

Here to Care Limited

Here2Care (Medway)

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

Care service description

Here2care (Medway) provides personal care and support to people in their own homes in Rochester, Chatham, Strood, Gillingham, Rainham and surrounding areas. At the time of the inspection the service was providing care for around 130 people. This included older people, people living with dementia and people with a learning or physical disability.

Rating at last inspection

At the last inspection on 24 and 26 February 2015, the service was rated Good.

At this inspection the service remained Good.

Why the service is rated Good

The service was run by a registered manager who was present on the day of our visit. 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 2008 and associated Regulations about how the service is run.

People trusted staff and therefore felt safe whilst being supported by them. Staff had received training in how to safeguard people. They knew what signs to look out for which would cause concern and how to report them so the appropriate action could be taken to help keep them safe.

Comprehensive employment checks were carried out on all potential staff at the service, to ensure that they were suitable for their role. People had their needs met by staff that were available in sufficient numbers.

Assessments of potential risks had been undertaken in relation to the environment that people lived and worked in and in relation to people's personal care needs. This included potential risks involved in moving and handling people, supporting people with their personal care needs and with managing medicines. Guidance was in place for staff to follow to make sure that any risks were minimised.

A medicines policy was in place to guide staff. Staff continued to receive training in the administration and storage of medicines and a system was in place to regularly check they had the knowledge and competence to manage people's medicines safely.

New staff received an induction which ensured that they had the skills they required, before they started to support people in their own homes. Staff continued to undertake face to face training in essential areas,

their practice was observed and they shadowed senior staff to ensure they were competent. People said that staff had the skills and knowledge they needed to support them.

Staff had undertaken training in The Mental Capacity Act (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People's health care and nutrition needs had been assessed and clear guidance was in place for staff to follow, to ensure that their specific health care needs were met. Staff liaised with health professionals when appropriate.

Staff were consistently kind and caring and treated people with dignity and respect. Staff had developed relationships with people and a memory bank had been introduced to gain a more detailed account of people's life histories.

People's care, treatment and support needs were assessed and a plan of care was developed jointly with the person which included their likes and dislikes. Individual guidance was in place for staff to follow to meet people's needs.

People were informed of their right to raise any concerns about the service and were contacted people on a regular basis so they could raise any issues. When complaints had been raised the service had dealt with them appropriately.

There continued to be robust systems in place to assess and monitor the quality of the service, which included asking people about their experiences. The registered manager had sustained an open and positive culture and staff knew how to put the aims and values of the service into practice so people received personalised care. People said they would recommend the service to others.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Here2Care (Medway)

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 checked 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.

This comprehensive inspection took place on 26 and 27 April 2017 and was announced with 48 hours' notice being given. We gave notice to ensure the registered manager would be available. The inspection was carried out by one inspector. On the 26 April we visited the service's office. On 27 April we telephoned seven people or their relatives. This was to speak with them about their experiences of the service and the care they received.

Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the 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. The provider returned a PIR within the set time scale. We also obtained feedback from three external health and social care professionals.

We spoke to the registered manager, personnel manager, five support staff, the care advisor and their assistant, the care quality officer and two care co-ordinators. We viewed a number of records including five care plans, a sample of call monitoring records, compliments and complaints logs, safeguarding, medicines and complaints policies, audits and quality assurance questionnaires. We also looked at seven staff files, the staff training programme, staff team minutes and staff handbook.

Is the service safe?

Our findings

People and their relatives said staff were trustworthy which ensured people felt safe when receiving care and support. "I trust the girls and feel safe", one person told us. A relative commented, "My relative is definitely in safe hands and I trust the staff to care for them". Some people said staff helped them to manage their medicines to keep them in good health. "Staff make sure I take my medicines so I don't forget", one person told us. This person told us that staff observed them taking their medicines to ensure that they had done so.

The service had a safeguarding adults policy which set out the types of abuse, how to recognise abuse, staff's responsibility to report any concerns and the responsibility of the service to contact the local authority and other professionals as appropriate. Staff had received training in how to safeguard people and "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. The contact details for the local authority were on the noticeboard in the office, so they could be contacted as appropriate. The service was proactive in safeguarding people and had raised a number of alerts with the local authority to ensure people's safety and well-being.

