

Halo Homecare Limited

# Halo Homecare

## 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

Halo Homecare provides domiciliary care and support to 40 people living in their own homes in Kingston and surrounding areas. This service includes assistance with bathing, dressing, eating and medicines, home help covering all aspects of day-to-day housework, shopping, meal preparation and household duties. We only looked at the service for people receiving personal care during this inspection as this is the service that is regulated by CQC.

At the last Care Quality Commission (CQC) inspection in October 2015, the overall rating for this service was Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

People remained safe in their homes. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with people's homes, to help keep people and staff safe. Recruitment practices remained safe. Medicines continued to be administered safely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People continued to be supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. People told us that staff encouraged them to make their own decisions and gave them the encouragement, time and support to do so. Staff were providing support in line with the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their needs. When required staff supported people to access a range of healthcare professionals.

People and relatives told us staff were caring, kind and efficient and staff respected their privacy and treated them with dignity.

People's needs were assessed before they started to use the service and care was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Staff we spoke with described the management as very open, approachable, positive and easy to get on with. Systems were in place to monitor and improve the quality of the service. The provider had effective quality assurance systems to monitor the scheme's processes. These systems continue to help ensure people received the care they needed as detailed in their support plans.

## 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

# Halo Homecare

## 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 18 April 2017 and was announced. The location provides a domiciliary care service and the registered manager was sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector. An expert by experience phoned users of the service after the inspection to gain their views on the service they received. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection CQC sent out 18 questionnaires to people using the service, their relatives, community based health and social professionals and staff who worked for the agency to get their views about the service. We received two completed questionnaires from people using the service, none from relatives, and one from a community professional and six from staff.

During the inspection we went to the provider's head office and spoke with the registered manager, who is also a director of the company, one other director of the company, the office administrator and two care staff. We reviewed the care records of five people who used the service, and looked at the records of four staff and other records relating to the management of the service.

The provider gave us a list of people who used the service or their families and a list of staff. On the second day of the inspection we emailed a short questionnaire to 10 staff and one relative of people using the service and invited them to either reply to the email or call us and answer the questions. Seven staff and one relative replied to our email questionnaire. We also telephoned 16 people or their relatives after the inspection and spoke with four people who used the service and five relatives of people who used the service of Halo Homecare.

# Is the service safe?

## Our findings

People continued to be safe at the home. Four people we spoke with agreed they felt safe in their own home with the care staff that came in to support them. People commented "Yes I am [safe in my home], they [staff] are very very good" and "Yes she's [care staff] very efficient." Families commented "Absolutely yes," "Yes they are very kind and loving" and "Yes she [family member] does feel safe even though she is sometimes not happy about people being in the house. But there is nothing wrong with the care that she is given." Results we received from our survey sent out before the inspection also indicated people felt safe from abuse and or harm from their care staff.

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern about a person.

The provider continued to keep people and staff safe through individual personal risk assessments and risk assessments of the home environment. The personal risk assessments had been developed with the person in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. These covered the range of daily activities and possible risks including preparing food, medicines administration and finances. Risk assessments of the home environment helped to ensure staff were working and caring for people in a safe environment. Results from the survey sent out before the inspection showed that 85% of people felt that their care workers did all they could to prevent and control infection, for example, by using hand gels, gloves and aprons. These procedures helped to ensure the safety of staff and the person in their home.

Recruitment practices remained safe. We looked at the personnel files of four staff and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, references and criminal record checks. A comment taken from our survey sent out before the inspection said "I was a new recruit to the care industry when I started with Halo just over a year ago. The training and supervision I received was excellent, and was the sole reason I have succeeded in the company and the profession. From formal training, to ample shadowing opportunities, to on-going care, Halo could not have been more supportive and helpful." These checks helped to ensure that people were cared for by staff suitable for the role.

The service continued to have a robust system in place for the investigation and monitoring of incidents and accidents. Following an incident or accident occurring staff said they would contact the registered manager as soon as possible and an investigation would be carried out and an action plan developed if necessary. This process helped to keep people safe and avoid a reoccurrence of the accident.

Medicines continued to be administered safely. People we spoke with said that staff generally only prompted them to take their medicines or helped to take it out of the blister pack. Medicines administration records (MARs) were completed by staff and returned to the office monthly for auditing. The MAR's we

looked at were up to date and accurate. Staff received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

## Is the service effective?

### Our findings

People were cared for by staff who received appropriate training and support. We asked people and relatives if they thought staff were well trained for their role in supporting them. Everyone asked commented positively about them, saying "Yes they do anything I want them to do," "Yes mine are and they look after me very well" and relatives said "Yes I do, if I didn't I wouldn't let them care for my mother," "Yes they are well trained and experienced" and "Oh yes definitely."

