

New Outlook Housing Association Limited

Home Heroes

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

This inspection took place on 28 September and 1st October 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the providers first rating inspection.

Home Heroes is registered to provide the regulated activity of personal care. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger adults. There were 20 people using this service at the time of our inspection. 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.

There was a registered manager in post. 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 were supported by carers who knew how to keep them safe from harm or abuse and supported them with risks to their well-being within their own home. People were happy that they received their calls on time and at the frequency they needed. Staff maintained good standards of cleanliness and hygiene in their home. Accidents and incidents were monitored and acted on to prevent reoccurrence.

People were fully involved in an assessment of their needs and the provider ensured staff received appropriate training to meet people's needs. People were well supported with their meals and had access to drinks. Staff supported people to maintain their health and to access health professionals when needed. People's consent to care was sought appropriately, they made their own decisions and their independence was respected.

People were treated with kindness by staff who they had on a regular basis. Staff were respectful of people and protected their privacy and dignity.

The support people received was responsive to their needs and met people's preferences. People were confident any complaints they had would be listened to and resolved.

The registered manager had been proactive and regularly talked to people about the quality of their care. Staff felt valued and were well supported to deliver best practice. The registered manager was committed to continuous learning and her efforts had been recognised by external organisations who shared best practice ideas. The provider had effective systems in place which had been used consistently to monitor the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe from harm and understood how to support people with risks to their safety.

People received their support as planned by regular staff who knew them well.

People were supported safely with their medicines. Staff understood how to reduce risks of infection to people.

Safety issues were reviewed to reduce the risk of reoccurrence.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and met by staff who had the knowledge and skills to provide their care.

People were supported with their meals and healthcare

People's consent was always sought in relation to their care.

Is the service caring?

Good ●

The service was caring.

People were fully involved in decisions about their care and support needs.

People had positive relations with staff who were kind and considerate.

People's privacy and dignity was protected and their independence promoted.

Is the service responsive?

Good ●

The service was responsive.

People received consistent support that met with their needs and preferences.

People could be confident that their complaints would be addressed without delay.

Is the service well-led?

The service was well-led.

People spoke positively about how the service was managed and felt communication was good and that they were consulted.

There was consistent and effective monitoring of the quality of the service and systems in place to seek people's views.

The registered manager worked with other organisations and was committed to continuous learning and sharing best practice.

Good ●

Home Heroes

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 was planned to check 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.

The inspection was on the 28 September 2018 and 01 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to ensure there was somebody at the location to facilitate our inspection. The Inspection team consisted of 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 service.

We visited the office location on 28 September 2018 to see the registered manager and office staff; and to review care records and policies and procedures. On 1st October 2018 our Expert By Experience conducted ten calls to people who used the service.

We looked at information received from the local authority commissioners, and the statutory notifications the manager had sent us. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We used all this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit to the office we spoke with the registered manager, a care coordinator and two carers. We reviewed three people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at how medicines were managed by checking the Medicine Administration Record [MAR] charts for three people. We reviewed staff training records, rotas and the provider's audits which they used to monitor the quality of the service. Our Expert by Experience conducted ten calls to people of which five people who used the service and two relatives engaged in telephone interviews.

Is the service safe?

Our findings

People told us they felt safe because their safety in their own home had been considered. For example, one person said, "They [staff] are very reliable and on time. They always ring the bell and then use the key safe". A key safe is a secure means of accessing a person's home where they are unable to answer the door. A relative told us, "Staff use a key safe and I know they would alert me if dad couldn't get out of bed". Everyone we spoke with said they felt safe with the way in which staff supported them.

Staff we spoke with understood how to protect people from the risk of harm or abuse. They knew how to recognise when people were at risk, and how to report any concerns of abuse to safeguard people. Staff were confident their concerns would be escalated to external agencies. One staff member said, "The manager encourages us to report everything and has dealt with safeguarding". We saw the registered manager had reviewed safeguarding incidents and acted to ensure people were kept safe. For example, ensuring people's medicines were given as prescribed.

People told us they had discussed how to manage risks to their safety and that this formed part of their support plan. One person told us, "They [staff] don't allow me to use the cooker and stove to keep me safe – I have epilepsy. They always stay and watch me do my diabetic injections". People described aspects of their care they needed support with such as having a shower, being able to reach their food and drinks or take their medicines. We saw support plans provided information to staff on how to keep people safe and that these had been reviewed and updated as needs changed. Staff provided a good account of the type of risk people might face such as developing pressure sores, not eating or drinking or managing their medical conditions such as epilepsy or diabetes. We heard some positive examples of how staff tried to reduce risks. For example, making sure people wore their pendent, and the phone, food, drink and the commode and TV remote was by their side so that people did not have to struggle and perhaps risk falling.

People said they were happy with how they were supported with their medicines. One person told us, "The staff always ask if I have taken my meds". People's support plans showed the level of support they needed to take their medicines safely. Staff had received training to assist them in administering medicines and we saw competency checks had been carried out to ensure carers did this safely. Medicine Administration Records (MARs) had been completed appropriately to reflect people had their prescribed medicines and these had been regularly audited by the registered manager. Where errors had been identified these had been acted on, for example by re-training staff and re-checking their competency.

