

Haslemere Homecare Limited

Haslemere Homecare Ltd

Inspection report

Unit 3
Haslemere House, Lower Street
Haslemere
Surrey
GU27 2PE

Date of inspection visit:
02 December 2019

Date of publication:
01 January 2020

Website: www.haslemerehomecare.co.uk

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

Haslemere Homecare is a domiciliary care service providing personal care to approximately 130 people at the time of the inspection. People using the service were usually over the age of 65 and had varying physical and mental health needs.

People's experience of using this service

People were safeguarded against the risk of social isolation. Care plans were personalised and holistic. There was a clear complaints policy and procedure in place and care workers communicated effectively with people.

The provider recorded information about people's end of life care needs.

People's privacy and dignity, equality and diversity was respected and promoted. People were involved in decisions about their care. People's needs were assessed before they started using the service and care was delivered in line with current standards and professional advice.

The provider supported people to be as independent as they wanted to be and their health and nutritional needs were met.

The provider mitigated risks to people's health and safety as well as their risk of abuse. There were enough staff available to support people. The provider conducted appropriate pre-employment checks to ensure candidates for employment were safe to work with people. There were clear medicines and accident and incident policies and procedures in place.

People and staff were consulted in order to obtain their feedback. The registered manager understood and met their duty of candour responsibilities. The registered manager, care workers and other staff understood and fulfilled their roles. Quality assurance systems were in place and followed to improve the quality of the service.

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.

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

Rating at last inspection:

The last rating for this service was good (published 5 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 well-led.

Details are in our well-Led findings below.

Good ●

Haslemere Homecare Ltd

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 and specialist housing.

The service had a manager registered with the Care Quality Commission. This means 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection which included notifications of significant events as well as the last inspection report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and another member of the office staff team. We reviewed a range of records. This included 10 people's care records and five staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including quality monitoring documents.

After the inspection

We used the information the provider sent us in the provider information return. This document was due after the date of our inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We spoke with five care workers, eight people using the service and two of their relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear systems in place to manage allegations of abuse. People told us they felt comfortable with care workers and there were no concerns expressed about the safety of the care.
- Care workers had received training in safeguarding adults and understood the signs of abuse as well as their responsibilities to report allegations. One care worker told us "If I was worried I would contact the manager or whoever is on duty. If someone was in immediate danger, I would call the police."
- We reviewed the providers safeguarding records and found allegations of abuse were reported to the local authority for investigation as required. The provider had a clear safeguarding adults policy and procedure in place which stipulated the provider's responsibility to investigate and report all allegations of abuse.

Assessing risk, safety monitoring and management

- The provider assessed and mitigated risks to people's health and safety. People's care plans contained risk assessments which specified the level of risk in the provision of care as well as advise for care workers in how they were expected to mitigate this. For example, we saw detailed moving and handling care plans which identified risks such as risks of falling. We also saw detailed instructions for care workers in how they were supposed to assist people to mobilise in different scenarios, for example, when moving from a seated position to being hoisted.
- Risk assessments were conducted into people's homes to determine whether there were any environmental risks to people's health and safety and people's equipment was checked to ensure this was safe for use. The risk assessments we saw did not identify any issues.
- Care workers understood the risks to people's health and safety in the course of their work. They gave us examples of the types of risks that were prevalent among the people they cared for and gave us examples of how they dealt with these. For example, one care worker told us about one person's moving and handling needs and checks they conducted on the person as well as their equipment in ensuring they moved safely.

Staffing and recruitment

- The provider had enough suitably qualified and appropriately checked staff working at the service. The provider conducted pre-employment checks on candidates before they worked with people. This included a check of their right to work in the UK, their employment history, two references and a criminal record check.
- People confirmed enough staff were sent to provide care for an adequate period of time to conduct their work. We reviewed a sample of the provider's rotas for the week of our inspection and these demonstrated care workers had enough time to travel in between care calls.

