Humble Healthcare Limited

Humble Healthcare Limited

Inspection report

9 Red Lion Court
Alexandra Road
Hounslow
TW3 1JS

Tel: 02085706279

Date of inspection visit:
05 July 2016

Date of publication:
08 August 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The inspection took place on 5 July 2016 and was announced. We gave the provider 48 hours' notice because we wanted to make sure someone would be available to assist with the inspection.

This was the first inspection of the service since it was registered in November 2014. The service started providing care to people in 2016.

Humble Healthcare Limited is a domiciliary care agency providing personal care and support to people who live in their own homes. The agency is privately owned and this is the only registered location run by the provider. At the time of our inspection five people were receiving a service. Some people paid for their own care and some people were funded by the London Borough of Hounslow. The agency provided care and support to some older people and also younger adults with long term health conditions and mental health needs.

The registered manager had left the organisation. The provider was in the process of registering himself as the manager of the service. He had submitted an application to do this. 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 and associated Regulations about how the service is run.

The way in which new staff were recruited did not include sufficient checks on their suitability to work with vulnerable people. For example, the provider had not obtained a full employment history or references from previous employers for some members of staff. Information on staff job application forms was incomplete and the provider had not sought further information. Therefore the provider could not be sure that the staff who they employed were suitable.

The assessments of the risks people were exposed to did not include information for the staff about how they could support people and reduce the likelihood of harm.

Some of the records at the service were incomplete and not sufficiently detailed. In addition some information, such as staff supervision and quality monitoring had not been recorded.

You can see what action we told the provider to take at the back of the full version of the report.

People who used the service were happy with the care they received they found the care staff kind and helpful. They told us care workers arrived on time and met their needs. They found the provider responsive when they had a query or needed information. They had agreed to the way in which their care was delivered.

The staff felt supported and told us they had the information they needed to care for people. They had

received training and information relevant to their role. They told us they were able to speak with the manager for extra information, support and training whenever they needed.

The provider was responsible for the daily management of the service. They knew the needs of the people who they cared for well and regularly checked that people were receiving good quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The provider did not always check the suitability of new staff to work with vulnerable people.

There were no recorded plans to tell the staff how to respond to and manage risks people experienced to minimise the likelihood of harm.

There were appropriate safeguarding procedures and the staff knew what to do if they suspected someone was at risk of or being abused.

People were supported to take their medicines safely.

There were enough staff employed to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were supported, trained and supervised.

People consented to their care.

People were given the support they needed with meals.

The staff liaised with other healthcare professionals to make sure their health needs were met.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind, supportive and polite.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People received care with reflected their individual needs and preferences.

People were involved in planning their own care.

People knew how to make a complaint and felt the agency responded to their concerns and queries.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not always maintained accurate, up to date and clear records in relation to people using the service and staff..

The provider monitored the service, however, they did not always record when they had done this.

The provider was directly involved with day to day operations and people felt they received a good service and had good contact with the provider. The staff felt there was a good atmosphere at the agency.

Humble Healthcare Limited

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 checked whether the provider was 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 5 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available.

The inspection visit was conducted by one inspector. An expert-by-experience supported the inspection by telephoning people who used the service to ask them about their experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had personal experience of caring for relatives who used care services.

Before the inspection visit we looked at all the information we held about the service. We spoke with the London Borough of Hounslow who commissioned some work with the agency.

We spoke with five people and the relatives of five other people who used or had used the service in recent months. During the inspection we spoke with the provider, who was also managing the service and two care workers. We looked at the care records for five people and the staff recruitment and training records for seven members of staff. We also looked at the other records the provider used to manage the service.

Requires Improvement

Is the service safe?

