

ZTW Healthcare Limited

Herts Homecare

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

About the service: Herts Homecare is a domiciliary care agency. It provides personal care for people living in their own homes. They support younger adults, older people, people living with dementia, people who may have physical disabilities, people with mental health and/or people with a learning disability living in their own homes. At the time of our inspection there were 10 people receiving the regulated activity of personal care.

People's experience of using this service:

The registered manager was passionate and led by example. They followed best practice and pursued opportunities to improve care and people's experiences to achieve better outcomes. There was an open, honest, caring and positive culture across the service and staff demonstrated they had great values. This was clearly led from the top. The registered manager was also supported by an exceptionally motivated and dedicated service manager.

People were supported with a regular staff team to provider consistency. Staff received training which was adapted to their learning style to meet the needs of people they supported.

The staff team were passionate about providing high-quality person-centred care and had passion for keeping people independent in their own homes.

People received care which met their support needs and was developed by placing people at the centre of the support.

People felt safe with the support they were given. Systems and processes were in place for staff to follow to safeguard people from the risk of harm.

People received support from health professionals and staff worked collaboratively with outside agencies. People's care was person centred and the service responded proactively to their changing needs. People were positive about the management of the service and feedback from people was used to improve the service given.

Rating at last inspection:

At the last inspection, the service was rated Good. (the last inspection report published 13 August 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 well-led

Details are in our Well-led finding below.

Good ●

Herts Homecare

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector carried out the inspection.

Service and service type:

Herts Homecare is a domiciliary care agency. It provides personal care for people living in their own homes. They provide a service to younger adults, older people, people living with dementia, people who may have physical disabilities, people with mental health and/or people with a learning disability living in their own homes.

On the day of the inspection 21 people were using the service. Not everyone using Herts Homecare received a regulated activity. On the day of our visit 10 people received the regulated activity. CQC only inspect the service being received by people provided with personal care, help with tasks related to personal hygiene and eating.

The service had a manager registered with the Care Quality Commission. This meant that they 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 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before our inspection we reviewed information about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We had not requested a provider information return (PIR) to be submitted at this time. This document details how they meet the regulations, identify any key achievements and any plans for improvement.

The inspection site visit activity started on 18th April 2019 and ended on 2nd May 2019.

We visited the office location on the 18th April 2019 to meet the registered manager and office staff.

We spoke with staff and people using the service by telephone on 23rd April 2019 and 2nd May 2019.

We looked at two people's care files which included all aspects of care and associated risks to their health and wellbeing.

We looked at two staff files including all aspects of recruitment, supervisions, and training records. We also reviewed records relating to the management of the service including records of accident, incidents, complaints, audits, surveys and minutes of staff and professionals' meetings.

We spoke with three people who used the service, one relative and two staff members to gather their views about the service provided.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There was a real emphasis on safeguarding people from the risk of harm without limiting their freedom and independence. Staff and people using the service had the option to have an emergency phone device. The device could be used if anyone felt at risk at home or out of their home, this was connected to the management team who could respond to the alert.
- An example of this, one person had been known to get lost and not be aware of the risk surrounding them which caused anxiety for them. The emergency phone device made sure staff could help the person out of harm by alerting staff the person needed help and staff being able to meet the person and take them home. This had greatly enhanced the person's self-confidence and independence. One person said, "I have an alarm, I had a fall the other day I pressed it, and someone came within 10 minutes."
- The provider had effective systems in place to safeguard people. Where concerns had been raised these were dealt with in an open and transparent way.
- Staff knew how to identify, and report concerns and through training and mentoring understood signs relating to abuse and they felt comfortable raising concerns and received support for this. One staff member told us, "The management are always available any time of the day if there is a concern."
- People told us they felt safe when staff provided their care. One person said, "I feel safe with the staff coming to see me."

Assessing risk, safety monitoring and management

- The registered manager was passionate about enabling people to live in their own homes safely. They partnered with the local fire service who they alerted when people were identified being at risk in case of a fire. As a response people had equipment fitted for example fire alarms to alert them of danger.
- People had risk assessments in place which recognised their health and wellbeing needs as well as risks in the home. Risk assessments were reviewed regularly involving people receiving support.
- The provider was proactive in ensuring measures were put in place to reduce risks to maximise people's choice and control. Risk were shared with staff and staff actively informed the registered manager if there were any changes.

