

Hants Healthcare Limited

Hants Healthcare

Inspection report

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25 April 2018

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Ratings

Overall rating for this service	Good ●
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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

We carried out this announced inspection on the 23 and 25 April 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office.

Hants Healthcare provides personal care and support to people in their own homes. At the time of our inspection the agency was providing a service for 19 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

The service had a registered manager. 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.

We received positive feedback from people about the service. All people and their relatives who used the service expressed great satisfaction and spoke highly of the care staff.

People and their relatives told us they felt safe and secure when receiving care. Environmental and individual risks were identified and measures put in place to minimise these risks.

People were supported to take their medicines safely from suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Not all staff had been assessed to ensure they remained competent to administer people's medicines safely. However, the manager was in the process of completing these.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. Staff contacted healthcare professionals promptly when they had concerns about people's health and wellbeing.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were enough staff to keep people safe.

There were plans in place to ensure continuity of care during foreseeable emergencies.

People felt they were treated with kindness and compassion and said their privacy and dignity was respected. Staff had an understanding of the Mental Capacity Act (MCA) and understood that people had the right to make their own choices.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They

completed a wide range of training and felt it supported them in their job role. New staff completed an induction before being permitted to work unsupervised.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People felt listened to, a complaints procedure was in place and people knew how to make a complaint if they needed to.

Staff felt supported by the management and felt they could visit the office and would be listened to. Regular audits of the service were carried out to assess and monitor the quality 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 were trained to support people with medicine and most risks were managed appropriately.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staffing levels were sufficient to take account of people's needs and recruiting practices were safe.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion. Their dignity and privacy was respected at all times.

People were involved in their care plan and encouraged to remain independent.

Is the service responsive?

Good ●

The service was responsive.

People told us the care they received was personalised and their needs were reviewed regularly to ensure their care plans

remained appropriate.

The registered manager sought feedback from people. An effective complaints procedure was in place.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke highly of the management team who were described as approachable and supportive.

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

There were systems in place to monitor the quality and safety of the service provided.□

Hants Healthcare

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 inspection took place on 23 and 25 April 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available to speak with us.

The inspection team consisted of one inspector and one 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.

Before this inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three people receiving care and support and fifteen relatives by telephone. We spoke with a further two people and one relative when we visited them in their homes. We spoke with the registered manager, the provider's managing director, senior carer and four care staff. We looked at care records for five people, including medicines records. We also looked at recruitment records for four care staff and other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

We sent questionnaires to people seeking their views on the service people received. A total of nine people responded to our questionnaire.

Hants Healthcare Limited was registered with the Care Quality Commission in May 2017 and has not previously been inspected.

Is the service safe?

Our findings

Everyone responded positively to the survey question 'I feel safe from abuse and or harm from my care and support workers'... People and relatives we spoke with also felt safe. One person told us, "I feel safe with staff". A relative said, "I am here and see what is going on, so I would soon know if things were not right".

Staff told us they supported people to take risks in their own home without minimising their independence. Assessments were undertaken to identify any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. However, we identified the risk assessment for one person, who was diabetic, did not cover this risk to their health and no information was provided to staff on what action to take should the person present with symptoms of illness in relation to their diabetes. We spoke with the registered manager who updated the risk assessment immediately and gave staff information on diabetes. Risk assessments were available for moving and handling, medicines, falls and equipment. For example a risk assessment for the environment provided staff with information of where to locate the stop cock and fuse box in the person's home in case of emergencies.

A very small number of people using the service required assistance with their medicines. There were medication administration systems in place and people received their medicines when required. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. People were happy with the support they received with their medicines. They told us their independence was respected and that they managed their own medicines where possible. All staff received medicine management training, however not all staff received a record of an assessment to evidence they remained competent to give people their medicines as required by best practice. We spoke with the registered manager who told us they were in the process of completing these and planned to have all staff assessed within the next week.

People benefitted from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up. One staff member told us, "I've had training on safeguarding. If I noticed anything I would report it to management. If nothing happened then I would contact the next level". Information on elder abuse was available in people's homes with contact numbers for the agency, the local authority, CQC, police and emergency services.

People were protected by staff who understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns within the organisation, or directly to external organisations. All the staff we spoke with were aware of how to use the policy. One staff member told us, "Safeguarding; raise the matter to the manager or senior carer. If management don't act. I would take it further. Whistleblowing policy in place".