The service had a comprehensive medicines policy which set out the storage, administration, recording and disposal of medicines. People were assessed as to whether they required assistance or administration with medicines or if they required specialist interventions for which staff required additional training. Staff had received training in how to give medicines safely and their competency was assessed through quality checks. People's medicines, creams, lotions and ointments were recorded in their plan of care. Medicines were stored in their original containers or in dosette box supplied by the pharmacist. A medicine administration record (MAR) was used to record each medicine, its dosage and the time it was required to be given. A separate record was used for specialist medicines, such as those where the dosage regularly changed, to alert staff to the increased risks involved. Guidance was also available to staff detailing where a specific cream should be applied to a person's body. MAR sheets were audited monthly to ensure people were receiving their medicines as prescribed by their doctor and no medicines errors had occurred.

Risks to people's personal safety and in their home environment were thoroughly assessed before the service commenced. This included all areas of the person's daily needs such as moving and handling, skin integrity, nutrition, personal care tasks and any specific behaviours a person may exhibit. Each potential risk was identified together with the appropriate action that staff needed to take to minimise their occurrence. Moving and handling assessments were in place which took into consideration people's ability to weight bear, transfer, sit up, if they experienced pain or required any equipment. Each person was rated according to their risk to alert staff if extra vigilance and care was required when supporting them. People had the specialist equipment they required such as hoisting equipment and the service monitored when this equipment needed a service to ensure it remained safe for people and staff to use.

Staff made a record of any accident or incident and reported it to office staff. They described situations when they had contacted health or emergency services to ensure the safety of people whom they were

supporting. The registered manager reviewed all events to see if there were any patterns or trends or 'near misses'. These are events that might have resulted in harm to a person but the problem did not occur because of timely intervention. The accidents over the past year had involved minor injuries to staff and had been responded to appropriately.

The service used a call monitoring system to ensure scheduled visits to people had been carried out. No visits had been missed which evidenced there were enough staff available at all times to meet people's needs. The service monitored how many care hours a week were needed to enable them to support each person's care package. They used this information to assess how many staff were needed. The turnover rate of staff was similar to other agencies of this size and staff recruitment was on-going to help ensure staff were available when needed. The registered manager said they did not take on new care packages if they did not have the staffing hours to cover it.

Potential employees' completed an application form and were interviewed to assess their skills and attitude towards caring for people. A number of checks were carried out including obtaining two suitable references, the person's identity, and a Disclosure and Barring Service (DBS) check. A DBS identifies if prospective staff had a criminal record or were barred from working with children or vulnerable people. All these checks helped to minimise the risk of unsuitable people being employed by the service.

Staff had received training in infection control. Personal protective equipment such as gloves and aprons were available at the office. Staff were checked on a regular basis to ensure they were using this equipment appropriately when supporting people and its importance was regularly discussed at staff supervisions. These actions helped to minimise the spread of any infection and help keep people and staff safe.

Is the service effective?

Our findings

People and relatives told us staff had the skills necessary to care for them. One relative told us, "I was a bit apprehensive about the allocated carers, but they are good at what they do. It takes a while to get to know my relative and they are building up their skills and improving every day". Some people told us they had regular care staff and other people that there was some inconsistency, particularly at the weekend. However, people told us that all staff that came to support them had the right skills and attitude to do so effectively.

New staff completed the Care Certificate which is the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. This eight day training was provided by the company's trainer. The induction included shadowing more senior staff and observations of the new member of staff's practice. Staff said their induction gave them the skills and confidence they required to support people and said staff answered any additional questions they had. Care and office staff were encouraged to complete a Qualifications and Credit Framework (QCF) and a number of staff were undertaking level 2 and 3. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard. There was an on-going programme of development to make sure that all staff were kept up to date with required training subjects. All training was provided face to face by the company's trainer, who was a 'train the trainer'. All staff received specialist training in supporting people living with dementia as part of their induction.

An assessment of people's health care needs was undertaken which included their needs in relation to mobility, skin integrity, medicines and their mental well-being. Individual guidance was in place about how to support people effectively and staff understood how to put this into practice. In addition, where people had been diagnosed as having a particular health need such as diabetes, epilepsy or a hiatus hernia, information leaflets about their condition were available to guide staff. Staff undertook training in how to care for a stoma or catheter as part of their induction and the medicines policy gave detailed guidance about this and the use of support stockings. Staff liaised with health professionals, such as the district nurse and occupation therapists to ensure people had the right equipment and staff the necessary knowledge to support people's health needs.

