

Haziel Home Care Limited

Haziel Home Care

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Haziel Home Care is a small domiciliary care agency, which currently provides care and support to three people provided by two care workers. Not everyone who used the service received 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

Relatives said they had a positive experience in respect of the care and support their relative received. They told us care workers provided support in a timely way, by care workers familiar to them and their needs.

Relatives told us that people were comfortable in the presence of care workers and told us they were safe. Care workers were knowledgeable about potential risks to people and were able to tell us how these would be minimised without compromising people's rights.

People were supported by care workers who were caring and compassionate. Care workers demonstrated respect for people's rights, privacy, dignity and independence. People who used the service benefited from having the same care workers, which ensured consistency and ensured that they were familiar with their care workers.

The service ensured that people received effective person-centred care and support which was based on their individual needs and preferences. Care workers were knowledgeable about people's needs and preferences and people and relatives told us they treated people well and that the agency provided a good standard of care. People's care records reflected their involvement and how their care was planned.

People were supported by care workers who had a range of skills and knowledge to meet their needs. Care workers were clear and understood their role, they felt confident and well supported. Care workers told us that they felt supported and they had received supervision which they told us was beneficial and constructive.

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.

Relatives knew how to complain, they told us that they currently had no concerns regarding the care provided to their loved ones by the agency.

Everyone spoken with gave a positive picture as to the quality of care provided by the agency and said that the manager and registered provider was listening and was willing to make changes.

Quality monitoring systems were in place, the manager monitored and assessed care records regularly and asked people who used the service and their relatives to give feedback about the quality of care provided.

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

Rating at last inspection (and update) - This service was registered with us on 5/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Haziel Home Care

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. This means that there was no manager 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete 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 took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since registering with the Care Quality Commission (CQC). This included notifications the provider has to send to us advising the CQC of significant events.

During the inspection-

We spoke with two relatives of people who used the service about their experience of the care provided. We

spoke with two members of staff, which included one care worker and the manager who is also the registered provider.

We reviewed a range of records. This included two care records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from abuse. Care workers had received training in how to safeguard people from abuse and how to report abuse. The care worker told us that they would contact the manager if they noted anything unusual with people who used the service and the registered provider told us that they would contact the local authority and notify the CQC.
- Relatives told us that people who used the service were safe with the care workers. One relative said, "Yes my relative is very safe we are very pleased with the agency."

Assessing risk, safety monitoring and management

- We found that risk in relation to the care provided had been assessed in detail and management plans were put into place to prevent incidents and accidents from happening.
- We saw risk assessments and management plans in relation to people's specific health care conditions and in relation to the environment. Care workers told us that they were aware of the risk assessments and explained to us that they can be, "Found in people's care plan folder in their home."

Staffing and recruitment

- We saw in staff files viewed that appropriate recruitment checks had been carried out which ensured care workers supporting people were appropriately vetted and safe to do so. Relatives told us, that the staff was very good and that they had regular staff supporting them.
- Care was provided by one care worker and the manager who was also the registered provider, this ensured consistency and people who used the service as well as staff were familiar with each other. Relatives highlighted this to us when we spoke with them. One relative said, "We have one member of staff four times a day, it's enough for our purpose."

Using medicines safely

- People who used the service did not receive any support with taking their medicines. The relatives told us, that they were responsible for the management of their relative's medicines.
- We saw that the service had a medicines procedure in place and the manager told us that they were able to access medicines training if this would be required.

Preventing and controlling infection

- Training records confirmed that care workers had received training in the control and prevention of infection.
- One care worker told us, "I would always use gloves, [managers name] drops them off at [person's name]"

house."

Learning lessons when things go wrong

- Since registering with the CQC no reportable accidents and incidents had occurred. The manager showed us a blank accident and incident form which can be used if required.
- Care workers told us, "If there was an accident, I would write it down and call the manager."
- The manager told us that she would discuss accidents and incidents with staff to ensure that these do not happen again.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- We saw in care folders, that assessments of need had been carried out prior to providing care to people who used the service.
- Relatives told us that they had been involved in the assessment process. One relative said, "We have been involved right from the start. We are also involved if there are any changes."

Staff support: induction, training, skills and experience

- Staff records viewed confirmed that they had received a wide range of training. We also noted that the care worker and the manager had several years' experience in care and told us that they had the skills and knowledge to provide personal care support to people who used the service.
- We saw in records that staff had received one to one supervision with the manager. Staff also told us that they met the manager regularly and were able to discuss any issues in relation to people who used the service.
- Currently staff did not receive an annual appraisal, they had commenced employment in July 2019. However, the manager told us that she would arrange an annual appraisal once they worked for the agency one year.
- Relatives spoke positively about the skills care workers had. One relative said, "They [staff] are very good and know what they are doing."

