

Health and Care at Home Ltd

# Health and Care at Home

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Health and Care at Home is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection 23 people were receiving a service and were in receipt of the regulated activity of 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.

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

There were sufficient staff employed to cover the visits required by people.

Staff were provided with adequate travel time to enable them to carry out visits at the time of the person's choosing.

Risks were identified, assessed and recorded. Environmental risks to visiting staff were also assessed.

Care plans were completed for each person and contained details of the person's needs and preferences. Care plans were reviewed regularly to help ensure they were up to date and relevant.

People told us they felt safe when being supported by staff and were able to increase their independence in a way that felt comfortable for them. There were systems to help protect people from abuse and to investigate any allegations, incidents or accidents.

Recruitment processes were robust, and new staff had sufficient support during their induction before working alone with people.

There were robust auditing or monitoring processes in place at the time of this inspection. People were regularly asked for their views and experiences of the service provided.

The service had implemented effective quality assurance systems to monitor the quality and safety of the service provided. Spot checks were carried out to monitor staff performance. Staff were well supported and asked for their views.

People and their relatives spoke positively about staff and told us they were happy with the service they received. We were told staff were friendly, they were treated with kindness and compassion and their privacy and dignity was respected. Comments included, "They (Health and Care at Home) are exceptionally good. We have had two other companies and we were always having trouble with the previous ones. That's how I know how good they are," "It's very well run. They are continuously improving and updating policies and procedures, maximising staff quality. I think they are sensitive. (Manager's name) is lovely, they know what

they are talking about, they are organised and very experienced," "They are fantastic, I can't fault them at all" and "They all ring me occasionally if there are any issues. Always polite, helpful. I know I can ring them if I needed to. The managers are lovely."

People were supported by staff who had been appropriately trained and were skilled in their role.

People received support to maintain good health and were supported to maintain a balanced diet where this was part of their care plan.

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.

Staff understood the importance of respecting people's diverse needs and promoting independence. People were always asked for their consent prior to care being provided.

There were clear lines of responsibility which were known and understood by the staff team. Audits of all aspects of the service were completed by the registered manager.

There was a registered manager at the time of this inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last inspection for this service was rated requires improvement. (published 29 March 2022)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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?

Good ●

The service was safe  
Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.  
Details of our effective findings are below.

### Is the service well-led?

Good ●

The service was well led  
Details are in our well led findings below

# Health and Care at Home

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out 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 houses and flats.

The service had a manager registered with the Care Quality Commission. The registered manager 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

We gave the service 2 working days' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 20 July 2023 and ended on 21 July 2023. We visited the office location on 21 July 2023.

#### What we did before the inspection

We reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider had completed 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 used all this information to

plan our inspection.

During the inspection

We reviewed 2 people's care plans and risk assessments. We reviewed 3 recruitment files, staff training and supervision. We also reviewed other records relating to the management of the service. We met with 3 care staff during the office visit. We spoke with the registered manager and the care director. We spoke with 7 relatives and 2 people receiving care and support. Following the office visit we contacted all the remaining care staff via email. We received feedback from 2 staff.

# 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 requires improvement. The rating for this key question has changed to good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we found the provider had not ensured staff were recruited safely. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found action had been taken to address these concerns and the service was no longer in breach of this regulation.

- Staff were recruited safely. Pre-employment checks were carried out before staff started working for the service.
- There were sufficient numbers of staff employed to cover the requirements of the rotas and meet people's specific needs.
- People and relatives confirmed there were enough staff available to support them and meet their care needs. People told us staff came at the arranged time and stayed for the agreed length of time. Comments included, "They (care staff) ring up and let me know if they are going to be late," "No missed visits" and "There's always somebody there for me."
- Rotas were produced by the service in advance to help ensure people had the assessed support when they needed it. People were provided with rotas if they wished. Any short notice sickness absence or gaps in the rotas were covered by other members of the team. People told us, "They (office staff) send me a rota at least a week beforehand," "I know on a Monday I will have the rota for the following week, they are organised. The managers are very approachable, nothing is too much trouble" and "There's a rota that comes weekly, and we know who is coming. Yes, they do (stay the right amount of time), in fact a couple of times they have stayed over. They will make sure everything is done before they leave."
- Staff were given time in-between calls to allow for travelling from one call to the next.
- People were positive about the time they received their visits. They told us, "They (care staff) are always on time, sometimes before time. They always message me if they are going to be late. It doesn't happen very often."