Using medicines safely

- People were supported with their medicines safely. People's records included a medicines care plan that stipulated the medicines people were taking, the dose and the times they were supposed to take these. Medicines Administration Record Charts were filled in when medicines were administered to people and these were fully filled in.
- Care workers received training and conducted competency checks in medicines administration on annual basis. They demonstrated a good level of knowledge in their responsibilities and gave us examples about how they supported people. For example, one care worker told us "I make sure people have taken their medication and only if I'm happy they have will I record this."
- The provider had a clear medicines administration policy and procedure in place which stipulated care workers responsibilities.

Preventing and controlling infection

- The provider took reasonable action to prevent and control the risk of infection. Care workers had received training in infection control and gave us examples of actions they took to prevent risk. This included the use of Personal Protective Equipment such as gloves or aprons as well as regular hand washing. One care worker told us "I always wash my hands before, after and during my visits."
- People's care records included reminders for care staff in specific risks to people due to their needs along with advice for care workers. For example, we read one example of a person who used a colostomy bag and the importance of good hygiene was specifically recorded to remind care workers of the potential risks. The provider had a clear infection control policy and procedure in place which detailed the provider's responsibilities to train staff and provide PPE.

Learning lessons when things go wrong

- The provider learned lessons when things went wrong. Accidents and incidents were reported and investigated and specific actions were taken to mitigate identified risks. For example, we read one incident that described one person's behaviour that challenged. For their own safety, care workers were required to attend to the person in pairs to minimise risks to their safety.
- The registered manager reviewed accidents and incident records to ensure risks were being appropriately managed and where these needed to be reported, this was done.
- The provider had a clear accident and incident policy and procedure in place which detailed the provider's responsibility to investigate incidents, put clear plans in place to mitigate risk and report any concerns when needed, to other authorities.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were assessed prior to using the service. The provider spoke to people along with other people involved in their care to conduct assessments in different areas of their care needs before they started using the service. The provider also sought information from the referring local authority and any healthcare professionals to determine their needs. Upon receipt of this information a comprehensive plan of care was developed which took account of the different areas of people's needs as well as their preferences.
- The provider ensured care was delivered in line with current guidance and the law. Care workers received up to date training on an annual basis and policies and procedures were also reviewed annually to ensure they were current.

Staff support: induction, training, skills and experience

- The provider supported staff to conduct their roles. New staff were given an induction that followed the principles of the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care workers confirmed this took place and told us they found their induction useful to their roles. One care worker told us "I had to follow a supervisor and go through a whole process. They wouldn't sign me off until I did this all."
- The provider implemented an annual programme of training in various subjects to ensure care workers had the relevant knowledge to provide people care. Annual training was delivered in subjects such as safeguarding adults, moving and handling and medicines administration. Care workers confirmed they found the training useful to their roles and they were able to request extra training if needed.
- Supervisions and spot checks were conducted every three months and appraisals took place annually. Care workers told us these took place as required and records confirmed this. Supervision, spot check and appraisal records included details about care workers performance, any issues as well as further training and development required. Care workers told us they felt the system of support was effective. One care worker told us "I have had loads of training. If I need any extra help, they are just a phone call away."

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

- People were given appropriate support with their nutritional needs. Care records included information about people's allergies, whether they had any particular dietary requirements or swallowing issues as well as their likes and dislikes in relation to food.
- Clear information about people's needs was included in their care plan whether or not care workers supported people in this area. The registered manager told us it was important care workers had full information about people's needs, not only in those area where they provided support. For example, we read one person's care plan confirmed they were under the care of a Speech and Language Therapist who

had put specific guidelines in place for the person to eat soft food and they were required to have thickeners added to their liquids. This information was included although the person's relative was responsible for providing their meals.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to provide consistent care. We saw people's care records included information from other professionals such as Speech and Language Therapists to ensure care workers were providing them with the specialised support they needed.
- Care workers gave us examples of professional advice they followed and told us, if they were concerned about people's needs in any area, they would report their concern and ensure their professional was contacted for advice. We saw people's care plans included the contact details of professionals such as district nurses who were required to be contacted in the event of any issues.