Our findings

The provider's procedures for recruiting staff included making checks on their suitability to work with vulnerable people. However, they were not following these procedures and the required checks were not always being made. We looked at the staff recruitment files for seven members of staff. The job application forms in four of these files were incomplete and did not contain a full employment history for each person with gaps where there was no explanation about how the member of staff had spent their time between the past jobs they had recorded. A fifth application form had no details of previous employment for the member of staff. There was no job application form in the sixth file we looked at. The provider had not received any references for two of the members of staff and had only received one reference for a third member of staff. There was no verification that references were from the official named sources for two members of staff. The only references for one member of staff were from personal friends. In one member of staff's file, the reference from a previous employer indicated that the person had worked for their organisation for different dates than the member of staff had recorded on their application form. The provider had not explored any of these gaps or inaccuracies and had not requested verification of references or additional professional references where needed. There was no evidence that the provider had checked the proof of identification for one member of staff.

The London Borough of Hounslow carried out a monitoring visit to the service in June 2016 and identified concerns about the recruitment of staff. They found that not all the required documents were in place for one member of staff and that there was no information about another member of staff's right to work in the United Kingdom.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that staff were invited to the agency for an interview. They carried out checks on their criminal records through the Disclosure and Barring Service on line checker. We saw evidence of this for all the staff employed. The manager was able to track the progress of criminal record checks and obtained confirmation from the service once initial checks were complete.

The manager met with people when they started to use the service to assess their needs. As part of this assessment they looked at the risks for the person, which included any risks relating to their mobility, health, wellbeing and the environment. However, the records of these assessments were not complete in the files we looked at. For example, whilst some risks were identified there was no record to say how the person should be supported to minimise harm. The risk assessment for one person stated that they ''needed assistance'' to move. The assessment also stated, ''uses hoist.'' However there was no other information about the type of hoist or sling the person used, how the person was supported to move or whether there were any risks associated with using the hoist in their environment. There was an assessment relating to the risk of fire in one person's home but not for any other people. None of the risk assessments we viewed contained detailed information about the risks for people or a plan for the staff to support people regarding

these risks.

The London Borough of Hounslow visited the agency in June 2016 to monitor the service. They also found that risk assessments did not include plans for the staff to follow to manage these risks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager spoke with us about the needs of different people who used the service. They had identified risks and they were able to tell us about these. For example, they had identified someone who was at risk of self-neglect. They had raised their concerns with the local authority and next of kin to make sure the appropriate authorities were aware of the need to keep this person safe.

People who used the service and their relatives told us that they felt safe with the agency. One relative told us, "When I go out I know [my relative] is in safe hands."

The provider had a procedure for safeguarding adults. The staff had received training in this. The staff were able to tell us about different types of abuse and what they would do if they were concerned that someone was being abused. The manager showed us information they had about safeguarding adults and said they had discussed this with the staff as part of one of their meetings. The staff confirmed these discussions had taken place.

People who received support to take medicines told us they were happy with this. The staff had received training in the administration of medicines. The staff recorded the administration of any medicines. The manager collected this information from the person's home and checked that records were complete. We saw examples of medicine administration records which had been completed.

The manager told us that there were enough staff to meet people's needs. People confirmed this telling us that care workers arrived on time and stayed for the agreed length of time. The staff we spoke with told us they always had enough time to care for people and to travel between visits. They said that they often stayed over the allocated time to make sure people were safe and all their needs were met. The manager also carried out care visits when needed. The manager was on call for staff or people who used the service and during our inspection they took a number of calls from the staff and a relative to discuss the service. People told us that if care workers were running late the agency informed them. One care worker told us that they worked together as a team to make sure all the care visits took place. They gave an example about how one care worker had been suddenly ill the previous day and was unable to visit so they had responded by visiting the person to make sure they received the right care on time.

Good

Is the service effective?

Our findings

People using the service and their relatives told us they had been consulted about their care and had consented to this. However, there was no written confirmation of their consent and agreement to the care plan. The provider should ensure that their consent is recorded. People told us they had copies of their care plan at their homes and could see what these said about their care. They also told us that the staff offered them choices when providing care. The staff we spoke with told us they knew they needed to offer and respect choices when providing care. One member of staff told us, ''We always ask [the people who we care for]'s permission, we need to respect them if they do not want us to do something.''

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. 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. We checked whether the service was working within the principles of the MCA and found that they were.

The London Borough of Hounslow visited the service in June 2016 and found that the manager and staff did not have enough information about the MCA. Since this visit the manager had shared written information about the main principles of the MCA with all staff and they had discussed this as a team.

