Herts at Home Limited

Herts at Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Herts at Home Limited is a domiciliary care service; it is owned by Hertfordshire County Council and is operated from an office located at County Hall, Hertford. At the time of our inspection 353 people received personal care and support. Support was provided for people living in nine sheltered housing schemes and in their own houses and flats in the community.

Not everyone using Herts at Home receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service and what we found
External agency staff deployed to cover for staff shortages did not always provide consistent care appropriate to meet people's needs.

People had not experienced any missed care visits however, people said they were not informed when care workers were running late.

Care workers 'slept in' at the housing schemes however, there was no 'out of hours' support available during the night in the event of an emergency.

Care worker's training matrix did not include fire safety training and care workers confirmed they had not received this training. This meant care workers may not understand about fire prevention and people may not be protected in the event of a fire.

Care workers reported good support from their local managers and were comfortable to approach them and felt well supported. However, feedback indicated the management culture was not always open and transparent, senior management were not always approachable and did not always support the team to do their roles.

People said they received good care and support however, people and relatives across all areas this service operated told us some care workers were not happy, demoralised and demotivated.

The provider had undertaken an organisational re-structure which left some care workers feeling undervalued. A divide had been created within the staff team as a result of the re-structure, this had contributed to the dip in morale and wellbeing.

People, their relatives, care workers and external professionals were encouraged to complete quality assurance questionnaires forms. However, feedback indicated the staff team were not assured their anonymity or confidentiality would be protected either through quality assurance surveys or the provider's whistleblowing processes.

Safe and effective recruitment practices were followed to help ensure recruits were of good character and sufficiently experienced, skilled and qualified. Care workers were trained and had their competencies to safely administer medicines checked by senior staff. Care workers had received infection control training, their performance in this area was assessed at local management spot checks.

People were supported and encouraged to be as independent as possible with a risk assessment process. Care workers were knowledgeable about potential risks to people's health, well-being or safety. These needs were assessed and reviewed to take account of people's changing needs and circumstances.

People said they felt safe. People's relatives were confident people were safe and protected from abuse and avoidable harm. People were supported by care workers who had been trained how to safeguard people from harm. Care workers understood the risks and potential signs of abuse and knew how to raise concerns.

Incidents and accidents were recorded, investigated by local managers and reviewed by the senior management team to help ensure appropriate steps were taken to improve people's safety and wellbeing.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The two registered managers had regular contact with managers for each extra care housing scheme and the community team. Regular checks and audits were undertaken across a wide range of areas including the management of medicines, health and safety, complaints, safeguarding, accidents and incidents, care workers' performance and people's support plans.

Health and social care professionals told us the management team were always responsive to any comments and suggestions and demonstrated commitment to working collaboratively with people, their families, specialists and professionals as needed.

The management team and care workers were clear about the provider's values and the purpose of the services provided. The management notified us of certain events that occurred. This meant we could ensure appropriate and effective actions had been taken.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 18 December 2019).

Why we inspected
This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Herts at Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Herts at Home

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and care workers.

Inspection team
This performance review and assessment was undertaken by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 28 November 2022 and ended on 14 December 2022.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and care workers, and electronic file sharing to enable us to review documentation.

We received feedback from nine people who used the service and five relatives about their experience of the care provided. We received feedback from 38 care workers, and we had a video call with the nominated individual on 08 December 2022 and also with the registered managers on 14 December 2022. We reviewed a range of records relating to the management of the service, including care plans and risk assessments, care workers training records, evidence of monitoring care workers practice and medication competencies.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● There were not always enough suitably experienced, skilled and qualified permanent care workers deployed to meet people's individual support needs. External agency staff were deployed to cover for care worker shortages. However, people told us some agency staff did not provide consistent care appropriate to meet their needs. People said the agency staff seldom read the care plans to gain an understanding about how to provide person centred and consistent care. One person said, "I started using this service in [date in the past] and am still having to tell staff how to provide my care after all this time."

● People told us they rarely had the same care workers arrive to provide personal care two days in a row. One person told us, "No-one introduces new care workers, they just turn up to provide care."

● People said care workers had not missed any care calls however, also said they were not always punctual. For example, one relative said, "They (care workers) can be 10 minutes early, can be 10 minutes late and often very much later. The office never ring us to say the care worker is running late. I have had to ring before now just to check we were going to have a care visit as it was so late in the day. The impact of that is we cannot get on with our day as we never know when (or who) is going to arrive."

● Care workers said rotas were not always sent to people in a timely manner and were likely to change at the last minute without any communication to the person. A care worker said, "This means that I can arrive at a call and be greeted with, "I was expecting someone else and at a different time". Most people I see are resigned to this, but it would be something I would make new people aware of."

Assessing risk, safety monitoring and management

● We received mixed feedback about how issues of concern raised by care workers were responded to by the senior management. Some care workers gave positive feedback, for example where a decrease in a person's mobility had resulted in external health professional engagement and appropriate equipment was provided for the person. Some care workers said their concerns were not escalated appropriately and gave examples of requests for equipment not being actioned, increasing people's individual risks.

● The provider did not have a system out of hours support for extra care schemes. A care worker 'slept in' at the schemes however, there was no one for them to call for out of hours support or guidance during the night. Care workers said they could call their scheme managers, but they were often unavailable, or their phones were switched off as they were off duty. The registered manager advised there was a clear process for sleep in staff to follow in the event of an emergency and they undertook to ensure this was re-iterated within the individual schemes.