Supporting people to live healthier lives, access healthcare services and support

- People were given appropriate support with their health conditions. People's care plans contained information about their medical history and current conditions along with information about how this effected their support needs. For example, we read one person had experienced various health issues which had weakened their body one side. This in turn effected their mobility and care workers were given clear instructions in relation to this.
- People's care plans also included information about their mental health needs. Assessments were conducted in this area to determine whether people had any particular issues and if so, there was advice for care workers in managing this. For example, one person's care plan stated they experienced low mood as a result of their health condition. Care workers were therefore advised to be 'upbeat' when they visited the person, to engage them in conversation and to report any concerns to the registered manager.
- Care workers understood people's specific health needs and gave us examples about how this effected the support they needed. One care worker told us about a person who had dementia and gave us examples of how this effected their memory and cognition.

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 found the provider was meeting the principles of the MCA.

- People's care plans included a section that documented whether or not they had capacity. Where people had capacity to make decisions, their care plan documented this along with the reminder to care staff to report any changes in the person's cognition so this could be explored further.
- One person's care record stated they had fluctuating capacity. The record indicated that they had the capacity to consent to their current care needs and day to day decisions. However, they were unable to manage long- term decisions and if the need arose, this would need to be considered followed a best interest process.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider ensured people were well treated and supported. People confirmed they were treated well and gave good feedback about their care workers. People's comments included "They're all so good, I enjoy having them come in" and "They're first class, I can't fault them at all."
- The provider took reasonable action to offer support to people with specific cultural or religious needs. People's care records included information about people's religion and ethnicity along with any relevant instructions to care staff. At the time of our inspection, the registered manager confirmed nobody using the service had any particular needs and we did not see any specific examples of cultural or religious needs within the care records we reviewed.
- Care workers demonstrated an understanding and respect for people of different cultural backgrounds. They confirmed they would clarify if anyone had any specific requirements and they would support people where needed. One care worker told us "I can't think of anyone from a different background [who uses the service]. But if someone has different beliefs, they should be supported. For example, if they don't eat pork, we should check everything and let them know."

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

- People were supported to express their views and be involved in making decisions about their care. The provider worked directly with people to plan and continually manage their care needs. They sought regular feedback from people and made changes where needed. People confirmed they were consulted in relation to decisions. One person told us "They help me with anything I want done."
- Care workers confirmed people's views were sought in relation to their daily and ongoing care needs. One care worker told us "We are serving the needs of people. We ask them what they want and need."

Respecting and promoting people's privacy, dignity and independence

- The provider ensured people's privacy and dignity was respected and promoted. People confirmed care workers respected them and they felt comfortable with the level of support they received during personal care. One person told us they felt reassured to know the care worker was supporting them in the bathroom but they waited discreetly until the person called them to help.
- Care workers gave us examples of how they provided dignified care and this was especially in the area of personal care. One care worker told us "I'm very professional and understanding about giving personal care. I make sure it's in private- even husbands or wives shouldn't be around unless the person wants them to."
- People were supported to be as independent as they wanted to be. People's care plans contained detailed information about what people could do for themselves and the areas they needed support. Care

workers confirmed they encouraged people to do as much as they could for themselves and supported them to be as independent as they could be.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider planned people's care before they started using the service to ensure their needs and preferences were met. A senior member of staff conducted various assessments into people's needs and interviewed them along with any family members who were involved in their care to record their individual requirements. People told us their preferences were met in relation to their care and care workers met their needs.
- We saw people's care plans contained personalised details about people's needs. This included people's routines, their likes and dislikes in different areas as well as things that effected their moods and mental health.

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.

