

Manaaki Healthcare Ltd

In Home Care (Hertford)

Inspection report

Four Rivers House
Fentiman Walk, Fore Street
Hertford
SG14 1DB

Tel: 01992911345
Website: www.in-homecare.co.uk/hertford

Date of inspection visit:
26 May 2021
15 June 2021

Date of publication:
06 July 2021

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

In Home Care (Hertford) is a domiciliary care service providing personal care to people in their own homes. The service supported older people, people living with dementia and people with a physical disability. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, the service was supporting 17 people in total, with 10 in receipt of personal care.

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

People and their relatives felt the care provided was safe and risks were managed appropriately. This was because staff were well-trained, and systems were in place to report any concerns. Risks to people's health, safety and well-being were assessed and measures taken to remove or reduce the risks. People were supported by a consistent staff team, who had been safely recruited.

People's medicines were managed safely. Staff received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable. Staff had received training in infection control practices and personal protective equipment was provided for them. Systems were in place for reporting and responding to accidents and incidents. Incidents were followed up and prompt action taken to ensure people were safe and to prevent reoccurrence.

The registered manager completed care assessments before commencing support, to ensure people's needs could be met by In Home Care (Hertford). Care plans were sufficiently detailed and contained important information about people's likes and dislikes. This ensured staff supported them in line with 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 and relatives praised the kind and caring nature of the staff team. Staff had a good understanding of the people they supported. They took the time to get to know people's individual likes and dislikes and spoke about people with kindness and compassion. People told us they would be confident to raise any concerns with the management team.

The provider was committed to providing a high standard of care to the people they supported. People, their relatives and staff members spoke highly of the registered manager and told us that they were always available and supportive. The registered manager had a good understanding of their responsibilities towards the people they supported and had a passion for delivering person-centred care. A governance system was established, which included various audits and the monitoring of safeguarding concerns, complaints, accidents and incidences.

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 31 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

In Home Care (Hertford)

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 was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

This inspection was announced. We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 25 May 2021 and ended on 15 June 2021. We visited the office location on 26 May 2021.

What we did before inspection

We reviewed information we had received about the service since registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager, company director and received feedback from seven staff members. We checked three people's care records and a variety of records relating to the management of the service, including policies and procedures. We also looked at training data and quality assurance records.

After the inspection

We 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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities to safeguard people from abuse. They had not been required to report any concerns, since registering the service, but had effective systems and processes in place to help protect people.
- Staff received training and were clear about what would need to be reported and the systems in place for them to do this.
- People and their relatives told us that staff provided safe care. One person told us about staff, "I do feel safe, they are lovely ladies that come, I feel perfectly safe." A relative said, "Indeed I do feel [family member] is safe. This is because of the attentiveness of staff and [registered manager] is on the ball and responds quickly."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and assessed, with detailed management plans put in place. Risk assessments enabled people to stay as independent as possible.
- The management team developed risk assessments, in conjunction with the people supported and the staff supporting them. These were regularly reviewed to ensure the measures in place were appropriate and met people's needs.
- Where risk management plans identified specific monitoring actions for staff to undertake, these were completed. For example, urine output, bowel monitoring and repositioning charts were completed, where required. This allowed staff to identify any emerging concerns and make referrals for additional professional input, in a timely manner.

Staffing and recruitment

- People and their relatives told us there were enough staff available to meet people's care needs. Staff said there was usually enough time to travel between care visits. People told us staff were normally on time. One relative said, "They always arrive on time, stay for the correct amount of time, in fact quite frequently stay over that time. There have been no missed calls." One person told us, "They are usually on time, sometimes delayed by traffic, which can't be helped."
- A call monitoring system was in place, enabling the management team to identify any late care visits and respond quickly. Formal analysis of this log was not completed at the time of inspection. The registered manager acknowledged, and their service improvement plan identified, that as the service grows this may be required.
- The registered manager operated robust recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they worked with people.

- People told us they were usually supported by the same members of staff and they valued that consistency. One person told us, "I have a regular staff team who know me well."

