficient numbers of staff to meet people's needs and provide a flexible service.

The provider had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. Refresher training was provided at regular intervals.

All staff received induction training which included essential subjects such as maintaining confidentiality, moving and handling, safeguarding adults and infection control. They worked alongside experienced staff and had their competency assessed before they were allowed to work on their own.

Procedures, training and guidance in relation to the Mental Capacity Act 2005 (MCA) were in place which included steps that staff should take to comply with legal requirements.

The provider carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed. Care was planned and agreed between the provider and the individual person concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

People were supported with meal planning, preparation, eating and drinking. Staff supported people, by contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues. The provider carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the provider.

Staff had received regular individual one to one supervision meetings and appraisals as specified in the provider's policy.

Effective systems were in place to assess and monitor the quality of the service. There were formal checks in place to ensure that all records were up to date. Care plans and assessments had been consistently reviewed.

People spoke positively about the way the service was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the provider was approachable and understanding.

## 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.

Staff were informed about safeguarding adult procedures. The provider had appropriate safeguarding policies and procedures in place.

The provider carried out environmental risk assessments in each person's home, and individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

### Is the service effective?

Good 

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and support from the management team.

People gave us positive feedback about the choices they were supported to make and the support they received at meal times.

Staff had a good understanding and awareness of the Mental Capacity Act 2005.

People received medical assistance from healthcare professionals when they needed it.

### Is the service caring?

Good 

The service was caring.

People felt that staff provided them with good quality care. Staff kept people informed of any changes relevant to their support.

Staff maintained people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

Systems were in place to ensure staff were responding to people's needs. Changes in people's needs were quickly recognised with action taken.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy and people were aware of how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

The service had an open and approachable management team.

Staff were supported to work in a transparent and supportive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

Staff meetings had been inconsistent.

# HLC Care Agency Ltd

## 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 took place on 25 July 2017 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by one inspector and one expert by experience who made phone calls to people who used the service. An expert by experience is a person who has personal experience of using or caring for someone whose uses this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to help us plan our inspection.

We visited the provider's office in Dartford area of Kent. We spoke with the provider who is also the registered manager. We also spoke with four staff who were care workers. Following the inspection visit we spoke with six people who received support in their own homes from the provider.

During the inspection visit, we reviewed a variety of documents. These included three people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at three staff recruitment files, records relating to the management of the service, such as staff training programmes, sample of audits, satisfaction surveys, staff rotas, policies and procedures.

We asked the provider to send additional information after the inspection visit, including training records and some contact telephone numbers. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

At our last inspection on 05 July 2016, we identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not followed established recruitment procedures effectively to make sure staff were suitable to work with people. We asked the provider to take action to meet the regulations. We also made recommendations to the provider. We recommended that the provider ensure that staff have clear up to date guidance in relation to safeguarding and follow the local authorities' multiagency policy, protocol and procedure.

The provider sent us an action plan on 28 July 2016 which showed they planned to make the changes and meet regulations by 20 October 2016.

At this inspection, we found that recruitment procedures had improved.

People said they felt safe receiving care from the provider. One person said, "I always feel safe when care workers hoist me".

Recruitment practices had improved. The provider had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and a copy of key policies, such as maintaining confidentiality, emergency procedures and safeguarding.

Staff had the knowledge to recognise and report any abuse. Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. They understood the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. The provider's policies and procedures were included in a staff handbook which staff could carry with them. This provided them with contact information in the event of any concerns of abuse. Staff said they would usually contact the provider or administrator immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. Staff also had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff understood the whistle blowing policy. They were confident about raising any concerns with the provider or administrator, or outside agencies if this was needed.