People's needs in relation to food and fluids were assessed and the support they required was detailed in their plan of care. Staff understood the importance of making sure drinks and snacks were within easy reach for people when they had finished supporting them. One person told us that although staff were not responsible for shopping for their relative that, "Staff always double check to make sure there is enough food in the fridge for them".

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. Staff had received training in this area and people's mental capacity had been taken into

consideration when planning their care needs. Where people did not have capacity to make decisions best interest meetings had been held with relevant professionals and relatives so a decision could be made on their behalf.

Staff said they felt well supported by one another and the management team. They said they could ring the office if they had a query or concern and that they were given the guidance and knowledge they required. Staff had regular supervision and appraisals where staff's performance was measured against their objectives. Staff were given positive feedback and any areas for improvement were identified. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. An on-call system was available for people and staff out of normal office hours. Staff said they had received the support and advice they required when they had used it.

Is the service caring?

Our findings

People and their relatives were extremely positive about the caring attitude of the staff team. They said that staff took time to get to know people and were good company. Comments included, "Staff are friendly, helpful, sympathetic and understanding of my needs"; "They listen to me and talk to me"; and "You can tell her (member of staff) anything".

Relatives said staff made a significant improvement to people's well-being. "My relative needs a lot of cheering up as sometimes they are feeling low. The staff have a real good laugh with them and they look forward to the staff coming", a relative told us. Another relative told us that, "Staff are good overall, but a few are spectacular, going over and above what is expected of them". A social care professional told us, "The service is a very responsible organisation who put the interest of people first in their care delivery".

The service had received a number of compliments about the caring nature of the staff team. Compliments included, "The slightest problem sends me on a downward spiral and without Here2care I'd be in a bad way. You're all so compassionate. I really feel at ease being able to call on you in tough times"; "Thank you and all the staff you all the assistance you have given and the kindness and compassion"; and "You all were so patient, gentle and caring. It was a great comfort to me to know that she was not on her own and that she had such lovely caring people around her in their final moment".

Staff demonstrated they knew people well and about their individual needs and preferences. When describing people's needs they focused on people's strengths and described caring of people as "Enjoyable" and "An honour". People were asked about their past life and details were recorded in their care plans. The service had thought about how to collect additional information about people's life histories and was introducing a 'Memory bank'. Each time a person talked with staff about a memory, there was a separate record for them to complete, to build up a picture of the individual person. Staff told us people often shared memories with them and last week some of the people they supported had got their wedding photographs out to share with them.

People and relatives and feedback from the service's quality assurance system were that people were always treated with the dignity and respect. "The girls are all wonderful", a relative told us, and "They treat my relative well".

People and their relatives were involved in developing their plans of care and signed them if they had the capacity to understand the information they contained. "If something comes up about my relative's care, the manager wants my views", a relative told us. Care plans gave guidance about what tasks people could do for themselves and when they needed support so staff could support people to be as independent as possible. "They always ask Mum if she wants to wash herself, to make sure she has her independence", a relative told us.

Is the service responsive?

Our findings

People, their relatives and professionals said the service responded well to their needs. "I ask the carers to do something and they do it", one person told us. A social care professional told us, "The service assesses and discharges care in a safe environment without compromise of standard of care". Another professional told us, "Here2care have worked particularly well with one person who is facing particularly difficult circumstances. Carers at Here2care have been very proactive with supporting this person in any way possible as well as providing extra support when requested by myself".

People said they were regularly asked for their views about the support they received. "Office staff contact me every three months", one person told us. "Sometimes they visit and last time they phoned me. This enables me to make my views known". Professionals and relatives said the service always kept them up to date with the people's well-being. One relative told us, "They always keep in touch with changes in my relatives care by phone or leaving a message in the contact book for me". Another relative said, "If I am concerned about my relative, the office staff always call me. That reassures me". People and their relatives said they felt comfortable speaking to the carer or ringing office staff if they had a concern. "I do ring the office or speak to the girls if I have any concerns", one person told us, and "They always deal with it straight away". A relative said, "When we have had any little problems I've phoned the office and they have been sorted".