Staff confirmed that the provider had carried out appropriate recruitment checks prior to them commencing work. This included obtaining references and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people.

People said the staff were on time and stayed the correct length of time. One person said, "They always ring me if they are running late". A relative told us, "I wouldn't be able to go to work every day without the peace of mind this company gives me". We saw care calls were scheduled so that there was travel time between

each call which meant staff did not have to rush. One staff member said, "I see the same people and I have enough time to support them, if there were any additional problems I would call the office, I wouldn't leave someone in need". Another staff member told us cover was arranged in emergencies, they said, "The rota coordinator arranged to cover my shifts when my car broke down; I think it's an excellent company". There was an out of hours service that staff and people knew about to cover times the office was shut.

People told us that staff maintained cleanliness standards in their home. One person said, "They always wear aprons and gloves and wash their hands". Staff had received training on infection control procedures and were well informed about reducing the spread of infection.

We saw the registered manager reviewed any accidents or incidents to prevent re-occurrences. Improvements had been made because of reviewing such instances, for example ensuring medicine records were checked regularly and any gaps explored with the reasons why. This showed lessons were learned when things went wrong.

Is the service effective?

Our findings

People told us that they were involved in an assessment of their needs before they started to use the service. We saw assessments were thorough and captured people's needs, histories, and their preferences. The registered manager told us that the assessment process enabled the provider to decide if staff had the skills to meet people's needs effectively. For example, if people had a disability that needed to be considered

People told us they were confident in the staff skills. One person said, "They know how to help me with my medicines, my epilepsy and diabetes". Another person told us they were so happy with the staff that, "I have recommended this company to other people. I get value for money".

All the staff had received induction training prior to commencing work. This followed the requirements of the Care Certificate for workers in health and social care services. Staff told us they were fully prepared for their role with training in core competencies and opportunities to shadow their colleagues. Additional guidance had focused on managing the use of assistive technology such as alarms and pendants and how to use the key safe system. Staff told us they had been provided with additional training and guidance such as recognising the signs of a stroke, managing epilepsy and diabetes and 1st Aid. A staff member said, "The training is useful and structured and we are asked questions to make sure we know it". All the staff confirmed they had regular support and supervision in which they could reflect on their practice.

People were happy with the support they had with their meals and drinks. One person said, "They prepare our tea for us if we want and we just let them know what we would like". We saw support plans included detailed information regarding the level of support people needed with their meals and drinks. Guidance on conditions such as dysphagia [risk of choking] and the consistency of meals and drinks and the safeguards staff needed to follow such as ensuring people were maintained in an upright position, was available. Staff were well informed of the risks and their role in supporting people.

People told us that they were supported to access health services by their family members. However, we also heard that staff had acted when they needed help. One person told us, "The staff did contact the doctor when I was unwell". We also heard examples of when the emergency services were contacted when needed. Records showed the registered manager liaised with community health professionals where people needed assistance with their health, such as the doctor, district nurse or speech and language therapist. Staff described how they would identify any concerns about people's eating, health or sore skin and take appropriate action. One staff member said, "Any deterioration in a person's health is reported and followed up so they get the help they need; people rely on us especially if we are their only contact".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the principles of the MCA and had received training. They confirmed they provided people with choices around their care and sought their consent. One person told us, "They always ask before doing

anything; very respectful of me and my decisions".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found that carers had received training and understood people could not be restricted in their choices or freedom unless in their best interest or authorised the under MCA. The registered manager told us that they did not have anyone who's liberty was being restricted subject to a Court of Protection order. We saw that where decisions had been made in relation to people's safety, a capacity assessment was undertaken and a Best Interest meeting held. We discussed with the registered manager the need to review records to ensure they captured this information.

Is the service caring?

Our findings

People consistently told us that staff were attentive, kind, thoughtful and patient. One person said, "The staff arrive happy and leave the place happy – I have no qualms about their sincerity and trustworthiness. They are friendly and have a lovely manner".

People told us they had positive relations with staff and found them supportive and helpful. They said staff regularly helped them in ways that made them feel they mattered. One person said, "I have the same lady – I can't fault her – she does extra like stripping the bed or putting the washer on or hanging the washing out". Another person said, "They are quite nice and caring. They are kind and if they have a few spare minutes they will do the hoovering or put the washer or dryer on for me". A relative told us, "They are very patient with my dad. He has never said anything negative about them". We saw that care calls were planned so that people received care from their regular staff who they said they had confidence in.

People told us they were fully involved in decisions about their care. They told us they had been regularly visited by the registered manager to ensure they were being supported as they needed. People's support plans identified their decisions about their support, for example which aspects they wished help with and which aspects they wished to do independently. One person told us, "They listen to me and if I ask for something they always do it".