Before any care package commenced, the provider carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were very thorough,

and included risks inside and outside the person's home. For example, approach to the house for trip hazard and adequate lighting that might pose any risks to staff. Risk assessments for inside the property highlighted if there were pets in the property, and if there were any obstacles in corridors, for example moveable radiators.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. One risk assessment stated "Please use wheelchair to transport her around the house to avoid falls". People were provided with equipment to support them such as hospital type beds and pressure-relieving mattresses. Exact instructions were given about how to use individual hoists, and how to position the sling for the comfort of the person receiving support. One person who required hoisting to help them move from one place to another was always supported by two care staff working together. The provider said that they were at times the second person to assist the transfer using the hoist. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The provider viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staffing levels were provided in line with the support hours agreed with the person receiving the service or in some cases with the local authority. The provider said that staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required.

Care staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and care staff signed medicines administration records for any item when they assisted people. Records had been accurately completed. Care staff were informed about action to take if people refused to take their medicines, or if there were any errors.

Staff had received infection control training, staff told us they had a good supply of personal protection equipment and showed they knew how important it is to protect people from cross infection. The staff had been sent a text to remind them about hand washing and using gloves and aprons. The provider told us that they wanted staff to make sure they were washing their hands before providing care and before they leave the person's home in order to keep everyone safe from infection.

# Is the service effective?

## Our findings

At our last inspection on 05 July 2016, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that staff received appropriate training and professional development to meet people's needs. They had not provided appropriate support, supervision and appraisal as is necessary to enable staff to carry out the duties they were employed to perform. We asked the provider to take action to meet the regulations. We also made recommendations to the provider. We recommended that the provider sought advice on the implementation of Mental Capacity Act 2005 and Deprivation of Liberty within the domiciliary care sector, which would enable care staff to identify and report any forms of infringements on people's rights and freedom to appropriate authorities.

The provider sent us an action plan on 28 July 2016 which showed they planned to make the changes and meet regulations by 20 October 2016.

At this inspection, we found that training had improved and staff had received regular supervision and an annual appraisal.

People said that they thought the staff were trained and attentive to their needs. They also said that staff always ask for their consent before doing anything. One person said, "They always asked for my consent for my care plan". People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs.

The provider told us that new staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely. Staff spoken with confirmed this. One member of staff said, "They are good about this. I completed my in house induction and some training before I started". The induction and refresher training included all essential training such as health and safety, moving and handling, safeguarding, first aid and food hygiene. Staff were given other relevant training such as understanding dementia, infection control and medication. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities. All staff spoken with confirmed that they had completed these training courses including awareness of dementia and infection control. This would enable staff to understand issues around MCA 2005 and consent issues.

Staff were supported by the provider through individual one to one supervision meetings and appraisals. This provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored. Staff spoken with confirmed that they had been given regular opportunities to formerly meet with the provider to discuss their job role and development. Staff files looked at showed that staff last had office supervision in April and May 2015. The provider also carried out spot checks on staff as a means of supervision.

Staff had received their annual appraisals since our last inspection. An annual appraisal (or performance

review) is a process for individual employees and those concerned with their performance, typically line managers, to discuss their performance and development, as well as the support they need in their role. It is used to both assess recent performance and focus on future objectives, opportunities and resources needed. Staff were offered the opportunity to complete a formal qualification during their employment. For example, Qualification and Credit Framework (QCF) in Health and Social Care, this is an accredited qualification. Staff said that they were encouraged to develop their skills and progress in their careers. Staff also said that if they required additional training or support, they were able to ask for it.

People told us staff asked their consent before performing any care or support tasks. The provider, management team and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had been trained to understand and use these in practice for example, how they applied it to their work such as through capacity assessments and offering choices. One member of staff said "I treat everyone as an individual. They still have a right to be involved in their care and ensure they have as many choices as possible." Another member of staff said "If a client is unable to make a choice it's their family and professionals helping to make decisions in their best interests." Staff assumed that people had capacity in line with the MCA.

