

Amare Vita Limited

Hill Farm

Inspection report

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Date of inspection visit:
09 January 2020

Date of publication:
30 January 2020

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

Hill Farm is a domiciliary care service providing personal care and support for people in their own homes, some of whom may be living with dementia. Not everyone who uses the service may receive 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. At the time of our inspection the service were providing personal care to four people.

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

People and their family members were very positive about the support they received. People felt safe and well cared for. People benefitted from being supported by regular care staff. Staff had enough time to spend with people, stayed for the full duration and were on time.

Risks to people had been identified and staff knew what to do to keep people safe. There were enough staff employed who had been safely recruited. Medicines were managed safely by staff who had been trained and assessed as competent. Staff adhered to infection control practices, such as wearing gloves and aprons to prevent the spread of infection.

People's needs had been assessed to be sure the service could meet them. People's choices and preferences were known and respected. Staff received training and support to be competent in their role. Staff felt well supported and enjoyed working at the service. People received help with meals and drinks that met their needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's health needs had been assessed and they were supported to access healthcare services when needed. The service worked in partnership with a range of health and social care professionals to support people with their health and wellbeing.

Staff were kind and caring and knew people well. People were listened to and involved as partners in their care. People's dignity, privacy and independence was respected and upheld.

People received personalised care that met their individual needs and preferences. A complaints policy and procedure were in place and people knew how to make a complaint. People's communication needs had been assessed and staff knew how to communicate with people effectively.

People were supported at the end of their life. Their end of life wishes, and preferences were discussed with them and recorded so they could be met.

The service was well led by a registered manager who was committed to providing good quality person-centred care. This commitment was shared and put into practice by the staff team. Quality assurance systems and processes were in place to monitor and improve safety and quality. People and staff were included in the development of the service. Feedback was invited and acted upon to drive improvements.

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 20 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Hill Farm

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of one inspector.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 January 2020 and ended on 15 January 2020. We visited the office location on 9 January 2020.

What we did before the inspection

We reviewed information we had received about the service since they registered with us. This included statutory notifications, safeguarding concerns and the Provider Information Return (PIR). The PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider had not been asked to send us a PIR.

During the inspection

We spoke with one of the directors, the registered manager and two members of staff. We also spoke with two people who used the service and one of their family members by telephone. We reviewed a range of records which included four people's care plans. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance checks were reviewed.

After the inspection

We sought feedback from health and social care professionals who worked in partnership with the service and continued to seek clarification from the provider to validate evidence found.

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 for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their family members told us they felt safe. A person said, "Yes, I feel very safe with [name of staff member], very reliable." A family member said, "Since the beginning, having [name of staff member] here, there has never been a time when we have worried about anything, complete trust."
- There were safeguarding and whistleblowing policies in place and care staff had completed safeguarding training. Staff were aware of the different types of abuse and reporting procedures to follow if they had any concerns.
- Where safeguarding concerns were identified, the registered manager had notified the relevant professionals including the local authority and CQC.

Assessing risk, safety monitoring and management

- When people began using the service, any risks to their health and safety were assessed and recorded. This included falls, eating and drinking, accessing the community, pressure care and communication.
- Assessments were detailed and up to date and provided guidance to staff on how to manage the risks so that people could live in their own homes and use the community safely.
- People were assigned regular care staff and this continuity of care meant people received support from staff who knew them very well including any risks. Staff had a good knowledge of people's needs and knew how to keep them safe.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. There had been no incidents of missed visits and people told us staff arrived on time and stayed for the full duration of the agreed visiting times.
- The provider followed safe recruitment practices and ensured all appropriate pre-employment checks were completed satisfactorily before new staff started work.

Preventing and controlling infection

- The service had an infection control procedures in place. Care staff had received training in infection control and food hygiene and were aware of safe infection control practices. They had access to gloves and aprons as needed.

Using medicines safely

- People's medicines were safely administered by staff who had been trained and had the necessary skills.
- Medicines administration records were completed appropriately and showed people received their medicines as prescribed.

