

Home Healthcare Ltd

Home Healthcare

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 March 2018. We gave the provider two days' notice of the inspection as we needed to make sure the manager and staff would be available at the location. This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service mainly to older adults. Not everyone using Home Healthcare 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.

Home Healthcare is an independent care agency providing personal care support to people living in their own homes. At the time of our inspection there were approximately 21 people using the service. The service had 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.

At our last inspection of the service on 11 and 12 May 2017 we found breaches of regulations and took enforcement action serving a warning notice on the provider and registered manager, requiring them to address concerns we had identified. This was because medicines were not always managed and administered safely. Risk assessments were not detailed and did not provide guidance for staff to ensure people's safety and well-being. Staff recruitment systems were not consistently applied. Care plans and records lacked detail. Systems and processes in place to assess, monitor and improve the quality of the service were not established and operated effectively. At this inspection we found significant improvements had been made, the warning notice had been met and all required actions had been completed.

Medicines were managed and administered safely. There were safeguarding policies and procedures in place and staff knew what actions to take to protect people from harm. Risks were assessed, managed and reviewed to ensure people's needs were safely met. Detailed guidance for staff on managing risk and needs were appropriately documented. Appropriate recruitment checks took place before staff started work and there were enough staff to meet people's needs. There were systems in place to ensure people were protected from the risk of infections.

Assessments of people's care and support needs were conducted and documented. Staff completed an induction when they started work and received appropriate training. Staff were aware of the importance of seeking consent and demonstrated good knowledge of the Mental Capacity Act 2005. There were arrangements in place to comply with the Mental Capacity Act 2005. People were supported to meet their nutritional needs where appropriate and people were supported to access health and social care professionals when required.

People told us staff were caring and respectful. People were consulted about their care and were provided with information about the service that met their needs. People received personalised care that met their

diverse needs. People knew about the provider's complaints procedure.

There were systems in place to assess and monitor the quality of the service provided. The provider took into account the views of people using the service and staff. There was an out of hours on call system in operation that ensured management support and advice was always available.

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.

There were robust systems in place to ensure medicines were managed and administered safely.

Assessments were conducted to identify and assess levels of risk to people's health and well-being. There was clear guidance for staff on managing people's needs and risks.

There were safe and robust staff recruitment practices in place.

There was an electronic call monitoring and care planning system in place to ensure people received the care and support they required and there was enough staff to meet people's needs.

Accidents and incidents were recorded, managed and acted on appropriately.

There were policies and procedures in place to safeguarding people from abuse and staff had a clear understanding of how to report concerns.

There were infection control policy and procedures in place to minimise the risk of infections.

Is the service effective?

Good ●

The service was effective.

Detailed assessments of people's needs and preferences were conducted.

People were supported to meet their nutritional needs and preference.

People were supported to access health and social care services when needed.

There were arrangements in place to comply with the Mental Capacity Act 2005.

Staff new to the service were provided with an induction when they started work and staff received on going supervision and appropriate training.

Is the service caring?

Good ●

The service was caring.

People spoke positively about staff, the support they provided and told us they were involved in planning and reviewing their care.

People were provided with information about the service.

People told us their privacy, dignity and independence was respected.

Is the service responsive?

Good ●

The service was responsive.

People told us they were involved in making decisions about their care that met their needs and preferences.

Care records and assessment took into account the support people may require with regard to any protected characteristics under the Equality Act 2010.

People were supported to engage in a range of community social activities that reflected their interests where this formed part of their plan of care.

People were provided with information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

There were systems in place to ensure care plans and records were appropriately maintained and care visits were conducted as planned.

Feedback from people using the service was sought through

telephone monitoring and review calls and quarterly satisfaction surveys.

There were robust systems in place to assess, monitor and improve the quality of the service.

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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.

This announced inspection took place on 28 March 2018. We gave the provider two days' notice as we needed to make sure the manager and staff would be available. The inspection team consisted of a single inspector, who visited the office and an expert by experience who spoke with people using the service or their relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service and the provider which included statutory notifications the provider had sent the CQC. A notification is information about important events which the service is required to send us by law. We also contacted the commissioning authorities to request feedback on their views of the service. We used these sources of information to help inform our inspection planning.

There were approximately 21 people using the service at the time of our inspection. We spoke with ten people using the service and five relatives by telephone to gain their views of the service they received. We spoke with four members of staff including the registered manager and senior who is a registered nurse. We looked at the care plans and records of five people, four staff records including training, supervision and recruitment records and records relating to the management of the service such as policies and procedures.