People's capacity to consent to care and support had been assessed and recorded within their care plans. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity. Records showed that these had been followed in relation to assessing people's capacity to make certain decisions. For example, people understanding prescribed medicines and consent to care and treatment.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The provider introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Care plans contained detailed information to educate staff of the support people required. Some people required support with preparing or heating meals and other people required support to eat their meals. When staff prepared meals for people, they consulted people and their care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

People were enabled to access health care professionals when they needed them. One person said, "My carer deals with my health needs in contacting my GP for me. They also help me keep my appointments". We also noted that the service referred matters to specialists when required. The provider said, "I regularly contact healthcare professionals when there are issues or concerned about people's health".

Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, one person needed staff to remind them of their appointments which they did. Staff were available to support people to access health care appointments if needed and liaised with health and social care professionals involved in their care if their support needs changed. Staff told us the management team responded quickly when they had raised concerns about someone's health. For example, a member of staff told us they had called an ambulance for someone they were concerned about. Records showed that the care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising

breathing difficulties, pain relief, catheter care and mental health concerns.

## Is the service caring?

### Our findings

People told us that staff were caring, maintained their dignity and treated them with respect. One person said, "They treat me very well. I feel they respect me and they look after me". Another person said, "They maintain my independence. Without them I couldn't get up to take my children to school and lead a daily life".

Staff were respectful of people's privacy and maintained their dignity. Staff described how they maintained people's privacy and dignity. For example, closing doors and curtains and keeping as much of a person's body covered up whilst completing personal care tasks. Staff received training and guidance during their induction in relation to privacy and dignity. A member of staff said, "I ensure their privacy. For example, I close the door during personal care".

Staff had received training in equality and diversity, and treated everyone with respect. They involved people in discussion about what they wanted to do and gave people time to think and made decisions. Staff knew about people's past histories, their life stories, their preferences and the things they liked and disliked. This enabled them to get to know people and help them more effectively. Staff ensured people's privacy was maintained whilst they supported them with personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls.

Staff understood the importance of promoting people's independence and this was reinforced in people's care plans. For example, one person said, "They enable me to walk around my flat". The care plan we looked at confirmed this was part of their agreed support. Staff explained how they provided support to people whilst maintaining their independence. For example, a member of staff said "I always try and promote people's independence, one lady I support when she makes a cup of tea I hold the cup whilst she pours the water, to maintain her skills. One person we spoke with said, "They enable me to walk around my flat". Staff received training in the 'principles of person centred care' which included how to promote people's independence.

Staff were able to talk about the people they supported and explained people's likes and dislikes. They gave examples of how people liked to have their personal care delivered in different ways such as, some people had certain routines and other people preferred a bath to a shower. Staff told us that they read people's care plans before they met people to ensure they had up to date information.

The provider had reliable procedures in place to keep people informed of any changes. The provider told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The provider told us that people were informed if their regular carer was off sick, and which care staff would replace them. People confirmed to us that if staff were running late, they do inform them.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. A staff member said, "I do not disclose their private information with anyone". Personal

records other than the ones available in people's homes were stored securely in the provider's office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

## Is the service responsive?

### Our findings

People told us that the service they received from the provider was responsive to their needs. One person said, "If I have a complaint, I would talk to the management in the office".

People's care and support was planned with them. Everyone we spoke with said that their care was planned before they started to receive a service. The provider spent time with them finding out their care and support needs, and how they wanted this to be provided. The provider carried out people's needs and risk assessments before the care began. They discussed the length of the visits that people required, and this was recorded in their care plans. Clear details were in place for exactly what care staff should carry out whilst they were supporting people. This included care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks, turning people in bed or assisting with medicines. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

The care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. All of the care plans and risk assessments we looked at had been reviewed on a monthly, quarterly basis or more frequently if required by the provider.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The provider told us that they matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

Staff we spoke with were able to describe how they met people's individual needs. A member of staff said, "My clients are different and have different needs. For example, one person likes their bath in a certain way, like washing their face themselves and I will do the rest". We saw occasions where staff supported people to access the community and assisted people to access healthcare appointments.