People using the service and their relatives told us that they thought the staff were well trained and had the skills to care for people. Some of their comments were, ''They know what they are doing'', ''They have given us advice about moving [our relative] because they know how to do this safely'' and ''They seem very well trained.''

The manager told us that newly employed staff shadowed an experienced member of staff for a minimum of three days when they started work. We met a care worker whose role included inducting new staff. They told us that they showed the new staff how to care for people and assessed their skills. They said that the manager attended on the third day to assess the new member of staff. We also met a member of staff who had been recruited the previous month. They confirmed that they had received an induction and that experienced staff had showed them how to care for people. They also said the manager had introduced them to the people who they were caring for and shown they the care they needed.

The London Borough of Hounslow had conducted a quality monitoring visit of the service in June 2016. They found that there was no evidence of training for some of the staff working at the service. They also found that the training which staff had undertaken did not include all areas they required mandatory. For example, the staff had not received training about the Mental Capacity Act 2005.

An external company provided five days training for all new staff which included infection control, moving

people safely, health and safety, administration of medicines and safeguarding adults. The staff we spoke with confirmed they had attended this training. There were certificates to confirm attendance on some, but not all, staff files we looked at. The manager told us that all the staff had attended this training but they had not received certificates for all staff from the training provider and they were following this up with them to get the certificates.

The staff told us they felt supported by the manager and worked well together. They said that the majority of care visits were carried out by two members of staff working together and they felt this worked well. They said that all the staff regularly visited the agency offices to collect information and protective equipment (such as gloves and aprons), and to speak with the manager and each other. The staff told us they had regular opportunities to ask for support, discuss their work and to learn information, such as discussing the safeguarding procedures, the MCA and about the individual needs of people using the service. During our visit the manager frequently took telephone calls from the staff and offered them support and guidance. The staff team was small at the time of the inspection and the support was generally informal. There were no records of formal supervision meetings with the staff as a team or individuals. There were records to show that the manager had assessed the staff work during care visits at the end of their induction. However, these records did not detail their skills or areas where improvements were needed. The manager told us they regularly observed staff in the work place delivering care. However, there was only one record of these observations for one member of staff.

People using the service and their relatives told us that they were happy with the support they had to prepare meals and with eating and drinking. One relative told us, ''They give [my relative] the food I prepare.'' Another person told us, ''They make my meals for me and give me whatever I want.'' A third person said, ''They are very good; they make the food and then they wash up, I am very happy.''

The details about the health care professionals who supported people were recorded in their care plans. The manager told us about one person who they had supported to register with a GP and to collect prescribed medicines. They gave us another example that when another person became ill the staff called for an ambulance and waited with the person until this arrived. This meant people were supported to receive the healthcare they required.

Good

Is the service caring?

Our findings

People told us the care workers were kind, caring and they had good relationships with them. They told us they were polite and they respected their choices. Some of the comments from people included, "They are very kind, very nice the ones that come", "The carers are very good, I am very happy with them", ''They [the care workers] are very nice to me and [my relative] and they know what they are doing", ''It was lovely, the girls were really good ,very respectful to [my relative], they looked after her really well, they did all her personal care, they groomed her beautifully", "We were very upset when our carer stopped coming, [my relative] was really upset", "We are really happy with it, it has been excellent", ''The service was withdrawn but I liked them they were very nice'', ''They came and looked after my relative beautifully, they were very kind to him'', ''They even managed to get a little conversation out of my relative who has vascular dementia and can't talk much now'' and ''The girls were very kind and seemed pretty good at what they did, they did as much as they could for [my relative].''

People using the service and their relatives told us that the care workers respected their privacy and dignity. One person said, ''They always make sure the bathroom door is closed and I am covered up.'' A relative told us, ''The carers call [my relative] Auntie (which is what she wants to be called) and greet her respectfully.'' Another relative said, ''The carers that come protect [my relative's] dignity when they look after him, clean him or go into his room.'' One relative told us the care workers had been very supportive with their relative sometimes refused care and could be confrontational. They said, ''The girls are very kind all the time.''