- The provider was meeting people's individual communication needs. We saw people's care records contained communication care plans that specified whether people had any particular issues. At the time of our inspection nobody using the service had any particular communication needs as all people could communicate their needs clearly, however, we saw there were reminders within their communication care plans for care staff to inform office staff if there noticed any changes.
- The registered manager understood the requirements of the AIS and confirmed that the service could arrange for the production of information in different formats if this was needed. The provider assessed people's communication needs and communicated with in accordance with their needs. For example, they sent documentation in large text format for some people and they communicated via text with another person using capitalised letters as this suited their needs.

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

- The provider took reasonable action to minimise people's risk of social isolation. People's care records contained care plans entitled 'support networks and social inclusion', which identified whether people were at risk in this area and if so, what action care workers could take to mitigate this. For example, we saw one person's care record stated that they were at risk of being socially isolated and if this were to occur, it would have a likely impact on their mental health. The person had a detailed timetable of activities, that care

workers did not support them with. However, care workers were advised to monitor whether the person was attending their usual activities and to report any concerns to office staff.

- Care workers told us they monitored whether people were socially active and tried to engage them in conversation during care calls. One care worker told us "I always chat to people to see how they are and if I notice they are getting really lonely or I'm worried about them, I will report this to the office. There's things we can do to help people. They might need to be seen by a professional."

Improving care quality in response to complaints or concerns

- The provider took reasonable action to respond to complaints and concerns. People told us they felt comfortable in raising a complaint and knew who to complain to if they had any concerns.
- There was a clear complaints policy and procedure in place which stipulated the provider's responsibility to investigate and respond to complaints in a timely manner. We reviewed the provider's complaint records and saw they were low- level concerns that had been investigated and responded to appropriately.

End of life care and support

- The provider took reasonable action to provide people with support at the end of their life. At the time of our inspection nobody using the service needed end of life care. However, the provider had an end of life care plan in place for people, which gave some essential details about their end of life care needs should the person experience an unexpected death. We saw these contained advice for care workers in an emergency situation as well as confirmation about whether the person had a DNAR in place or not. Care workers were advised that they could not make a judgment about whether someone was at the end of their life, but needed to contact an ambulance and hand them the necessary paperwork.

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.

At the last inspection this key question was rated as good . At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People gave good feedback about the quality of the service. Their comments included "I hope they are here for many generations to come", "The management are attentive", and, "I would recommend them to anybody."
- Care workers told us there was a positive culture within the service that was encouraged and supported by the registered manager and other senior staff. One care worker told us "No matter what your problem is or your issue, they are there. I have had a really good experience working there" and another care worker said "I've genuinely never had a better job. I have never felt so supported and safe in a job before."

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

- The provider acted on their duty of candour responsibilities and took appropriate action when things went wrong. The provider investigated safeguarding matters, accident and incidents and complaints and reported matters to the appropriate authorities.
- The provider was meeting their duty to send notifications of significant events to the Care Quality Commission as required by legislation.

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

- The registered manager was clear about her responsibility to assess the quality of the service and to manage risks. There was a clear system of auditing in place and office based staff had clear responsibilities to manage different areas of the service. For example, one person was responsible for ensuring care workers arrived to work on time through monitoring the electronic logging system that was in use.
- Care workers understood their responsibilities towards the people they cared for. They told us their responsibilities were made clear to them when they applied for their roles and there were clear job descriptions in place that confirmed their understanding of their duties.

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

- The provider engaged people who used the service and staff through conducting annual surveys and having regular meetings. Spot checks were conducted every four months and people were visited every four months for a review of their care needs. Where changes were required to people's care needs, we saw

records were made to ensure these took place. For example, one person's 'management visit' record indicated that they required an increase in their care and this was accommodated.

- People's care plans were reviewed every four months or sooner when required. Care workers returned people's daily notes of care every month and these were reviewed by the registered manager who queried any discrepancies directly.

Working in partnership with others

- The provider worked in partnership with other organisations to ensure people had the care they needed. People's records included communications with professionals such as people's GPs and occupational therapists among others.