The provider's questionnaire/satisfaction survey responses were received in May 2017. The responses corresponded with what people told us. People had been asked to confirm their views about the service by answering questions. Nine were returned and all comments showed that everyone was happy with service provided.

People were given a copy of the provider's complaints procedure, which was included in the 'service users' guide. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the provider if they had any concerns, or would speak to their care staff. Staff were aware of the complaint procedure and one member of staff said, "If someone wanted to complain I would

suggest they speak to the manager. If they are forgetful I would suggest they write things down so they don't forget what they want to say".

The provider viewed concerns and complaints as a way of driving improvements in the service people received. The provider completed a monthly audit of any complaints that had been received. As a result of feedback which had been received following complaints, the provider had ensured that staff wore uniforms to work and this was further discussed with staff at team meetings.

# Is the service well-led?

## Our findings

At our last inspection on 05 July 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate an effective quality assurance system and failed to maintain accurate records. We asked the provider to take action to meet the regulations. We also made recommendations to the provider. We recommended that the provider sought advice and guidance from a reputable source, about promoting communication with staff.

The provider sent us an action plan on 28 July 2016 which showed they planned to make the changes and meet regulations by 20 October 2016.

At this inspection, we found improvements in the audit system of the provider.

People commented about the provider and said, "They are pretty good"; "Enables me live a daily life" and "Nothing to improve, they are good".

The provider told us that they recognised the importance of regularly monitoring the quality of the service provided to people. They showed us records of audits and spot checks which included observations carried out in people's home to ensure staff supported people in line with their care plans. The spot checks had also been used to enable people to get to know the provider. These records were clear. Audit of call/visit times were carried out to ensure that people were getting the care and support they were assessed for. Visit log books were being audited in line with call times. Care plans audit system named 'client file monitoring' sheet was used in recording findings. The audit was carried out quarterly and last audit was carried out in July 2017 by the provider. When shortfalls were identified, either through the audits or surveys these were address with staff and action taken. An example of this included staff not wearing gloves regularly at work. Minutes of a staff meeting showed that the provider had addressed this with staff. As a result the provider now keeps records of boxes of gloves issued to staff. The provider said that if they found any issues then they would talk with staff and offer extra training or guidance where necessary.

A local authority who commissioned the service had carried out a 'Quality and Compliance Visit' at the service and had produced a report. The last visit was carried out on 03 May 2017. The visit found that the planned actions had been fulfilled and the provider had improved. This demonstrated joint working between the local authority and the provider.

Communication within the provider was facilitated through meetings every three months. This provided a forum where staff shared information and reviewed events with the provider. We checked the records of a staff meeting held in May 2017. Areas discussed included, care delivery, staff trainings and reflective practices amongst staff. This showed that there had been a consistent system of communication in place that provided for staff voices to be heard and promoted knowledge. This showed that there had been a system of communication in place that provided for staff voices to be heard and promoted knowledge.

Our discussions with the provider and staff showed us that there was an open and positive culture that

focused on people. The provider had a culture of fairness and staff were listened to and encouraged to share their ideas. A member of staff said, "Management is okay. I can approach them whenever".

The management team included the provider who was also the registered manager and the administrator who was a director of the company. The provider was familiar with their responsibilities and conditions of registration. The provider had managed the service for a number of years, which had provided for consistency in management.

The aims and objectives of the service were clearly set out on their website. It stated, 'HLC's mission is to provide a service of the highest quality, to improve, maintain and promote the quality of life for all our clients'. We found that the organisational values had been discussed with staff, and reviewed to see that they remained the same and in practice.

There were a range of policies and procedures governing how the service needed to be run. The provider followed these in reporting incidents and events internally and to outside agencies. The provider kept staff up to date with new developments in social care. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures.

The provider had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries, safeguarding concerns, deaths and if they were going to be absent from their role for longer than 28 days.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to their office.