- Regular audits were undertaken to ensure all information was recorded and any issues of concern picked up quickly and followed up.
- Competency checks were completed by the registered manager to ensure staff assisted people with their medicines in the correct way. One staff member told us, "[Registered manager] has been and checked me a couple of times and it's quite informal and they make me feel I am doing it all okay."

Learning lessons when things go wrong

- Accidents and incidents including safeguarding concerns were raised, recorded and followed up. The director told us, "As a new service we are learning all the time, and this helps us to become good at what we do and want to achieve." Lessons learnt were shared with staff and used as opportunities to improve the quality of service.

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 as 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

- Before people used the service, assessments were carried out to ensure their needs could be met. People and their relatives were included in the process. A relative told us, "[Registered manager] was so friendly and reassuring they could help us and we got on well straight away. We felt very listened to in what we wanted."
- The registered manager was delivering care in line with best practice guidance. They utilised expert professional bodies including UKHCA (the national homecare agency body) and CQC to ensure they kept up to date with the law.

Staff support: induction, training, skills and experience

- People told us care staff had the skills and knowledge to carry out their roles effectively. A relative said, "[Name of staff member] knows their stuff. They are very efficient."
- All staff received an induction when they joined the service. The care certificate was used to induct new staff which represents best practice when inducting staff into the care profession. A staff member told us, "Everything was thorough when I started and learning in a group was nice too as we were all new to the service."
- New staff spent time shadowing senior staff before providing care and support to people. This gave new starters time to get to know people and the job role.
- Records showed care staff had completed all mandatory training in areas such moving and handling people, infection control, first aid, medicine administration and safeguarding. Training in end of life care had been highlighted as needed as staff were now supporting people in this way. The director told us this was being sourced for the new year.
- Staff received ongoing support and monitoring through supervision which was a mix of one to one sessions and observations of practice.
- Staff said they felt very well supported. Comments included, "I can contact the manager at any time and nothing is too small to mention," and, "It's a very supportive place to work."

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

- People were supported to have their meals prepared and drinks provided if required. People's preferences and choices were respected. People's care plans showed potential risks of poor nutrition and dehydration and/or eating difficulties and the level of support needed. One person said, "[Name of staff member] will look and see what I have and let me know what choices I have for my meals."

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

- The service worked in partnership with health and social care professionals in order for people to have joined up care and opportunities to live their life well. One healthcare professional told us, "They are working well with us to support [person's name]."
- People's health conditions were recorded and where a need was identified, guidance was in place, so staff could help people stay healthy.

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

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

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

- Staff had all received training in the MCA and were aware of the principles underlying people's rights and freedoms. They were able to provide examples of how they asked people for their consent and permission, how people were supported to make decisions and how, if their capacity fluctuated, they acted in people's best interests.
- People told us staff asked their consent before delivering care. One person said, "[Name of care staff] always asks me and we discuss what's to be done, very respectful."

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 as 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

- Staff were caring and treated people well. People described staff as being kind, friendly, professional and fun. They were well presented and knew their role and responsibilities. One person said, "Kind, that's what I would say, very kind."
- Staff had time to spend with people and were not rushed. One staff member said, "It's so great to be able to relax and spend time with people and give them your complete attention."
- Trusting relationships had been formed between the people, staff and their families. A family member said, "[Name of care staff] is such fun. They are smashing. We laugh so much when they are here, it's good for us."

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

- People felt very supported and involved in all aspects of their care. A family member told us, "Right from the time they came and met with us, heard what we wanted, they were sensible, compassionate and reasonably priced. It still is all what we need."
- Reviews of people's care, including unannounced spot checks to make sure people were happy with the service were undertaken. This gave people the opportunity to express their views, be involved in decisions about their care and make any changes as required.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. A person said, "They look after me very well and keep me as mobile as I can be."
- Care staff were able to describe how they maintained people's privacy and dignity when providing personal care. A staff member said, "I am very mindful of how people might feel about having to have care when they have been so independent."
- People told us they were supported with their independence and encouraged to do as much as they could for themselves. The registered manager told us, "It's great to see people spreading their wings and starting to have an independent life, I feel privileged to be part of their journey."
- People's information was kept in a secure and confidential.