Staffing and recruitment

- There were enough staff to support people safely and effectively.
- The registered manager was proactive with recruitment of new staff to meet the needs of the growing business. This meant that there was a regular staff team which gave people continuity of care and support from a constant staff team who knew them well and understood their support needs and preferences.
- People were supported by staff who had been through a robust recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

- The provider had an out of hours on-call system to support staff and people who used the service outside of normal office hours. This promoted safety for staff members and people in case of an emergency.

Using medicines safely

- At the time of the inspection staff did not administer any medicines. Staff told us they reminded people they supported to take their medicines and were clear about their responsibilities and roles in monitoring people's ability to take their own medicines.
- The registered manager ensured regular audits and spot checks of the staff's working practices were completed.
- Staff were trained in safe administration of medicines just in case they had to manage this task in future.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons were provided for them.

Learning lessons when things go wrong

- The provider had an open culture where all safety concerns raised were looked into.
- Staff said they felt comfortable in speaking up when things may have gone wrong and discussed how they could learn from this.
- Lessons were learnt and discussed in staff meetings and actions put in place to prevent reoccurrence.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider recognised how important it was for staff to understand the training provided to them so that they acquired the necessary skills to meet people's needs.
- The registered manager offered individualised training for staff who needed one to one support or other aids to understand the training. A member of the management team told us, "We recognise people learn at different levels and speeds. Some staff get anxious learning in groups, so we will provide 1:1 training if that suits the staff member."
- People and relatives, we spoke with were all complimentary about staff's skills and how competent they were when delivering care and support to them. One relative said, "They are skilled, this gives us reassurance." A staff member said, "The training was very good, they [managers] were very supportive. They also gave me two weeks shadowing with another person."
- Staff received training which enabled them to carry out their roles effectively. Staff had regular competency checks throughout their employment. For example, when staff started to support an individual who needed assistance with hoisting the manager ensured that the staff members supporting the person had a competency assessment in using the hoist. This gave confidence to the staff and people being supported.
- Staff had regular supervisions and appraisals and felt supported by management.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an assessment of their support needs before they begun using the service. Assessments detailed people's needs and preferences and included details about other professionals involved in people's care. Care plans were developed from these assessments and detailed people's choices and how they liked their support to be delivered.
- People we spoke to said they felt involved in the care given and were comfortable with speaking about their support needs with staff.
- The management team kept up to date with current care standards and guidance. This was reflected in people's care plans.

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

- People's dietary needs including allergies were highlighted in the care plans.
- The management team told us staff went above their role to support people to eat and drink. For example, one person had started to lose weight rapidly although food was provided by a company which delivered this. Staff observed food was disappearing, but the person continued to lose weight. Staff had increased the calls due to concerns and found that the person was giving food to other people. Staff spoke with the person who said they disliked the food they ordered, and staff offered to help the person with cooking the food they liked. This was effective as the person had control of what they were eating and was involved in cooking. The

person began to gain weight and their relatives were happy how their wellbeing improved.

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

- The management team and staff spoke passionately about the people they supported and were able to promptly identify people's changing needs.
- The management team and staff worked closely with clinical leads in the Clinical Commissioning Group (CCG) to reduce hospital admissions. This involved health professionals offering training for staff on looking at signs of someone's health deteriorating and what action to take.
- Health and social care professionals we spoke with described the working relationship they had with staff as positive not only with them but with people as well. They told us staff were responsive and proactive when supporting people.
- People had access to health professionals to help them live a healthier life. Staff were proactive in identifying a change in someone health and involve health professionals to find the best treatment for people.

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.
- Where necessary people`s capacity had been assessed in line with guidance and decisions had been made in people's best interest.
- People told us staff asked for their consent before delivering any support. One person said, 'They will always ask if its ok for them to start supporting me.'
- Staff received training in the Mental Capacity Act and were aware of how to support people who may not have the capacity to provide their consent.