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

- Where people received support with eating and drinking this had been clearly documented in the care plans. One relative said, "I prepare the food and they give it to my relative, this has never been a problem."
- Another relative told us, that the staff were flexible and would provide a meal if they were asked. The relative said, "I am away tomorrow and asked the carer if they could provide my relative with the meal I have provided, which is very good. They are flexible."

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

- Relatives told us that health care appointments were arranged by them and that they would support their relative to access hospital or doctors' appointments.
- Care workers demonstrated good understanding of what to do in case of an emergency. One care worker said, "If there would be accident or an emergency I would call 999, inform the manager and the relative and stay with the person until help has arrived."

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 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.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who used the service had capacity to make their own decisions and lived with a family member who was also advocating on their behalf.
- One relative advised us that they had lasting power of attorney and were legally authorised to act on their behalf. "A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them to make decisions or to make decisions on their behalf."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives spoke very positive and highly about the care their loved ones received from the care workers. They told us, that care workers were kind, understanding, respectful and flexible regarding their needs and the care they required.
- One relative said, "Yes they [staff] are very caring, no complaints, top marks. We were with another agency before they were hopeless, the difference is remarkable."
- People also told us that care workers understood their religious, ethnic and personal background. One relative said, "[Name of carer] is very understanding of my relative's wishes and how he likes to be looked after."

Supporting people to express their views and be involved in making decisions about their care

- People were able and involved to make choices about the support they required. Both relatives spoken with told us that they had been fully involved in the care planning processes and that they frequently updated care workers of any changes in respect to peoples support needs and the required care provision.
- Care workers knew people well and understood what care they needed. However, they also told us that they would always check to ensure people had choices when visiting them. One care worker said, "I would always ask [name] what he wants me to do, it's his choice and I always respect it. "

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by care workers and their dignity, privacy and independence was promoted. One relative told us, "They treat [name] with dignity and respect and if there would be any problem I would tell the manager."
- Care workers told us how they promoted people's privacy, dignity and independence. One member of staff told us, "I would always make sure that doors and curtains are closed when I provide personal care. A relative told us, "[Staff name] will tell me when she is supporting [name] so I know not to enter the room."
- One relative told us that they supported their loved one to stay independent. "[Name] can still do some things on their own and [staff name] always encourages [name] to do it by themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found care plans to be of good standard and reflected people's assessed needs. People who used the service and their relatives had signed the care plans and agreed with care provided and told us that they felt their needs had been fully met.
- The manager met with people who used the service and their relatives regularly to discuss the care plans and make any changes if this was required. One relative told us, "We see [name] every day and if there is anything which needed to be changed we would tell her."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- All people who used the service and relatives were able to access the documents, policies and procedures without any problems. We saw in care folders that the provider had included fact sheets in respect to people's health care conditions, which included pictures and diagrams to make them fully accessible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- All people who used the service lived with their relatives, who supported them to maintain relationships with friends and families.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, which was provided to people who used the service and their relatives during commencement of care provided.
- Since registering with the CQC, there had been no formal complaints. The manager and staff told us that they valued complaints and saw them as a positive way to improve the quality of care provided.
- Relatives told us, they would speak to the manager if they had any concerns. One relative said, "I would speak to [managers name] if I had any concerns, but I could also talk to the local authority or the CQC."

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service has currently no registered manager. The previous registered manager had left in November 2019. The registered provider told us that she was currently managing the agency and had applied to become the registered manager. During conversations with the registered provider, she advised us that she was planning to withdraw her application and was planning to employ a manager to be registered with the CQC. We advised the registered provider that it was a condition of registration with the CQC to have a manager registered with the commission responsible for the day to day manager of the agency.
- The service had an effective quality assurance monitoring system in place. Relatives told us, that the manager was visiting or calling them to ask questions about the care provided. Records viewed during our visit confirmed this. We saw that feedback received was overall very positive and relatives and people who use the service highlighted the good quality of care provided by care workers and the agency.

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

- Relatives told us that their loved ones received person centred care and that they were involved and able to contribute to the care provided.
- Relatives told us that they were satisfied with the care provided and told us that the provider was meeting people's needs. One relative said, "We are very happy with the care and the manager is approachable and does listen."

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

- Care workers said they were confident in raising any concerns, they had if necessary and said the manager was approachable. One care worker said, "I see [name] almost every day and we would share any issues, we understand each other, and she does listen."
- We found the registered provider to be open and honest. She said that she would contact the CQC if there would be anything going wrong, but she also admitted that she requires some support from a more experienced manager.

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

- People's and relative's views were sought by the provider to help them develop the service. One relative told us, "They have given us a questionnaire and asked us about the quality of care provided."

- ☐ Staff felt well supported by the manager with comments including, "I can talk to her about anything. I feel fully supported. I just hope that there would be more hours."

Working in partnership with others

- ☐ The registered provider told us they worked in partnership with external professionals and have also sought support for a consultancy agency to improve the quality of care and develop policies and procedures.
- ☐ We were also told that they would approach health care professionals for advice if they encounter specific health care conditions they were not familiar with.