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 as 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

- Before using the service, people had an initial assessment to ensure their needs could be met. Information about them, their needs, their interests, likes and dislikes, choices and wishes were gathered to ensure staff provided the care and support they needed. One person told us, "[Name of staff member] is very efficient and has got to know me well, all my funny ways."
- People's care plans demonstrated a strong focus on providing person-centred care. They were written in a descriptive, informative and respectful way. They were reviewed and updated when people's needs changed. People and their family members were included in these reviews.
- Staff had an excellent knowledge of people they provided support to and spoke about them in a sensitive and caring way. One person said, "The people I support brighten up my day when I see them, I hope I do that for them too."

Meeting people's communication needs

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

- People's communication and sensory needs were assessed. Information was provided to people in an accessible way and, if required, was provided in a variety of different formats for example, in pictures or large print as well as black print on yellow paper to support ease of reading.
- Care plans contained guidance for staff on how to communicate effectively with people.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. People told us they knew who to contact should they need to. One family member said, "I don't think I have needed to pick up the phone and call them as yet, no complaints from us at all."
- No complaints had been received at the time of the inspection.

End of life care and support

- The service supported people and their families to have their end of life care needs met.
- People's wishes towards the end of their life were recorded in their care plan. Staff were aware of their needs, choices and support required and provided care in a sensitive and compassionate way.
- Where people had a 'Do Not Attempt Cardio-pulmonary Resuscitation' order in place (known as a DNAR) this was identified and recorded in their care plan so that their wishes were known if they had a cardiac

arrest.

- The director told us training in end of life care for all staff was being investigated as part of the next phase of their training. A staff member said, "It would be good to have this specialist training, so I would know I am giving the best care possible."

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 as 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; 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

- Feedback from people and their family members was very positive and they said they would recommend the service to others. A family member told us, "The service is first class."
- The director and registered manager were open, positive and enthusiastic about the service they provided. The culture of the service was kind and caring with a focus on ensuring people received person-centred care.
- Staff were included in developing ways of working and had clear and effective communication between them and the management team.
- Staff were positive about working at the service. One staff member said, "It's a lovely agency to work for, I get treated very well." Another said, "I have so much support and am encouraged to learn and develop my skills. I feel confident I am providing good care for people."
- The registered manager understood the requirements of duty of candour that is, their duty to be open and honest to people and their families, when something goes wrong.

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

- The registered manager understood their regulatory requirements, including notifying CQC of any significant events at the service.
- There was a clear management structure in place and staff at all levels understood their roles and responsibilities.
- The registered manager was 'hands-on' providing care and support and as such had good oversight of the service and the staff team. They were also trained as a trainer in moving and handling people and medicines administration and management.
- A range of checks were in place to monitor the safety and quality of the service to ensure it continued to meet people's needs and was a good place to work for staff.

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

- People and their family members were fully involved in the assessment of their needs and their ongoing care. Their individual personalities, culture and lifestyle were acknowledged and respected.
- People's feedback was sought in various ways, such as surveys and quality assurance visits which had

been used to develop the service. Positive feedback from two people included, "Nothing seems to be much trouble," and, "Very pleasant people who support me each day."

- Staff were equally positive about working at the service. One staff member reported, "I hope we get more work as I really want to care for more people."
- The service had good contact with the community. The registered manager and director attended the Alzheimer's Memory Cafés to build relationships in the community as well as contact with the police and fire brigade to extend their knowledge and provide information for people they supported.

Continuous learning and improving care; Working in partnership with others

- The director and registered manager were continually learning and developing the service. The director said, "In the short time we have been supporting people we have changed, developed, and created new ways of working, writing, recording and managing the service to make it the best it can be."
- We saw evidence of good and effective liaison with professionals from health and social care. Staff were very proactive in seeking best solutions for people to enable them to make life easier. A professional told us, "I found contact with the service easy, they were professional and set up the service which is still working well for the person they support."
- The language used by staff in the care plans and correspondence with a range of professionals, was respectful, polite and professional.