Using medicines safely

- Staff received training to administer people's medicines safely. The registered manager undertook competency assessments once staff had completed their training to ensure safe practice.
- Where people were prescribed "as required" (PRN), medicines such as pain relief or topical skin creams, the service had individual guidelines in place for each. This meant staff knew when and how to administer these medicines.
- The registered manager ensured and checked medicine administration was documented clearly and accurately on medication administration record (MAR) sheets.
- People's care plans identified their needs in relation to the ordering, storage and administration of medicines.

Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection prevention and control (IPC) and followed the current national infection prevention and control guidance. People confirmed this was the case. One person told us, "Staff wear masks and aprons. I have no concerns I have been put at risk."
- Staff told us they were supplied with personal protective equipment (PPE) to help prevent the spread of infections and were clear on their responsibilities with regards to IPC. The provider held plentiful stocks of all PPE. One family member told us, "[Staff] have full PPE, always put it on. I'm 100% happy with how they have managed things [in relation to COVID-19]."

Learning lessons when things go wrong

- Systems were in place for reporting and responding to accidents and incidents. Staff were aware of these procedures. Incidents were followed up and prompt action taken to ensure people were safe and to prevent reoccurrence.
- The registered manager ensured they reviewed all incident and accident forms for patterns and trends. Where there had been incidents since the service had started to operate, staff told us that they received feedback and learning was shared with them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before accessing the service. The registered manager confirmed people's care and support needs were thoroughly discussed before support commenced.
- The service was flexible in ensuring that people were supported in line with their assessed needs and choices.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role effectively. The registered manager ensured that where people had specific needs, staff received additional training. For instance, staff had received training specifically tailored to a person's individual needs. This included how the person's health condition impacted their daily life.
- Staff received supervision and competency observations to help ensure they had the knowledge to perform their job roles. Staff told us they had individual support from the registered manager and access to regular team meetings.
- Inductions for new staff were thorough and their knowledge was tested by working with experienced staff and the management team. Staff had to show their competence prior to working with people unsupervised. One staff member told us, "When I started with In Home Care (Hertford) they made me feel very comfortable and didn't rush into anything. I had multiple shadow calls with each [person supported] until I was comfortable to go out on my own."

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

- People and their relatives said that where people needed assistance to eat, staff supported them in a safe and effective manner. People's preferences were documented. One staff member told us, "I am aware of people's dietary needs and wishes and if there was anything I didn't know I would check in their care plan."
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding of how to support people with these. Care notes evidenced that people's intake of food and drink were monitored, where necessary.

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

- Staff and the management team worked well with other agencies to ensure that people received appropriate care. One relative told us, "[Family member] has had several falls in the last few months and staff always stay until the ambulance arrives." In another example, the registered manager explained how they had worked with the local District Nursing team to obtain appropriate equipment for a person at high

risk of skin breakdown.

- The service was in the process of implementing staff champions for falls, frailty and nutrition. These staff champions would have additional skills in order to enhance other staff members' knowledge and share learning and understanding on these topics.

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. We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff always asked for consent when supporting them. People's consent to being supported in line with their care plan and risk assessments was documented. One person told us "Staff know me, they follow my lead. Staff always ask before doing anything."
- Staff received training in the MCA and its code of practice and as a result they had a good understanding of how to put this into practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had a good understanding of the people they supported. They took the time to get to know people's individual likes and dislikes and spoke about people with kindness and compassion. One person told us, "I can hear the compassion in their voices. They are the best in the area, staff take so much interest."
- People and their relatives praised the staff team for the care and support they provided. A relative said, "[Family member] likes them all, they are all capable. We are happy with them, very good." One staff member told us, "We usually have the same clients, so it makes it easier to know them...in some way we as carers become part of their daily life."
- People and relatives told us that staff often went above and beyond to ensure they provided good quality support. One relative said, "I would definitely recommend this service. They are always timely and friendly and not rushed. They may be booked for half an hour, but they remain if needed and don't charge for the extra. They are a caring bunch."
- People's religious and cultural needs were respected. The registered manager told us how she had supported a person with their religious needs, over Easter, when they were unable to go to church. Another person told us, "At Easter, [Registered manager] rang to ask to call in to check if everything was ok and if there were any complaints. She brought some daffodils and an Easter egg; I was taken aback."