### Assessing risk, safety monitoring and management

At our last inspection we made a recommendation that the service took advice and guidance from a reputable source regarding the recording of service/check dates for all equipment used by staff. We also found the provider had failed to ensure staff were provided with sufficient detail to reduce identified risks. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated

At this inspection we found improvements had been made and the service was no longer in breach of Regulation 17.

- Risks regarding the environment were identified, assessed and monitored regularly. Risks assessments associated with people's care needs provided staff with the guidance and direction needed to support people safely.
- People told us they were aware of their care plan, "Yes, I have a copy. It's up to date," "We had a review this week" and "It was reviewed quite recently, and one of the carers came out and went through it all with me."
- Staff were experienced and had a good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor them and what action to take to reduce risks.
- Team leaders reviewed people's progress regularly. This included a review of risk assessments to ensure they remained relevant to people's individual needs.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding processes in place and the service had made appropriate referrals to the local authority where required.
- People told us they felt safe with the staff that supported them. Comments included "Yes, definitely feel safe, I would trust them with anything. They are wonderful, absolutely brilliant and my family all think they are absolutely amazing."
- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe.

Using medicines safely

- Most people did not need support with their medicines. If they did, Medicine Administration Records (MAR) were completed and regularly checked by the management team for any errors.
- Staff received training on the administration and management of medicines. Senior staff supported care staff with recording and administering any new medicines that people may have been prescribed. Medicine Administration Records (MAR) were electronic, along with all care records. This electronic record was accessible to relatives where agreed and appropriate.
- People and relatives told us, "No problems at all (with medication)" and "(Person's name) has medicine and they administer that just before lunch each day. They make sure, and they note it on (mobile electronic system name) as well" and "Yes, they ring the GP for me if I can't, for medication. I have introduced them to the GP and they know who they are."

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination including COVID-19. People told us staff regularly wore personal protective equipment (PPE) appropriately when they delivered care to them.
- The service had an ample supply of PPE. Staff had received training in the safe use of PPE.
- Staff had received training in infection control.

Learning lessons when things go wrong

- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The registered manager gave us an example of when they had identified that things could be done better and the subsequent actions they had taken to improve things. For example, there used to only be one person



on-call at weekends and this was found to be challenging when also being required to cover some short notice absences. The registered manager had since arranged for a case coordinator and a team leader to cover on-call together at weekends to spread the workload.

- Following feedback from staff, arrangements have been made for all staff to receive their expenses every two weeks to help with the cost of living.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

At our last inspection we made a recommendation that the provider take action to ensure all care plans provided clear guidance and direction for staff to meet people's specific needs.

At this inspection we found improvements had been made to most care plans. One care plan required some additional information added and this was done during the inspection visit.

- People's needs were assessed by a team leader before the service began, to establish people's needs and wishes and to identify goals. Regular reviews took place. Staff told us they were provided with sufficient information in order to meet people's specific needs.
- The assessment also considered people's protected characteristics as part of the Equalities Act 2010, including any disabilities.

Staff support: induction, training, skills and experience

- New staff received an induction which included training and a period of working alongside a more experienced staff member before they started working on their own.
- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. Training updates were monitored, and staff were prompted when these were due to be refreshed. Competencies were also checked by team leaders, when staff received regular support and spot checks at visits.
- People and relatives were positive about the care staff and commented, "I think the really positive thing is they are looking ahead, feeding back to management and we can then agree what is the best plan, so that's really important" and "New staff shadow before they come."
- Staff received regular one to one support from their team leaders and managers. Staff told us, "We have regular supervision and support is always available when we need it."