The staff spoke positively about the people who they cared for. Some of the comments they made were, ''The job is so much more than just cleaning people'', ''I have learnt so much about people since I started this job'', ''I want to make a difference'', ''I think about them after I have left and want to check to make sure they are ok'', ''I know what it is like and want to help'' and ''I care for the clients like I would care for my family at home.''

The manager and staff were able to tell us about the personalities, likes, interests and needs of the people who they were caring for. They demonstrated a genuine commitment and affection for people and understood the individual care and support each person required.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us that care workers arrived on time and stayed the agreed length of time. Some of their comments were, ''They always turn up on time'', ''They are very good and never late'' and ''They came four times a day and were nearly always on time; if they were running late they would ring me.''

The manager told us the staff stayed longer than the allocated time of visits if needed. They said that they made sure the person was happy and that everything they had wanted had been completed. The staff confirmed this, with one member of staff saying, ''I stay as long as they need me, it does not matter to me, it is important that they are happy and comfortable.''

People told us their care needs were being met. They said the staff asked their opinions and made sure care reflected their preferences and wishes. One person told us, ''We asked for carers who spoke [the person's first language] and they provided this. It helps with communication for [my relative].'' The manager told us they supported people to become independent and manage their own care where this was possible and this was their choice. For example, they spoke about one person who the staff had supported to become more mobile and active.

People using the service and their relatives told us that they were able to speak with the manager when they needed and could discuss the care they received. They said they were involved in planning and reviewing care. Some of their comments included, ''The office is pretty good ,they say to me 'if there is anything you need just ring us and we will take care of it", "[The manager] comes out to see us", ''We had all the numbers and we only had to ring up to get help. [The manager] was really great, we were really upset when they stopped coming. [My relative] was crying.''

People told us they had a care plan and that they had information about the agency. They said they knew who to contact to discuss their care and they told us they had regular meetings with the manager. One person said, ''They gave us a lot of information, it was very useful.'' Another person said, ''I have a file with everything in and the numbers to call if I need any help. They have information in there about the agency and what they are going to do.''

Each person was given a file of information which included a service user plan with the agency's aims and objectives, their charter of rights and a copy of their care plan

The manager carried out assessments of people's needs and recorded these in care plans. We found that these assessments and care plans lacked detail. For example, there was no information about people's dietary and nutritional needs, information about moving people safely did not specify how the staff should do this and people's preferences and wishes were not incorporated into the plans. However, the staff demonstrated a good knowledge of people's needs and told us they discussed these needs with the manager and each other so that they knew how to care for people.

The staff recorded the care they had given each visit. The manager collected and checked these records to make sure people received the care they needed. We saw a selection of these records which were held at the agency offices and these reflected the care and support each person received. The current records were kept at people's homes.

People who used the service and their relatives told us they knew who to speak with if they had any concerns and how to make a complaint. Some of their comments included, "The office was really good, we only had to ring and express concerns or make a request and they would deal with it", '' never had a complaint but I would just ring the office if I was worried", ''I had no complaints at all about them, and I would really like to know why they were removed", ''I had no complaints about Humble" and "I have no complaints with Humble, I think Humble did their best for her."

The provider had a complaints procedure. Information about this was included in the records given to people who used the service to be kept at their homes. The procedure included contact details for the local authority, local government ombudsman and the Care Quality Commission.

Requires Improvement

Is the service well-led?

Our findings

Some of the records relating to the way in which the service was managed were not clear or easily accessed. The manager had difficultly locating some of the records relating to how the business was operating, for example a rota to show what hours the staff were working and who they were supporting. In addition we noted that some records were not dated, so it was difficult to ascertain whether they were still relevant or when they needed review. Some records, including care plans and risk assessments were not sufficiently detailed to show how people should be supported. For example, the care plans for two people who required support at mealtimes did not include any information about their dietary or nutritional needs. People had not signed their care plans to show they had consented to these. There were no records of staff meetings or supervisions. The records to show the manager had assessed staff performance did not contain any details about their individual performance. There was one recorded spot check on a staff member, but no record of these checks on other staff. Staff recruitment records were incomplete. There was no record of quality monitoring checks involving people who used the service or reviews of their care.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection visit the provider sent us an action plan and information about some of the improvements they had started to make at the service, which included improving record keeping. However, we did not see evidence that the breaches had been fully addressed.