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

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

- The provider's systems and processes were set up to be flexible around people's needs and wishes. The provider ensured there was a permanent staff team allocated to the same people so that relationships and trust developed.
- People told us staff were kind and caring. One person said, "The staff are very kind, they treat me as one of their family." Another person said, "You can't say more than 100% happy, I feel very comfortable, they treat me with respect. I like them all."
- Staff showed passion and commitment when speaking about the people they supported. They had an excellent understanding of people's support needs, likes and dislikes.
- The provider extended their care and support to the wider community by supporting family carers with training and advise so that they could care for their loved ones as much as possible in their own home.

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

- The provider completed six monthly surveys so that people could express their views about the service they received. One person said, "All staff are very professional and make me feel so special."
- People told us they were involved in developing their care plans and making decision about their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person stated in a recent survey, 'I am treated with respect by all of the carers, they look after me very well.'
- The management team spoke about the importance of building relationships with people the people they supported. The management team ensured that there was enough staff and support time for people. This meant that people could develop trusting relationships with staff.
- The registered manager promoted and upheld people and staff's equality and human rights. For example, a portable induction loop was available for people to use if they were partially deaf, as well as the provider invested in equipment to help staff who were dyslexic.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff. A relative said, "We are involved in six monthly reviews, the care we get does not need to change."
- The registered manager constantly strived to improve the service and provide people with enabling care and support to live fulfilling lives. For example, the staff supported a person with activities that they always wanted to do along with going back to places that held memories. We saw many other similar examples showing staff knew people well and supported them with what mattered to them. For example, a person had limited mobility and due to their mental health, affected their physical health and mobility. The staff built a trusting relationship which meant the person felt encouraged to address their feelings with the ultimate outcome of the person being able to stand and walk, this gave a real sense of happiness not only for the person but their family who mattered to the person. They were committed in providing a high standard of care for people and pride themselves on being 'a local service for local people.'
- People had support with social engagement and encouraged to maintain hobbies and interests. For example, staff supported one person to go to the cinema each week. The staff built a relationship with the person and found out what activities they wanted to do and supported them to achieve this.
- Support calls were arranged to meet the needs of the people and offered flexibility.
- People using the service having alarm systems in their homes where they may need to call on assistance, as well as, at the time of the inspection they were piloting an electronic care planning system to improve the quality of the records kept

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which was shared with people.
- People told us they were comfortable in raising concerns if they needed to and were confident it would be dealt with. A relative told us, "When mentioning a concern, the manager will sort it out straight away."
- We reviewed the complaints record which showed that any concerns raised had been responded to appropriately detailing actions and outcomes.

End of life care and support

- The provider gave training for end of life support to their staff where appropriate.
- At the time of the inspection no one was being supported with end of life, however the provider had systems and information in place if people's needs changed.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Everyone we spoke with gave overwhelmingly positive feedback about the service and how it was managed. People told us that the support they received helped them stay in their home. One relative said, "The support 100% helps [person] to stay at home, they couldn't live without the staff. It takes a lot of concerns away, they are very supportive."
- People were very pleased with the staff and the care they received. This meant that they recommended the service to others. At the time of the inspection the registered manager received a call from a prospective client. The service was recommended by someone who had used the service many years ago. This showed that people received a positive experience from the care given.
- The registered manager strived to provide a bespoke service to people and looked for ways to enable people to live as independently as possible in their own homes. For example, one person's mobility deteriorated over a weekend. The provider was able to get equipment needed without delay which enabled the person to stay within his home which was important to them. When people's mobility needs changed, and occupational therapists assessed them for equipment there was no delay in getting this to people. The provider had identified the risks and difficulties caused by such delays and solutions to make sure people received safe care from staff using appropriate equipment straight away when it was needed.
- A health professional told us, "The registered manager has approached me on a few occasions to try and find ways of resolving particular concerns around provision of equipment for a client as this could have potentially led to them having to be readmitted to hospital. On speaking with the manager about care provision for their clients I find that they will go above and beyond to ensure that they receive good care."
- The registered manager demonstrated great passion when talking about the people they supported, and their ethos and values were echoed throughout the staff team. This approach was reinforced through their values-based recruitment and training. Values-based recruitment is an approach which attracts recruits who share the same individual values and behaviours that align with the values of what the people being supported want. They told us, 'We emphasise a lot on communication and building relationships with people.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- The provider recognised each person's individuality and promoted their rights and what was important to them in relation to their safety; lifestyle and choices and their care and support needs. People were respected and had autonomy but where needed the provider advocated on people's behalf.
- The registered manager recognised that family carers in the community who supported their loved ones in