Is the service safe?

Our findings

At our last inspection of the service on 11 and 12 May 2017 we found a breach of regulation as medicines were not always administered and managed safely. At this inspection people told us and we saw that they received support with their medicines where this was part of their plan of care and as prescribed by health care professionals. One person said, "Yes they are very good. They remind me to take my tablets when I need them." Another person commented, "Oh yes, they always give me my medication when I need it."

There were robust systems in place to ensure medicines were managed and administered safely. Care plans and risk assessments recorded the medicines people were prescribed by health care professionals and confirmed medicines administration arrangements for people where this was part of their plan of care. We looked at medicine administration records (MAR) and saw these were completed accurately by staff. MARs records were routinely checked for any issues or concerns by monthly audits that were conducted by the registered manager. The provider had recently implemented a new electronic care planning and call monitoring system which was a live real time system and recorded the administration of medicines when staff logged into the system at each visit. We saw this used in practice during our inspection and noted that this enabled office staff to instantly respond if medicines had not been recorded by staff as administered to people as prescribed. Records showed that staff were trained on the safe management and administration of medicines and had received annual competency assessments to ensure they were knowledgeable and safe to administer medicines. There was an up to date medicines policy and procedure in place which was reviewed in November 2017 to ensure it was reflective of best current practice. Its aims included the promotion of service user's rights, dignity and independence, to provide guidance for staff to enable them to administer medicines safely, to outline care workers' responsibilities and to assist in compliance with the minimum standards for domiciliary care.

At our last inspection of the service on 11 and 12 May 2017 we found a breach of regulation as risks to people's safety were not always appropriately assessed and documented. At this inspection people told us they felt safe with staff that supported them and we saw risks to people were appropriately assessed and documented. Comments included, "I've had the same carers for years, I do feel safe", "Yes, I feel very safe", "Yeah, brilliant and very safe", and, "Oh yes the carers are lovely. I feel very safe with them and can trust them."

Assessments were conducted to identify and assess levels of risk to people's health and well-being. Electronic and paper care plans and risk assessments ascertained and documented areas of risk to people, for example in relation to mobility and moving and handling, pain management, communication, nutrition and hydration, personal care and skin integrity, medicines, physical and mental health and palliative care amongst others. Assessments provided detailed guidance for staff on the support and actions to be taken to minimise any identified risks. For example one care plan documented that the person required support from staff to transfer safely from room to room and to change position whilst in bed to reduce the risk of pressure areas. Detailed guidance for staff included safe moving and handling techniques, clear instructions with pictures on the use of equipment and detailed repositioning methods to ensure good skin integrity. Risk assessments also highlighted any associated risks within the home environment including trip or falls

hazards and risk of fire. There were arrangements in place to manage emergencies and people had an out of hour's contact number available to them should they require support out of office hours.

At our last inspection of the service on 11 and 12 May 2017 we found a breach of regulation as staff recruitment systems and processes were not consistently applied. At this inspection we saw there were safe and robust staff recruitment practices in place. Appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment and staff records we looked at confirmed this. Records included applications and interview records, photographic evidence to confirm identity, criminal records checks, references, right to work in the UK where applicable and history of experience and or professional qualifications.

People told us they thought there were enough staff to meet their needs and they had regular staff that visited them at agreed times. One person said, "Yes I've never had any problems. If my usual carer doesn't come they send another. They do come on time but if they get held up they let me know." Another person commented, "Yes, they arrive on time." Another person said, "If they're over running and are likely to be late they always call. I would call the office if this became regular." A fourth person commented, "I'm quite happy with the carers, they're brilliant." Staff we spoke with told us they thought there were enough staff working at the service to ensure people's needs were met. The electronic call monitoring system implemented at the office and within people's homes was operated by staff on mobile phones when working within the community. The registered manager told us that at each visit staff were required to tag in when they arrived for the visit and tag out when they left. The said the system operated in real live time so any late or absence visits were immediately identified and addressed. We saw that staff rotas were also managed on the system and so any staff shortages or absences were again addressed promptly.