Staff continued to have the skills, experience and a good understanding of how to meet people's needs. Staff commented "I have attended many training courses during the years I have been a carer and I have regular 1to1 supervision with the manager to discuss my work load; any problems or issues with clients or other carers; any training that is needed or needs updating or training that personally I want to do" and "Every year when we have the appraisal we have the opportunity to discuss anything but also we can pop in and talk to the registered manager about any concern or need," "I am very well supported both in formal sessions and informally through lots of face to face and telephone contact with the management team," "I have supervision to discuss my work, training, what I enjoy doing, what I have to improve on, what I am doing best and my goals for the future." Staff were able to tell us the recent training course they had attended and were positive about the benefits this training had on the support and care they gave people.

Staff told us they encouraged people to be as independent as possible by letting people do things for themselves as much as they were able to. Staff gave examples of encouraging people to wash and dress by themselves, choosing what they would like to eat and if they were able, helping to prepare it. Also by encouraging them to keep occupied, reading a paper, going to a day centre or lunch club and encouraging activities to keep their mind and body as active as possible. One staff member said "I always chat to my clients; I know their interests and recommend things to do. I encourage them to read or listen to audio books. I also encourage them to do as much personal care as possible." Another staff member said "We promote a person-centred care approach where individual needs and wants are prioritised. As such, every client has unique needs in this respect. Encouraging independence is paramount for all staff."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff continued to support people to eat and drink sufficient amounts to meet their needs. People's dietary requirements were detailed in their care plans for those who needed support with food preparation. Staff told us many meals were pre-prepared frozen meals but some staff would cook with a person a meal they particularly liked. People's religious and cultural needs were met by staff when preparing food. Staff told us they always ensured the person had food and drinks available to them when they were on their own. Records showed that staff were trained in food nutrition and food safety.

Staff continued to support people to meet their health needs. Staff would assist a person to contact their GP

or other healthcare professionals as necessary. Staff told us they would contact the emergency services if needed and inform the relatives of the person and the office. This knowledge of people and the training and support staff received had helped to ensure an efficient service that was person centred.

## Is the service caring?

### Our findings

The service continued to be caring. Three people using the service said "Yes they [staff] are lovely, "Yes I am very happy, they look after me well " and "Definitely, staff are very efficient." Three relatives commented "Yes she [family member] is, in fact she always asks the carer to stay for a cup of tea," "Yes she [family member] is very happy with the care" and "Yes we're all very happy, it's the second company that we've had and they are very proactive."

Results we received from our survey sent out before the inspection showed 100% of respondents were always introduced to their care and support workers before they provided care and were happy with the care and support they received, that their care worker always treated them with respect and dignity and were caring and kind.

People's care records continued to be well written and informative, giving details of people's support needs, their personal and working history and daily activities. Also a section on 'what I can manage myself' and 'what I require help with.' This information helped staff to care for people appropriately.

The provider continued to recognise the importance of providing the same staff consistently over time so they knew the people they cared for well. Four people commented that they always had the same set of people caring for them. Relatives commented "Normally we have a rota if they [staff] are on holiday etc. We have never had a stranger so to speak in the house. The night carer is always the same person" and "It is the same group of staff so one of three or four people."

Before going to see someone new the care staff received the care plan from management and read about the person before meeting them. This meant people receiving a service had continuity from staff who understood their needs and people were reassured by the consistency of being supported by familiar staff.

All the people we spoke with felt that their privacy and dignity were maintained by staff when personal care was being given. Everyone we spoke with agreed staff respected their privacy and dignity. One person said "Yes I'm very impressed with Halo." Three relatives said "Yes they are lovely and treat my family member like an adult," "Yes 100% respected" and "My family member feels she is independent, in control of the arrangement, and can request changes at any time. The need for their privacy, dignity and confidentiality is always fully met."

Staff were able to explain what they would do to ensure a person's privacy and dignity were maintained at all times. Staff commented "I keep my client involved in everything I do, telling them and asking them for their approval. I'm always polite, I treat them with respect, especially when giving personal care. I always ask and inform them before I do anything" and "I always ensure that my clients receive care in a dignified way. I respect their privacy and never do anything without their permission."