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

- People were encouraged to be involved in making decisions about their care and to take part in reviews.
- People confirmed that care staff knew what they liked and how they liked to be supported. One person told us, "I generally make my own decisions and staff normally ask before doing anything."

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- People and their relatives said that staff promoted people's privacy, dignity and independence. One relative told us, "They absolutely treat [family member] with dignity and respect."
- Staff supported people to be as independent as possible. One staff member said, "When I give a [person] a wash I make sure doors and curtains are shut and put a towel over them to cover them up. To give them independence I ask them if they would like to wash themselves and give them a choice."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care to meet their individual needs and preferences. One person told us, "Staff understand the assistance I need. There is a folder in my house." The registered manager worked closely with people to ensure they were happy with the care plan in place. Care planning was viewed as a continual process with importance placed on ensuring a person's specific needs and preferences were captured. One person said, "The care plan is amazing in showing how to meet my needs. It took [registered manager] weeks to get all the detail." This person told us how they valued the time the registered manager had taken to understand their condition and continually review the care plan, until it met their needs.
- Care plans were detailed with regards to people's preferences, likes and dislikes. This meant staff had the information available to help ensure people received consistent care that met their individual needs. One staff member told us, "We have good care plans that are detailed and inform us of people's preferences. I also talk to people and get to know them."
- Staff were aware of people's hobbies and interests. One member of staff spoke about having a shared interest in gardening with a person they support. They told us how they would take trips to the garden centre together.
- Staff worked closely with people to ensure they received support in line with their needs. For example, one person had a history of self-neglect, prior to support being provided by In Home Care (Herford). Two members of staff slowly built up trust with this person. The registered manager told us, "We supported this person to access meals on wheels, have a haircut and see the chiropodist. We have supported them to go shopping and go for walks. Their life has been transformed."

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 needs were documented in their support plans. The registered manager explained that information would be made available in a different format, if this was required.

Improving care quality in response to complaints or concerns

- The service had a clear complaints procedure. People told us they were aware of this process and felt comfortable raising any concerns with the service. One person said, "If I had any concerns, I would be in touch with the office. I'm very comfortable with them all and happy with how things are going."
- Any complaints received by the service were recorded and followed up appropriately, in line with the

provider's procedure. One relative told us they had not been happy with two members of staff but they "spoke with the [registered] manager and they have not been back."

End of life care and support

- The registered manager explained that since registering the service, they had provided limited end of life support. However, processes were in place and there was an end of life policy available. The registered manager explained how they would seek support from different professionals and work alongside people and their relatives, to ensure they had a dignified death, in line with their preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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;

- The registered manager had a good understanding of their responsibilities towards the people they supported and had a passion for delivering person-centred care.
- People and relatives told us they found the registered manager to be warm, approachable and helpful. One person said, "[Registered manager] is amazing, the best, and the company and the director are compassionate. No other company comes close, they want to learn, I am very, very happy."
- Staff reported a positive team ethos and knew they could go to the management team for advice and support. One staff member told us, "If I ever need to discuss anything I can always speak to my manager or the supervisor in charge, as they are very approachable." Another staff member said morale was "very good" and, "we are a very happy little team."
- The registered manager had a clear understanding about the duty of candour and told us they encouraged everyone to be open and honest in their feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team and staff understood their roles and respected the impact their roles had for people. The registered manager worked alongside the staff team routinely and assessed the service provision as part of their daily work.
- The registered manager was a member of a local care provider's association. They had arranged training and attended network meetings to help keep up to date with changes in the care sector and legislation.
- A governance system was established, which included various audits and the monitoring of safeguarding concerns, complaints, accidents and incidences. The registered manager acknowledged that whilst this system was effective as a small provider, it will require continual review and expansion, as the service grows. The service had started to develop a service improvement plan to assist with this.

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

- Regular feedback about the quality of the service provided was gathered from people and their relatives. Where any issues were identified, however minor, these had been addressed by the registered manager.
- Staff feedback was sought via individual and face to face meetings with the management team. One staff member told us, "During the staff meetings anyone can raise issues, concerns or suggestions. It will be

discussed, and the manager will try to find a solution."

Working in partnership with others

- The registered manager often worked with other professionals to achieve good outcomes for people, for example, district nursing teams and health professionals, in order to provide joined up care.