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

- If required staff supported people with meal preparation. Staff had received training in food management. They were able to do batch cooking and freeze food with appropriate labelling of dates etc. Staff supported some people with cooking. Staff also monitored the contents of some people's fridges to help ensure food was removed when required.
- Staff checked what people had eaten at each visit to make sure they had sufficient intake.

- Some people needed equipment to help them regain their independence. For example, with managing daily tasks such as cream application. Any equipment assessed as required was provided.

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

- The service worked with a range of agencies in the care and support of people, such as community nurses and GP's.
- Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional. One relative told us, "(Person's name) uses a hearing aid and they are managing that, had their eyes tested and their nails done by a chiropodist. The supervisor has organised that."
- Relatives were assured the care staff that supported their family member were quick to identify changes in the person's health, report their concerns and request the required assistance. The service used an electronic app for care plans which was accessible by people and their relatives, where appropriate and agreed. One relative told us, "We have access to the electronic system, quite often the staff stay longer than they should. I find the electronic system very useful and my sister has access to it."

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 MCA 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.

- People were involved in decisions about their care and staff supported them to have maximum control of their lives. We were told all the people who were being supported at the time of this inspection had capacity to make their own decisions therefore no assessments had been indicated as necessary.
- Staff told us they always sought the persons consent before providing any support. People and their relatives confirmed this
- Staff received training in the MCA.

# 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 requires improvement. The rating for this key question has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had failed to ensure robust systems and processes were in place to assess, monitor and improve the quality of the service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found the service had made improvements and they were no longer in breach of this regulation.

- There were robust quality assurance and governance systems in place to monitor the quality and the safety of the service. The directors of the company met fortnightly with the registered manager, to discuss the service and were always available by phone in between, if needed.
- There were regular audits and monitoring in place to help ensure the service was constantly improving.
- Staff roles and responsibilities were clear and understood. Audits were conducted on care plans, risk assessments, visit notes, supervision and training information.
- The care director supported the registered manager, along with the care coordinators and team leaders. Supervisions and training were effectively monitored by the registered manager.
- The service had a clear staffing structure. Staff understood their roles and responsibilities and knew who to speak with if they had any concerns. Staff told us they could easily access support when it was needed.
- The provider understood their legal responsibilities and had submitted statutory notifications to the Care Quality Commission as required by law.

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 understood the duty of candour requirements and ensured information was shared with the relevant people when any concerns were identified.

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

- People and relatives were complimentary about the service they received. Comments included, "They

(Health and Care at Home) are exceptionally good. We have had two other companies and we were always having trouble with the previous ones. That's how I know how good they are," "It's very well run. They are continuously improving and updating policies and procedures, maximising staff quality. I think they are sensitive. (Manager's name) is lovely, they know what they are talking about, they are organised and very experienced," "They are fantastic, I can't fault them at all" and "They all ring me occasionally if there are any issues. Always polite, helpful. I know I can ring them if I needed to. The managers are lovely."

- The culture of the service was open and transparent.
- The registered manager and the care director were very committed to providing the best service possible to people.

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

- People had been asked for their views on the service. Positive feedback had been received, "I thank everyone for the ongoing care with my dad and we are very satisfied with this service," "I can say that I have always found Health and Care at Home to be kind, compassionate and caring and most importantly person centred," "Health and Care at Home demonstrated initiative to engage with relevant training for this patient" and "Whenever I have sent an email requesting anything I get immediate response and help."
- Staff were very happy working for the service, and told us, "I am very happy working for Health and Care at Home," "We are always given plenty of time to travel between visits, we are given extra time if it is needed. The time we have to support our service users is always reviewed and changed where necessary. If we were ever to run over a time for example in an emergency, a quick phone call or message to the office and they ring ahead or cover a visit so that we are not running behind. Everyone in the team is good at helping in those sorts of situations" and "We have supervision's every month now. When I first started, I didn't have one for months. Also, more team meetings now as well which is good."
- Regular audits and monitoring processes were in place to check on the standard of support provided by staff. These were used to identify any areas of improvement.

Working in partnership with others

- The service had established good working relationships with other agencies to ensure good outcomes for people.