their own homes were at times struggling to cope with the challenges or they lacked skills to support people safely. This led to people being admitted to hospitals or other services. Therefore, they established contact with a voluntary organisation for family carers and offered free training to them. They offered guidance and support for family carers to help them support their loved one safely in their own homes. This meant that the registered manager was passionate to positively influence the care people received the wider community not just people using their services. One person said, "Lifting [Relative] out of the bath was always very dangerous and I was hurting my back, now I know the correct equipment I can use and also the right technique, thank you for supplying me with a belt this has really helped me."

- Staff had been given the opportunity to be involved in the running and development of the service. Staff questionnaires were sent six monthly and results analysed by the management. Where improvements were needed these were quickly actioned. For example, the staff felt to maintain positive working relationships, social activities would be beneficial which the registered manager was implementing.
- The provider actively sought people's views and ensured they were involved in their care and were encouraged to express their views about the support they were given. For example, people we spoke to said they completed a six-monthly survey to offer feedback about the service and they felt listened to.
- Staff were consistently positive about the management of the service and were able to feedback about the service in staff meetings and supervisions.
- The management team used information collated from quality monitoring and feedback to improve their service. The provider ensured people were able to give meaningful feedback by presenting questionnaires and information in a variety of formats such as easy read and pictorial. For example, people wanted to know in advance what staff were supporting them. The management team prepare individual rota's where people requested this.

Working in partnership with others

- The provider partnered up with the local fire service. When people were assessed by the registered manager who identified a potential risk they asked the fire service to visit and assess the environment. The fire service then carried out a fire risk assessment where they recommended and installed fire safety equipment. For example, the registered manager was worried about a person with a hearing impairment who could not hear the fire alarm. They contacted the fire department who installed smoke detectors connected to a vibrating mattress and a panic alarm. With this equipment installed it meant that the person was able to recognise if there was any fire risk in their home and remain in their own home environment as they wished.
- The registered manager worked collaboratively with external professionals to achieve good outcomes for people. One health professional said, "They are collaborative but have communicated their boundaries and asked for help rather than acting above their commissioned arrangements. This is a positive. I have a good working relationship, they have been proactive in attending professionals' meetings, and setting up care packages in a timely manner."
- The registered manager acted as an advocate for people and ensured where they needed assisting technology to help them feel safe and live more independently then this was communicated to health and social care professionals. For example, some people who were at high risk of falls had a pendant alarm connected to the service so if they had a fall outside staff's visiting hours they could summon help. One person said, "I pressed the alarm after I had a fall, someone came within 10 minutes". Other people had been given an emergency phone line to ring if they were lost or needed help.
- The registered manager has worked with charity's for fund raising events and offering their services to help other people in the community to stay more independent. For example, the service linked a mobility service for a mobility training scheme. This was where people came from around the area to have awareness of how to use a mobility aid safely.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities and they were happy with the support they received from the registered manager. Newly employed staff who had not worked in care before told us they were motivated and supported to understand their roles and responsibilities. A staff member said, "I was new to care. I met the managers and it felt right. I knew they would give me the right support."
- The management team demonstrated their passion for supporting people to remain safe and independent in their own homes and recognised that this was important to people. There was an emphasis on building trusting relationships with people even before the service started. The management team met people when they had been referred to the service and they carried out an assessment. This involved people, so the management team had a clear understanding what people's support needs were, and they could plan for this in advance. Staff had the appropriate guidance in place for when they started supporting a person. For instance, the careful and effective planning of the support for people led to people being supported effectively and no incidents occurred where people had to be re-admitted to hospital or other services. Examples of this included, staff having training on recognising health deterioration, infection prevention control and diabetes.
- The registered manager had clear and effective governance systems in place which enabled the management team to have confidence in the service being delivered. This included business plans, spot checks, audits on care plans, medicine records and staff performance.
- The registered manager understood the legal requirements linked to their role. They had links to other organisations to ensure they kept up to date with any changes.