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people receiving care and support. People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. People told us that they had regular care staff who arrived on time. Everyone responded positively to the survey question, 'my care and support workers arrive on time', as well as, 'my care and support workers stay for the agreed length of time'. One relative told us, "The carers always come on time". Another relative said, "If the carers ever get held up at a previous call they will phone and let me know, but this is very rare". Other comments included, "The carers are timely and efficient". As well as, "On time within minute or two".

The service used an electronic call monitoring system which enabled the service to monitor that all care calls were taking place and at the correct times. Staff used their mobile phones to log in at the person's home, which allowed the registered manager to see instantly if a staff member was running late so appropriate action could be followed up.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff demonstrated a good understanding of infection control procedures. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. Everyone responded positively to the survey question, 'My care and support workers do all they can to prevent and control infection (for example, by using hand gels, gloves and aprons)'.

The service had a business continuity plan in case of emergencies. This contained a set of procedures to follow and the main contact numbers for emergency services. This covered eventualities where staff could not get to people's homes. For example, if there were any difficulties covering calls due to events such as the weather conditions or sickness. One person told us, "I can't believe they even came in the snow. I know one of the carers walked, and it is a very long way".

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. Everyone responded positively to the survey question, 'My care and support workers have the skills and knowledge to give me the care and support I need'. One person told us, "The carers do what I want them to do". Another person said, "Happy with the support". A relative told us, "The carers will ask if they don't know something at the beginning. However, they know the routine precisely and how he likes things done". Another relative said, "They just get on with things and seem very knowledgeable". Other comments included, "The staff all seem to know what they are doing", as well as, "They fully meet his needs".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. Training was provided online and classroom based with practical training on moving and handling and first aid. A relative told us, "They seem to have an understanding of dementia".

People told us new staff members were accompanied by a regular staff member and shown how people like things done. A relative told us, "New staff shadow and then the senior management shadows". New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete The Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. One staff member told us, "In my induction I shadowed for the first few days. It was good learnt so much. I'm completing the care certificate at the moment".

People were supported by staff who had supervisions (one to one meetings) with their manager every three months. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff received on going monitoring and support by their managers. Records were in place for formal supervision. However we found records missing for direct observation (spot checks) for staff. The registered manager told us they had carried out direct observations while working alongside staff in people's homes but not recorded any notes. They said they had plans in place to record spot checks and were in the process of recruiting a care coordinator and this would be part of their job description. One staff member told us, "Supervision yes I feel supported, feedback has been positive which has given me confidence".

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about care planning.

Before providing care, staff sought verbal consent care from people and gave them time to respond.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people. One staff member told us, "I ask them what they would like. Most of the clients have meals brought in so we just heat them up".

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited staff told us they would call the office to let them know, so the next staff member was aware of the persons current health needs and any action needed.

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness and compassion in their day-to-day care. One person told us, "The carers are everything". A relative told us, "The carers are so kind, we couldn't manage without them, and they are absolutely brilliant". Another relative said, "They genuinely care about Mum. They do anything possible to make her life pleasant". Other comments included, "They seem very caring and are very nice to him. They engage in chit chat and talk about football and other things. They certainly know his interests" and "They are very professional and do a great job. Mum has told me to say that they are marvellous". Everyone who completed a survey told us the carers were kind and caring.

People and their relatives told us they were treated with dignity and respect. One relative told us, "They treat him with respect and have a laugh and joke with him which he loves because he is on his own". Another relative said, "They treat us both with respect". A third relative told us, "We really like it as they always say good morning or good night to him, it means a lot and is important to him". Everyone responded positively to the survey question, 'My care and support workers always treat me with respect and dignity'. Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. They ensured doors were closed and people were covered when they were delivering personal care.

We observed some people's care taking place in their own homes. This was conducted very professionally and the staff members were putting the people at ease. They explained why they were there and chatted to them making them comfortable. Their knowledge of people was obvious. They showed an interest in each person and listened carefully. People were given choice all the way through the support being provided, with staff checking if people needed any additional help. People we visited were very happy with the service they were receiving from the agency.

People and their relatives told us they had a copy of their care plan and had been fully involved in discussing their needs and the way in which the service should meet these before their care package started. Care plans provided information about how people wished to receive care and support. Information seen in care plans was very detailed and provided care staff members with the person's life history and their desired outcomes. This enabled the care staff members to communicate effectively with the person and know and understand what was most important to them. Care was planned and delivered in a way that was intended to promote people's independence. People also told us they were encouraged to be independent. One relative told us, "When they are washing him, they encourage him to do his face and other areas, really as much as he can do, but they are there supporting him and encouraging him".

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the

relevant care files.

Is the service responsive?