## Is the service responsive?

### Our findings

The service continued to be responsive to people's needs. Staff assessed people's support needs and this information was used to plan the care and support they received. One relative said "The original assessment was a three-way meeting between the manager, my relative and me. I was impressed by the sensitivity with which this assessment was carried out. After the service started the manager came in person to check that my relative was happy with the service. This was an impressive level of service." People and their relatives we spoke with knew about their care plans and had been involved in their development.

Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. The person using the service was involved in the development and review of their care plan. The care plans we looked at evidenced that the person had signed their plan and a copy was kept in their home and in the office. Staff told us as they got to know a person, if their support needs changed, this information would be fed back to the registered manager, so that appropriate changes, with the person's agreement could be made to the person's care plan. People were able to contribute their views and preferences to the process and to the reviews of their care.

A comment by staff taken from our survey sent out before the inspection said "The service I've seen offered to clients has been brilliant, the care plans are clear and updated regularly and we have enough time for each visit and for travel in between. We have time to develop good relationships with each person, there's a real focus on companionship and personalised care. We're taught how to keep comprehensive records during visits, and the Halo management team have excellent relationships with service users and their families."

The provider continued to have a robust complaints process. The handbook given to people explained the complaints process and what they could do if they were not happy with the quality of service they received. People when asked if they knew how to complain commented "Yes I do I know where to go, "I do, but I've never had to" and "I hope I never need to. I've only been with them a short while." Relatives commented "Yes, I'd go to the owner" and "Yes, there are instructions in the folder."

The registered manager explained that any complaints or concerns received were reviewed, investigated and responded to in a timely manner. Documents we looked confirmed what we were told. They continued to say the complaints process provided them with the opportunity to improve the service appropriately.

## Is the service well-led?

### Our findings

People and their relatives who we spoke with told us they thought the service continued to be well managed. People and their relatives knew the registered manager and office staff by name and commented they were able to speak with them at any time. One relative commented "The manager is very good, she has cycled over to help if the carer is held up and they always call if they are going to be late." Another relative commented "I've met the manager when she has called to check what the carers are doing and we get phone calls to check everything is going ok."

There was a registered manager at the service who was also a director of Halo Homecare Limited. 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.

From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

We found staff were positive in their attitude and they said they were committed to the support and care of the people. Comments from staff included "The management of Halo are very open and approachable and willing to discuss any problems or concerns," "Communication is good, usually done by phone either speaking or text, which is preferable if I'm working with a client," "I enjoy working for Halo, the management are easy to get on with and are willing to help with any problems if they can. I think it is very good I couldn't ask for more," "The management of Halo Homecare is great. We have a very good relationship, all the problems are solved quickly, they are always ready to listen and help. We have meetings and discussions, they are very open to our advice and ideas. It is team work in a good atmosphere. It is a small company and everybody knows one another which is a big help" and "The manager is excellent, very approachable and always listens to suggestions as to how to improve the service Halo provide."

The provider produced a staff newsletter every quarter and we saw the January and April 2017 editions had article about people who use the service, introductions to new staff and good byes to staff leaving. The newsletters, regular team meetings and a new weekly drop in lunch club for staff helped to keep staff informed about developments within the service.

The provider had also developed 'New Carer Guidelines'. These gave staff a quick reference to the do's and don'ts of working with people, for example what to do if an accident occurs or someone does not appear to be well during their visit, how to behave professionally but friendly when helping a person. There was a quick medicine reference guide and examples of how to complete the daily notes in a positive and sensitive manner. This guide had helped to ensure staff were aware of the steps to take when supporting a person in their own home.

The provider continued to seek the views of people using the service and of staff to monitor and improve the quality of the service. This was through telephone calls to people and relatives, on line and paper surveys and 'spot check' calls to peoples home. 'Spot checks' were unannounced visits by the provider to a person's home to ensure the care being given by staff is of a standard and quality the provider and person requires. Results taken from the latest survey showed 100% of people would recommend the service to others and people commented "They all provide exceptional care and often go the extra mile. Nothing is too much trouble" and "My carer is very adaptable, very efficient and a pleasure to have in the house."

The provider had effective quality assurance systems in place to monitor the scheme's processes. Including monitoring staff training and future training needs and auditing of peoples support plans to ensure they were relevant and up to date. These systems continue to help ensure people received the care they needed as detailed in their support plans and delivered by appropriately trained staff.