People were made aware of their right to raise a concern or complaint with the service when they first started to use the agency. The service contacted people to ask for their views about the service on a regular basis so that any issues could be dealt with as soon as possible. If a complaint was raised, a record was kept together with the action taken by the service to investigate and resolve it. A monthly audit was undertaken to review the nature of any complaints and the action taken to resolve them, to assess if the process was effective.

People's care and support was planned in partnership with them and their relatives. Before people used the service they were visited by an assessor, and their relatives where possible, to make a joint assessment as to whether the service could meet their needs. Assessments included all aspects of the person's health, social and personal care needs such as their daily life skills, mental well-being, mobility, nutrition and communication. This information was used to develop a plan of care for each person and included personalised guidance. It included each person's daily routine and their likes and disliked about how they wished to be supported. People were contacted a week after the commencement of their care package to check it was meeting their needs and expectations. The person was contacted again after a month and visited three months of the start date.

People and relatives told us that staff arrived when they expected and stayed for the correct amount of time. Comments included, "They do what they have to do and read the book and off they go. They always stay for the right amount of time"; and, "The staff always do their full time and if it goes over, it goes over". Daily notes included entries where staff had recorded they had completed all tasks and the person did not wish for any further assistance and had agreed they could leave. Some people were regularly not at home when

their visit was scheduled and the funding authority was aware of this situation. People told us staff wrote daily reports about how staff had supported them. This included what tasks staff had supported them with and if they had declined any offers of assistance. Daily notes were returned to the office and audited to ensure they were completed to a satisfactory standard.

Is the service well-led?

Our findings

Most people and their relatives said the service was well run and everyone said they would recommend it to others. "The service is safe, effective, caring, responsive and well-led", a relative told us, and "The registered manager in particular is always on top of things". The reasons why people would recommend the service focused on the positive and helpful attitude of the staff team. Comments included, "The staff are cheerful and that makes a big difference"; "The service has helped me a lot and I am sure they would be able to help others too"; and, "The girls are so lovely and the office staff are very helpful".

The registered manager had an open door policy and staff said they had developed a culture in the service whereby they felt supported and included. "It is a family orientated company and everyone tries so hard to help you", a staff member told us, "The management team will bend over backwards for you". "We help the service by covering calls and in return they help us. I love my job!" another member of staff told us. The registered manager was supported by the personnel manager who was completing level 5 Diploma/Qualification and Credit Framework which is a management qualification.

Staff described their experience of working at the service as being a positive one. They understood the aims of the service to help people to live as full a life as possible in their own home, in partnership with them, their families and health and social care professionals. Most staff who were based in the office also undertook regular care work supporting people in the community. They said this because they enjoyed doing so and it also allowed them to maintain their skills, understanding and knowledge of people living in the community. A number of meetings were regularly held with the management team, care staff and office staff to ensure there was effective communication within the service. At these meetings issues were discussed, information disseminated and aspects of the service were reviewed.

The quality of the service was monitored through audits, staff spot checks and observations and gaining people's experiences of the service. There were systems in place to ensure aspects of the service were operating effectively such as staff received training updates when required, people's care needs were regularly reviewed and sufficient staff were available to meet people's needs. Announced and unannounced checks were carried out on staff to observe their practice. Staff received feedback after these visits about what they had done well and any areas where improvement could be made. If any issues with a staff member's practice were made known to the service, an unannounced spot check was carried out to investigate the concerns raised. Spot checks and a call monitoring system were used to ensure staff stayed at people's homes for the required amount of time. Although the call monitoring system recorded that staff did not always stay for the correct amount of time, spot checks, feedback from people and relatives and the service's quality assurance process confirmed that staff arrived when expected and stayed for the correct amount of time. Call monitoring sheets were audited and when it had been found that one member of staff was cutting short the length of their calls, the care quality officer undertook a number of observations of this staff member to address this shortfall.

People were contacted at regular intervals by telephone and in person and asked to complete an annual survey. They were asked for their views about all aspects of their care such as if they felt safe, their medicines

and meals were managed appropriately, they were involved in decisions, staff completed all tasks, they felt listened to and treated with dignity. Everyone had responded that they were satisfied with the service and a number that they were extremely satisfied with the level of service provided.