● Herts at Home training matrix did not reflect fire safety training and care workers confirmed they had not received this training. This meant care workers may not understand about fire prevention and people may not be protected in the event of a fire.

● People were supported and encouraged to be as independent as possible supported by a risk assessment process. For example, where people assessed as being at risk of falls were supported to obtain alarm pendants to give them reassurance when mobilising around their homes independently.
● Care workers were knowledgeable about potential risks to people's health, well-being or safety. These needs were assessed and reviewed to take account of people's changing needs and circumstances.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. A person said, "I do feel safe thank you. At the very least I know someone will come and help me every day. That alone makes me feel safe and they (care workers) listen to me, that is good too." Another person said, "The care is good, it is reliable, that is was makes it feel safe. They (care workers) know what they are doing and do it well."
● Relatives were confident people were safe and protected from abuse and avoidable harm. A relative of one person said, "[Person] is safe with the care workers, [person] is happy with them (care workers) and has not had any falls."
● People were supported by care workers who had been trained how to safeguard people from harm. Care workers understood the risks and potential signs of abuse and knew how to raise concerns and how to report concerns by whistle blowing if necessary.

Using medicines safely
● Care workers were trained and had their competencies checked by senior staff. Care workers supported people to take their medicines at the right time and in accordance with the prescriber's instructions
● The support provided for people with their medicines was dependent on their individual abilities. Some people needed more support than others in this area with some able to administer their own medicines independently supported by a risk assessment. People's relatives were confident care workers provided good support for people to take their medicines.

Preventing and controlling infection
● Care workers had received infection control training and their performance in this area was assessed at local management spot checks.
● Personal protective clothing (PPE) was provided. A care worker told us, "COVID-19 was appropriately managed, I had enough training to feel confident and enough PPE to make me feel safe."

Learning lessons when things go wrong
● Incidents and accidents were recorded, investigated by local managers and reviewed by the senior management team. This helped to ensure appropriate steps were taken to improve people's safety and wellbeing.

Requires Improvement

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Herts at Home supported people living in nine 'extra care' schemes and living in their own houses and flats in the community. Each extra care scheme and geographical area in the community had managers overseeing them. These managers reported to care quality supervisors and care team managers. Care workers told us they received good support from their local managers and felt comfortable to approach them and well supported.
- However, care workers advised the management culture from the top was not open and transparent, senior management were not approachable and did not serve to support them to do their roles.
- People said they received good care and support however, people and relatives across all areas of this service told us care workers were not happy. A person told us, "They (care workers) say they do not have enough time to provide good consistent care, they have poor morale and are low in mood."
- The provider had undertaken an organisational re-structure which left some care workers feeling undervalued. A divide had been created within the team as a result of the re-structure, this had contributed to the dip in morale and wellbeing.
- The provider and registered manager advised further feedback had been requested from staff via a variety of means including internal surveys and meetings and external impartial feedback. As a result of this inspection process the provider had gained the understanding that staff did not have confidence in their current processes. The provider and registered manager provided reassurances they had heard staff feedback and an action plan was being developed to address these areas of concern.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives, care workers and external professionals were encouraged to complete quality assurance questionnaires forms. The registered manager advised they had commissioned an impartial feedback survey from a local care provider's association. This meant they would be able to assess if the service they provided was working well and what further improvements were needed.
- We received feedback from a wide range of Herts at Home employees in a variety of roles. The feedback indicated the team were not assured their anonymity or confidentiality would be protected either through quality assurance surveys or the provider's whistleblowing processes. Care workers we spoke with requested their individual feedback was not shared with the management team.

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

regulatory requirements; 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

● Regular checks were carried out in a range of key areas including the management of medicines, health and safety, complaints, safeguarding, accidents and incidents, care workers' performance and people's support plans. Performance in these areas was reviewed and discussed at team meetings. However, despite these regular checks the senior management team were not aware of some of the issues identified through feedback with people, their relatives and staff. For example, people not being advised of care workers running late, the lack of fire training for care workers, agency care workers not providing consistent personalised care and a significant number of care workers feeling demoralised and demotivated.

● The senior management team were aware of some issues we had idnetified however, no action had been taken to resolve the concerns. Extra care housing schemes had "sleep in" care workers at night. There were no formal on call arrangements for staff in the event of an emergency or they were taken ill for example.

We found no evidence people had been harmed. However, the provider had not effectively used their quality assurance systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The two registered managers had regular contact with managers for each extra care housing scheme and the community team. This was done remotely in the main as the registered managers continued to be home based following pandemic arrangements.

● The management team were clear about the provider's values and the purpose of the services provided. Care workers also understood these values.

● The registered manager notified us, and where appropriate, the local authority of certain events that occurred. This meant we could ensure appropriate and effective actions had been taken.

Working in partnership with others

● Health and social care professionals told us that the management team were always responsive to any comments and suggestions and demonstrated commitment to working collaboratively with people, their families, specialists and professionals as needed. One wevxternal professional told us, "The service has provided a safe pair of hands during failure of other providers and worked with us through TUPE transfers to ensure the safety of people and job security for care staff."

● The management team gave examples where links had been established in the community for the benefit of people who used the service. This ranged from early intervention to help prevent admission to hospital to foodbanks.

● The service was not responsible for delivering or providing any social activity however, the registered manager advised that scheme managers engaged with external organisations such as dementia groups, craft groups and therapy dog groups for the benefit of people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively used their quality assurance systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.