We heard that people continued to make decisions about their daily lives. This included when they ate and what they ate. We heard staff respected people's choices. Staff told us that when in people's homes they respected people's decisions. For example, if they did not want to have a shower that day. Staff described how they respected people's independence to undertake aspects of their care, for example one staff member said, "I get medicines ready but the person takes them themselves". We heard people chose their own clothing and what they wished to eat. A staff member told us, "Sometimes they will say, leave that I want to do it myself. We always encourage their independence". Advocacy support was available to people where they needed support to represent their views.

People told us that staff were respectful of both them and their home and ensured their dignity was maintained. One person told us, "They use the key safe but always call out hello and ask if it's okay to come in, before they enter". People described how staff maintained their privacy and respected their independence. We saw that peoples' personal information was stored securely and staff understood the policy on confidentiality.

Is the service responsive?

Our findings

People confirmed that they had been involved in developing their support plan and that they had the support they needed at the times they needed it. One person said, "We were involved as a family in writing the care plan". People told us the service was flexible and if they needed extra time or calls at different times this had been arranged. Everybody said that staff always checked with them if there was anything else they could do to make them comfortable before they left.

We saw that the assessment process had led to personalised planning so that people had their support in a way they preferred. This included meeting people's needs in relation to any protected characteristics under the equality act such as disability. We saw for example the needs of people with a disability had been considered so that their support plan was personal to them and provided guidance to staff on how to meet the person's needs in relation to communication, memory and the use of equipment. A relative expressed how the service had, "Made a difference to their dad's quality of life", and how they were, "Very happy with how the care had been arranged". We saw this person's support plan captured their needs in relation to sight and hearing impairments and difficulties in expressing themselves. Furthermore, it promoted a personal approach by allocating staff who knew the person to deliver their care. We found support plans were individualised and informed staff of people's likes, dislikes, routines and preferences and how people like to be supported. Staff were well informed about people's preferences and how these should be met.

The registered manager was aware of complying with the Accessible Information Standards [AIS]. This requires them to identify people with a disability or sensory loss who need support to access or understand information they are given. Records indicated whether people had disabilities or sensory impairments and there was guidance in how to communicate with people in a manner they could understand. We saw this was explored at the point of people's initial assessment. Information could be provided in large print and brail for people with partial sight. Staff were aware of people's communication needs and described how they supported communication such as reading the support plan to people. Staff told us they explained information and ensured people used their hearing aids and glasses.

Staff told us they found the support plans informative and that any changes to people's needs were communicated without delay. Staff had a 'read and sign' system to reflect they had read and understood people's support plans.

All the people said they were happy with their support. People told us they were contacted by the registered manager on a regular basis to ask if the support they received continued to be responsive to their needs. One person said, "The manager checks on me – she is very good – she stands in sometimes and asks me lots of questions". People had access to a complaints procedure and were confident any concerns they raised would be responded to. The provider had a record of the nature of the complaint, investigation and outcome. We saw complaints were followed up without delay and a written response was sent to the complainant. Improvements had been made as a result of complaints such as improving the medicine checks when a staff member had forgotten to administer them.

No one was in receipt of end of life care. The registered manager said she saw this as part of personalised planning and that this would include exploring how people wished to be supported in their own home.

Is the service well-led?

Our findings

People and their relatives were consistently complimentary about how the service was managed. They knew the registered manager and confirmed they had regular contact with her via home visits and phone calls. People described her as approachable and keen to help. Everybody said they had no problem contacting the service and that they were always responded to.

Staff said their training and support was good and that the registered manager promoted a vision of good quality care. They said they could approach the registered manager for advice and support and felt valued and supported. Communication was described as good, with staff having regular staff meetings and updates to guide them. All the staff expressed they were very happy working for a company that set high standards. One staff member said, "It is really excellent; people come first and we are fully supported to do the best we can for people". Staff told us they had clear roles and understood their responsibilities and what was expected from them. Staff said they could see improvements within the service since the registered manager had commenced in post. For example they described better communication, felt listened to, and any issues were acted upon without delay.

As a new service the provider had an on-going development plan which included systems to seek people's feedback on the service. Questionnaires had been produced and plans were in place to send these out. We saw that home visits, spot checks and telephone calls had captured people's feedback and that they were very happy with the service.

The provider had a quality assurance programme that was effective in monitoring the quality and safety of the service. We saw audits were regularly carried out on aspects of the service such as monitoring care calls, medicine administration records, support plans, spot competency checks, staff training, safeguarding and complaints. The providers senior management team met regularly to discuss quality assurance issues which meant they had an overview of how the service performed and any improvements needed.

The provider had invested in an electronic information system which enabled staff to access up to date information before they visited people. Alerts and updates could be identified quickly to enable the provider to take any action where needed.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC). She had ensured notifications were sent as appropriate. The provider had a whistle blowing policy and staff knew how to use this.

We found that the organisation worked in partnership with external agencies with a view to ensuring people received coordinated care. For example, they liaised with other professionals to support people with their health needs in the community.

There was a focus on continuous learning. The registered manager worked with other organisations and attended meetings and training events to ensure that good practice is shared and acted on throughout the service. She had been nominated as a 'Rising Star' as part of the National Care Forum, [NCF] for her focus on

values and beliefs and attended national conferences to share experiences to inform best practice.