Our findings

People received individualised care which met their needs. People and their relatives told us staff knew them well and understood their care needs. One person told us, "They always ask if there is anything else they can do?" Another person said, "No complaints". A relative told us, "They have a comprehensive plan tailored to his individual needs". Another relative said, "If I need to change a day they are always willing to help".

People received care that was personalised and focused on their individual needs. One relative told us, "The management team came and did an assessment of his needs, based on his disabilities, which can differ from day to day. However they put a plan in place for all these occasions". Copies of care plans were available in people's homes allowing staff to check any information whilst providing care. Care plans gave instructions about how people liked to receive care and had an assessment of needs. These identified key areas of needs, such as, personal care, daily living activities, and meal preparation. Care plans reflected people's individual needs and were not task focussed. People's likes and dislikes and what was important to people were also described in the care plan.

Staff could read people's care plans on-line and check the care records from the last call before they visited each person. One staff member told us, "Care plans are all on [an electronic system] electronically you can look at care plans before you meet someone so really helpful. Helps to know person a bit better before you meet them".

The care plans were updated regularly to ensure a true reflection of the person's current needs. The provider regularly reviewed their care to ensure that their care plan met their needs. Care plans were reviewed every six months or earlier if required. A relative told us, "They have reviewed his needs once or twice, but he is very stable". Another relative said, "I have just had a review; that is two now". Records showed people and relatives were happy with their reviews and comments included, 'really happy with the carers, they are lovely, engaging and charming'. The registered manager told us, "Our carers are aware that if they see any changes they need to report to the manager so that the support plan can be reviewed".

The provider sought feedback from people or their families through the use of a quality assurance survey. This was sent out annually seeking their views. We saw the results from the latest questionnaire, which had been completed in January 2018. The results were mostly positive. One person who had completed our questionnaire stated, 'Hants Healthcare are the best yet, I can find nothing that is not as good it can be. I completed a survey for them and within half an hour the manager [name removed] had telephoned me to discuss my concerns and had put them right by the next day. I am not sure if any of the other companies bothered to read theirs as in five years I never had any feedback'.

People and their relatives told us they knew how to make a complaint. One person told us, "Once the water was cold, and another time too hot, but I rang the management and this has not happened again and they responded straight away". A relative said, "I know complaints, if I had any, would be sorted". Another relative said, "I know that anything untoward will be dealt with quickly". Staff knew how to deal with any complaints

or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated.

Is the service well-led?

Our findings

People and their relatives told us they were happy with the service and thought it was well led. One person told us, "Five star all the way". Another person said, "Happy with service". A relative told us, "It's all about leadership and they are able to manage the business on that level". Another relative said, "If I have any concerns I would ring [registered managers name] straight away and indeed it would be sorted out. He wouldn't let it slide. He would also come round to make sure it was all sorted out". Other comments included, "I think they are very well led "as well as, "The managers are kind and helpful".

The service promoted a positive culture and had an 'open door' policy. Staff said the registered manager and office staff were approachable and they were always made welcome at the office. One staff member told us, "Management very flexible and approachable". Another staff member said, "They're really good listeners if you have any problem at work, approachable and easy to talk to". Other comments included, "I feel supported, management approachable definitely talk about anything "as well as, "Lovely company to work for, really great".

The registered manager had recently introduced staff meetings, as the team has increased, and were planning on holding these each quarter. One staff member told us, "Team meetings are quite good. We come into the office and able to raise concerns and share best practice". Another staff member said, "Staff meeting really helpful' learnt about the MCA which was good to know". Minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly and staff were asked for ideas on how to improve the service.

Staff were also supported with the use of a secure group chat which was accessed on line through the staff mobile phone. One staff member told us, "If I'm unsure we have a group chat on line which is brilliant for anything you need to know as well as any updates". This provided staff with information and shared best practice amongst staff.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, record of care sheets, care plans, supervisions and health and safety. As it was a relatively new service the registered manager told us they were working with an external consultant every eight weeks to monitor the service to make sure they were following best practice. They told us at moment they were looking at new forms for auditing and ways of improving the quality in the auditing process so they could learn and improve.

At the time of our inspection there had been no recorded accidents or incidents however the registered manager was able to demonstrate the actions they would take if they were required to do so.

The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way and transparent way in relation to care and treatment when people came to harm. The registered manager kept up to date by attending training and was in the process of completing a level 5 diploma in Health and Social Care qualification. They told us they also kept updated by reading publications

on line and by being a member of Skills for Care Managers Network so they could share best practice with other providers.