

HighTower Care Services Ltd

Hightower Care Services

Inspection report

148 Westfield
Harlow
CM18 6AJ

Tel: 07538869011

Date of inspection visit:
14 February 2020
25 February 2020
27 February 2020

Date of publication:
19 March 2020

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

Hightower Care services is a domiciliary care agency providing personal care to older people living in their own homes. At the time of this inspection, nine people received the regulated activity, personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe with staff and there were systems in place to safeguard people from the risk of abuse. Risks to people's health and welfare were identified and actions taken to mitigate the risk. People received their prescribed medicines safely, from staff who had completed the required training and had their competency to do so assessed. Recruitment practices required strengthening and the registered manager addressed this straight away.

People received care from a small team of staff who were well trained and very well supported. People and their relatives praised staff's knowledge and felt they had the necessary skills to meet people's needs. Staff promoted people's health by supporting people to access health care services when required. They supported people with eating and drinking where this was identified as a need in their care plan.

People said they were treated with kindness and in a respectful way by the staff. People's privacy and dignity was maintained. Staff knew it was important to encourage people to maintain their independence.

Staff were knowledgeable about people's support needs. A clear complaints process was in place. Whilst no-one was currently receiving end of life care we have made a recommendation about documenting people's future wishes for end of life care.

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.

There were quality assurance systems in place to help monitor the quality of the service. Staff told us they enjoyed working at the service and the management team supported them.

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

This service was registered with us on 17/05/2018 and this is the first inspection.

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 ●

Hightower Care Services

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

One inspector completed the inspection.

Service and service type

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

The service 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

Inspection activity started on 14 February 2020 and ended on 27 February 2020. We visited the office location on 14 February 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided by telephone. We visited another two people in their own homes. We spoke with four members of staff including registered manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at recruitment and medicine records. We contacted four professionals.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on safeguarding vulnerable adults and they understood their role and responsibilities in this area.
- People and relatives felt safe with the staff. One person told us, "They are very good. I was not sure but it has worked out fine. I do feel very safe." A relative said, "I do think [person] is safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager assessed and reviewed the risks to people's personal safety and put plans in place to minimise these risks.
- Each risk identified had an associated plan of care that provided guidance for staff to reduce the risks. For example, a plan was in place for a person at risk of going missing.
- The service was very small so there had been very few accidents or incidents. The registered manager had a system in place to review all accidents and incidents.

Staffing and recruitment

- The registered manager followed recruitment procedures to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience. We found minor queries on one file where only one-character reference was in place. The registered manager addressed this straight away and the risk was reduced as the registered manager worked alongside all staff during their shadowing period.
- People told us there were enough staff to meet their needs. The registered manager explained they used an electronic planning and scheduling system. This enabled them to ensure there were enough staff and people received their care calls from regular staff who knew their needs. One person told us, "They explained everything. They adhere to the times I requested. I see the same staff every day and whatever I ask they do." A relative said, "There is really good professionalism from this company so far and they are true to time as much as possible."
- Staff confirmed they had time to complete all of the care and support required at each visit.

Using medicines safely

- People's medicines were managed safely, and people received their medicines as prescribed.
- Staff had been trained in medicine management and the registered manager had regularly checked their competency.
- The service used an electronic system to record when medicines had been given which enabled the registered manager to have good oversight.

Preventing and controlling infection

- Staff had completed relevant training in relation to infection control and food safety.
- We observed staff wearing PPE, such as disposable gloves, when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support in accordance with their wishes and preferences. Staff knew people well, their likes and dislikes and were guided by care plans. A staff member told us, "The manager always takes us to new clients and goes through everything we need to do and will come back until we are confident. They then watch us until we do it right."
- People's support needs were regularly reviewed and updated when changes occurred.

Staff support: induction, training, skills and experience

- Staff were supported to access training and develop skills relevant to their role. Staff told us they felt well supported during their induction to the service, with some face-to-face induction training and shadow shifts with more experienced staff. A staff member told us, "I had e-Learning training and an induction. I also shadowed the manager. It was quite detailed."
- People and their relatives fed back positively about the skills of staff, reporting they were knowledgeable and well trained.
- Staff said they felt supported. They received supervisions and worked alongside the registered manager. A staff member told us, "We do have supervision and [registered manager] is always available, we can talk through anything."