Accidents and incidents involving the safety of people were recorded, managed and acted on appropriately. Electronic records demonstrated that staff identified concerns, took actions to address concerns and referred to health and social care professionals when required. For example we saw that whilst a member of staff attended a visit as planned, the person had suffered a fall and the member of staff sought medical assistance in response as appropriate. We also noted that changes were made to the person's risk assessment instantly to reflect this through the use of the electronic care planning system. Staff were issued with a staff handbook for reference, an identity badge and uniform to ensure people using the service knew them before they entered their home and were also provided with personal protective equipment (PPE) to minimise the risk of infection. One person told us, "They wear uniforms, name badges and gloves." Another person commented, "They wear a pink uniform and overall, name badge and gloves." We saw there was an infection control policy in place and PPE was made readily available for staff.

There were policies and procedures in place to safeguarding people from abuse. Staff we spoke with had a clear understanding of safeguarding and knew how to report concerns. Staff received training to ensure they were knowledgeable about how to respond to concerns and were also aware of the provider's whistle-blowing procedure and how to report any issues of poor practice. We looked at the safeguarding file which contained local and regional safeguarding policies and procedures and saw that records of safeguarding concerns were managed appropriately and audited to ensure concerns were overseen and addressed. Where required referrals to safeguarding authorities were made and notifications to the CQC were sent as appropriate.

Is the service effective?

Our findings

Assessments of people's needs and preferences were conducted before they started using the service and care plans that were implemented from assessments undertaken contained referral information and assessments from local authorities that commissioned the service. Care plans documented the involvement from people and their relatives where appropriate and information from health and social care professionals were also retained to ensure all individuals needs and wishes were addressed. Assessments considered individuals day to day care and support needs, choices and preferences, and identified areas in which people required support due to identified risks. Assessment covered areas such as physical and mental health needs, medicines, communication and nutrition amongst others.

People told us they were supported to meet their nutritional needs and preference where required and care plans documented any support required with meal preparation to ensure their nutritional needs were safely met. One person said, "I have chips as I like chips. The carers come twice a day. In the morning they cook my chips for the day and at lunchtime I reheat some chips in my microwave." Another person commented, "I have the meals already made. They heat them up for me. They always make me drinks or do snacks for me if I want." Care plans documented individuals nutritional needs including known allergies, likes and dislikes and risks such as any swallowing difficulties.

People were supported to access health and social care services when needed in order to maintain good physical and mental health. One person told us, "I am able to ask for help if I need it but I know my carers will call the doctor if I need them." Care plans showed people received support from health and social care professionals when required and that staff worked with a range of community professionals such as district nurses, GP's and pharmacists. Records demonstrated that staff monitored people's daily well-being and where any concerns were identified they referred to health and social care professionals as appropriate.

People told us staff respected their independence and sought their consent. One person said, "Oh yes they are very polite and respectful. They always ask me." Another person commented, "Some of the carers are particularly good especially the ones that have come for a long time. They don't think of you as a number but as people. They give you a little hug." Staff we spoke with had a good understanding of people's right to make informed choices and decisions independently but where necessary for staff to act in someone's best interests. The registered manager told us that most people using the service had capacity to make decisions about their care and treatment and no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. They told us if they had any concerns regarding a person's ability to make specific decisions they would work with them, their relatives, if appropriate, and relevant health and social care professionals in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005.

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. This provides protection for people who do not have capacity to make decisions for themselves.

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.

People and their relatives told us they thought staff were appropriately trained and knowledgeable to be able to support them well. One person commented, "They are very good at what they do. They know how to help me and do the things that I need doing." A relative commented, "Yes, they are skilled and trained well enough but when new ones come along I help them out a bit so they know where everything is." Staff records confirmed that staff received mandatory training in areas such as safeguarding, first aid, the Mental Capacity Act and Deprivation of Liberty Safeguards, infection control, moving and handling, equality and diversity and managing medicines amongst others. Specialised training to meet people's specific needs was also provided in areas such as, dementia awareness, depression in older people, epilepsy awareness, pain management, stroke awareness and pressure sore management amongst others.

Staff new to the service were provided with an induction when they started work. This included becoming familiar with the provider's policies and procedures, working alongside more experienced staff and completing training the provider considered mandatory. The registered manager told us and records we looked at showed, that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records demonstrated that staff received regular support to enable them to do their job effectively and supervision in line with the provider's policy.

Is the service caring?

Our findings

People spoke positively about staff, the support they provided and told us they were involved in planning and reviewing their care. Comments included, "Yes, I have a care plan and I'm involved. Sometimes there are good reasons why they can't always stick to it. If they are going to be late they ring, they are thoughtful like that", "They're nice ladies and they do listen to us", "They are very caring", "Oh yes, they call me and ask if I am happy or if I want anything to change", and, "Yes, they are caring and they want to do their job."