A new computerised record keeping system was being introduced at the service. This gave an electronic record of care plans, assessments, staff rotas, hours of work and also recorded when the staff logged the time they arrived and left each person. The system gave real time information about the service and also was designed to help when planning care visits. The manager showed us the system which was due to start operating the following week. They were being trained by the system provider on how to use this and told us they needed to transfer the information to the electronic record.

The manager told us they had recently employed a senior member of staff who was going to help them with quality monitoring and record keeping.

People who used the service and their relatives told us they liked the agency and thought it was well run. They found the care met their needs and they liked the care workers. They also liked the manager and found them supportive and helpful. One relative said, ''[The manager] is very approachable and seemed very caring and did his best." Another relative told us, ''[The manager] came to see us first of all, he sorted everything out and he was very nice.'' Other comments included, ''We do not have the service now, we were very upset that it was changed", "They were really very good, I had no complaints about them at all'' and "I have no complaints about Humble, they were in fact better than the agency we had before."

The provider was a private organisation who registered the service to provide personal care in 2014. The

service started operating in 2016. The owner of the agency (the provider) told us they had cared for their own older relatives in the past. They had also worked for other care agencies. They told us they wanted to provide a good quality service and they recognised the importance of caring well for people. They said, ''I have seen poor care and I did not like this, I want to provide a better service.'' They went on to say, ''I always say to the staff, make sure the person is happy when you leave, make sure they are comfortable and you have done everything you need to. I tell the staff not to take anything personally, it is their job to care.'' The manager was a member of a local police advisory group and other community organisations.

The provider was also managing the service and was in the process of applying to be registered with the Care Quality Commission as the manager. Their application had been received and was being processed at the time of the inspection. The previous registered manager had left the organisation.

The provider/manager was a qualified assessor for vocational qualifications in health and social care. They knew the service well and were able to tell us about each person's needs in detail and how they cared for them. They told us they regularly contacted and visited people who used the service and this was confirmed by relatives and the staff. On the day of the inspection the manager took a member of staff to meet a person who was new to the agency. They told us they would introduce the member of staff and that they always did this. People who used the service and their relatives told us this was the case and the manager always brought the staff to meet them the first time. The manager also knew how the service was being run each day, where each care worker was and who they were due to visit.

The manager regularly visited and telephoned people who used the service and their relatives to ask them about their experiences of the agency. People confirmed this happened and told us they felt there were regular checks to make sure they were happy. The manager told us they also visited when the staff were working to assess their competency and make sure they were caring for people in the way they should. The staff and people using the service confirmed this. However, with the exception of one recorded satisfaction survey and one recorded spot check on the staff performance there were no records of these checks. Therefore the provider was not able to demonstrate that they had an effective quality monitoring system and that problems were being identified and acted upon.

The staff who we spoke with told us there was a good atmosphere at the agency. They said they were well supported and the manager was very approachable. The two care workers we met had visited the agency office between calls to people who used the service. They told us that all the care workers visited the office regularly and they met with the manager for informal support and discussions. One care worker said, ''[The manager] is very supportive, if we need help or anything we can just ask.''

The provider had a range of policies and procedures which were available for the staff to view at the agency offices. The provider was aware of the Regulations relating to notifying the Care Quality Commission about significant events. However, no such events had occurred since the service had been registered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not always assessed the risks to the health and safety of service users or done all that was reasonably practical to mitigate these risks. Regulation 12(1)(a) and (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not always maintained an accurate, complete and contemporaneous record relating to the care of each service user, persons employed or the management of the regulated activity. Regulation 17(2)(c) and (d)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The Registered Person did not effectively operate a recruitment procedure to ensure that person's employed were suitable and they did not have the information required in respect of each person employed. Regulation 19 (3) Schedule 3