During our inspection we observed and listened to office staff speaking with people and their relatives by telephone in a friendly and caring manner answering any questions or requests promptly. Staff were knowledgeable about the people they supported and had built good relationships with them. The registered manager told us they always aimed to ensure regular staff were assigned to support the same people when possible to promote consistency of care whilst enabling relationships to form. They said they felt this was extremely important particularly for people who had communication difficulties or memory problems as this promoted mutual trust and understanding when supporting them to meet their needs.

Care plans documented personal accounts of people's history and preferences including any communication or sensory needs such as hearing or sight impairments and how staff could best support them. For example one care plan had clear guidance for staff on how to communicate with the person who had dual sensory loss by way of physical touch. It also detailed the importance of not moving things around in their home without telling the person as this reduced their ability to be independent, created potential risk of falls and that this was frustrating for the individual. Staff told us that care plans and records were kept securely within people's homes and they knew where to locate important information about people.

People were provided with information about the service when they joined in the form of a 'service user guide' which was kept in people's care files for their reference. The registered manager told us this was given to people when they joined the service in a format that met their needs and included information on the provider's values, standards of care, services offered and their complaints policy and procedure. The provider also kept people informed of service changes and news in relation to health and social care services by way of distributing a seasonal newsletter. We saw that the Spring 2018 newsletter provided information on new staff joining the service, staff personal information, local community news and other agencies and organisations services offered.

People and their relatives told us that staff promoted their privacy and dignity, were respectful when supporting them and promoted their independence. Comments included, "Yes, they are very caring, they don't rush me. I do chat and they listen to me", "They do actually respect his privacy and sometimes he asks them to do something differently and they listen to him", "No, they never rush her, I hear them saying 'take your time' and 'no rush' which really puts her at ease", "They respect her dignity, for example when they wash her they put a towel over her. They always let her know what's happening", "They are very good at respecting her dignity", and, "The carers are very nice, they talk to her and have a little laugh. They communicate with her as much as they can." Staff we spoke with were knowledgeable about people's needs and knew what individual's preferences were. They provided us with examples of how they promoted

people's dignity, independence and privacy, for example by offering people choice and by maintaining their dignity during personal care by closing doors and curtains.

Is the service responsive?

Our findings

People and their relatives told us they were involved in making decisions about their care, had a plan of care and they received care that met their needs and preferences. Comments included, "Yes, there's a care plan which is kept in the folder and I have been involved in this", "We have a care plan and we can change things if we want to", "There is a care plan and they do work to it when needed", "The care plan tells them what I want done and when they should come, it works well", and, "They know just what to do when they come but it's also written in the care plan."

Care plans were developed in cooperation with people and their relatives and documented personal information gathered from them to reflect individual needs and preferences. Care plans recorded how staff could support people to meet their needs. Care plans detailed people's visit times, the duration of support visits and tasks to be undertaken by staff to ensure people's need were met appropriately. We saw that care plans were reviewed on a regular basis to reflect changes in people's needs and the provider's electronic care planning system allowed for changes to be made instantly by staff enabling them to be responsive to people's change in need. We saw that scheduled reviews were conducted either in person within people's homes or by telephone discussions with people and their relatives. Staff kept daily records of each visit showing the support provided by staff which was again instantly recorded on the provider's care planning system for the staffing team to review.

Care records and assessment tools took into account the support people may require with regard to any protected characteristics under the Equality Act 2010. For example in relation to age, race, religion, disability, sexual orientation and gender. Care plans documented guidance for staff on the support people required for example to practice their faith and to meet any cultural and dietary needs. People we spoke with confirmed that staff supported them to meet their diverse needs.

Assessments were conducted which allowed for people to document any end of life care needs and wishes they have should they so wish. For example assessments included information on hospice and community teams' involvement, diagnosis and treatment plan, pain management and 'people who are important to me' sections.

People were supported to engage in a range of community social activities that reflected their interests where this formed part of their plan of care. Care plans detailed people's chosen leisure activities such as maintaining family and social networks and attending social clubs or events. For example we saw that one person was supported by staff to go for walks when the weather permitted.

People told us they received the support they needed at the times they requested. One person told us, "They don't rush at all, they never rush me. They're calm, never fuss even if they're running late." Another person commented, "They stay here the full time and they have to clock in and out on their machine." A third person told us, "They come when I need them to, they are very good and normally always on time." The registered manager told us that they tried to accommodate people's preferences for their support and the call monitoring system allowed them to ensure that visits were completed as detailed in individuals care plans.

People told us they knew how to make a complaint. Comments included, "I'd ring up the office if there was something that I was unhappy with", "If I had a concern I would tell them but it's never happened", "Yes, I would go straight to management if I had any problems", and, "I know that if I had a complaint they would sort it but I have never needed to report anything." The provider had a complaints policy and procedure in place which was provided to people within their care plans and contained guidance for them on what they could expect if they raised a complaint. This included the timescale in which they could expect a response and guidance on how to escalate their complaint if they remained unhappy with the outcome. We looked at the complaints file and noted that no complaints had been made since November 2017. We saw that complaints were managed appropriately in line with the provider's policy and the provider had a complaints log in place to monitor and learn from any complaints received.

Is the service well-led?

Our findings

At our last inspection of the service on 11 and 12 May 2017 we found a breach of regulation as the systems in place to assess, monitor and improve the quality of the service were not established and operated effectively. At this inspection we saw there were effective and robust systems in place to monitor the service and that the provider was compliant with the warning notice we served. People told us they felt the service had improved and it was well-led. Comments included, "At the moment, up to date it's much better than it used to be", "They help you out, they are very helpful", "I'm happy with what I get", "They do lead it well. They have asked for my opinion about the service", "The company are really good and their carers do everything well", and, "The company and the office are really good."

There was a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. Staff told us they felt supported by the registered manager and were supported to do their job well. We saw that communication within the service was good and the registered manager conducted staff meetings on a weekly basis to ensure the service ran smoothly and staff were provided with opportunities to discuss any concerns or issues and to share good practice. We looked at the minutes of weekly staff meetings and saw items for discussion included the implementation of the new electronic call monitoring system, staff training, staff monthly social events and service user updates. We also saw that team training sessions were provided during staff meetings and covered topics such as medicines management, dignity and equality and diversity.

There were systems in place to ensure care plans and records were appropriately maintained, care visits were conducted as requested by people and staff provided safe and effective care to people as appropriate. The provider had purchased and implemented a new electronic call monitoring and care planning system. This ensured the safe and effective rostering of staff, that staff were provided with travel time between visits and that staff had completed the required tasks as commissioned. We saw that audits of the system were conducted on a daily basis for some areas and weekly or monthly for others. For example staff rosters were allocated on a weekly basis and we saw that these allowed staff a minimum of 15 minutes to travel from one location to another. Medicines audits on the system were monitored daily by office staff but also audited by the registered manager on a monthly basis to check that medicines were safely managed. Records also showed that senior staff conducted spot checks on staff working within the community to seek feedback from people and their relatives about the service they received and that staff visited people at the correct times and for the correct duration. Feedback from people using the service was also sought through telephone monitoring and review calls to help drive service improvements.

People and their relative's views were also sought through quarterly satisfaction surveys. We looked at the results and action plan completed for the survey conducted in January 2018 for which seven people responded. Results were positive showing that all respondents felt staff were polite and friendly, that care was provided in a way which maintained their privacy and dignity at all times, that people felt encouraged to make their own decisions, that their views were seen as important and that they were happy with the

service they received. We noted that feedback from people had highlighted one issues with staff uniform and that people were not always aware of how there information was managed and kept confidential. We saw that as a result of the feedback action was taken to purchase a new uniform for one member of staff and the data protection section of the service user guide was made clear and explained how the service protected people's information.

The provider also sought the views of staff on an annual basis to help drive improvements. We looked at the staff survey results conducted in May 2017 and saw that 100 percent of staff either agreed or strongly agreed that they had job satisfaction and they made a difference and 100 percent felt the service provided high quality care. Staff also had other opportunities to provide feedback about the service through weekly team meetings and a staff suggestion box located within the office. The provider ran a 'carer of the month' award to celebrate and recognise staff achievements and contribution. Feedback from people using the service and staff performance figures collated from the provider's electronic system determined the winner who was awarded a gift voucher.

There were robust systems in place to assess, monitor and improve the quality of the service. Various checks and audits were conducted to identify any areas for improvement. These included care plans and records, staff files, medicines management, staff spot checks and supervisions, electronic monitoring and care planning system, staff training and site visit records. We saw that audits undertaken were up to date and conducted in line with the provider's quality assurance policy which was reviewed in November 2017. This documented the provider's commitment, responsibilities and their quality assurance programme.