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

- People told us staff ensured they had enough to eat and drink. One person told us, "They prepare my food and it is my choice."
- People were supported with their meals and drinks as part of their care package. Where someone needed help with eating or encouragement with drinking and having a balanced diet, guidance would be provided to staff.
- During home visits, staff gave people choices of food and prepared it as they wished, in accordance with their support plans. Staff ensured people had access to drinks they enjoyed and encouraged them to drink plenty to reduce their risk of dehydration.

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

- Staff supported people by working in partnership with other agencies such as District Nursing and the GP service.
- People's oral health needs were recorded in care files and appropriate support given when required.
- A relative told us, "They [staff] do notice any concerns and they have phoned 111 before."

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.

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. 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

- People were asked for their consent before receiving care and support. The service sought people's permission and documented it, as part of the care planning process. Staff sought permission at each visit.

Is the service caring?

Our findings

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

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

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

- People and their relatives confirmed they knew all the staff and the staff knew them. A person told us, "They are like family. The carers are very kind. They get on well with my relatives and my neighbour." A relative said, "Staff are lovely and I have only seen a couple of staff. They take their time and are efficient and I think they do care."
- Staff spoke about personalised care and support, being respectful of people's wants and preferences to ensure people's individual needs could be met. A staff member told us, "I always have a chat with people, I ask them if they are okay and what they would like."
- During home visits we observed people experienced sensitive interactions with staff, which were kind. People's care was not rushed, enabling staff to spend quality time with them.
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting independence whenever possible. A staff member told us, "I get on with the people I see. I talk to them and encourage them to do what they need to do to remain independent. People will do what they want and we only help with what they can't do."
- Staff upheld people's privacy, dignity and independence. One person said, "They are very respectful."

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

- Care plans were developed with people and their relatives. We looked at people's care plans with them during our visits who confirmed they had been involved.
- A relative told us, "I am very involved in their care and the service. I do think I need to sit down with the manager and look at the care plan in more detail." We informed the registered manager who told us they would organise this straight away.

Is the service responsive?

Our findings

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

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

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

- Each person had a care plan tailored to meet their individual needs. Care plans contained information on people's preferences, likes and dislikes and how they wanted their care and support to be delivered.
- People and relatives told us they were happy with the care and support provided and were involved with ongoing reviews. One person told us, "They are very good. I am lucky they do a lot for me." Another person told us, "I am quite happy. The manager has been in to see how things are going."
- Staff had a good understanding and knowledge of people and how to meet their needs. Staff were informed straight away when people's needs changed. A staff member said "[Registered manager] usually rings me to update me on people's needs. The [electronic care plan system] will go back at least a week so we can check updates on there as well."

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.

- People's communication needs had been assessed as part of the care planning process.
- The registered manager understood their responsibilities relating to the accessible information standards.

Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously and said they would use them as an opportunity to improve the service and identify any trends.
- There was a complaints policy and procedure in place and a record of complaints, their outcomes and any required actions. One person told us, "They look after me very well, I have no complaints."

End of life care and support

- End of life care was not being delivered at the time of inspection.
- People's future wishes for end of life care were not always documented.

We recommend the provider consider current guidance on documenting people's future wishes in relation to their end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. 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 experienced personalised care from a stable staff team who knew them well. The registered manager and staff were focused on ensuring people came first and received good outcomes.
- People and relatives consistently praised the registered manager and knew them well as they continued to provide care and support. One person told us, "[Named registered manager] is here every day she is really good." A relative said, "We have a fantastic arrangement with the manager and this company are 100 times better than what we previously had. I do trust them and I want to work with them."
- Staff felt they could approach the registered manager with any concerns and felt supported to do their job well. One staff member told us, "I speak to [registered manager] every day and I will tell her things and we talk through things and work it out together. It is a good company and they are there when I need them."
- A professional told us, "The care agency manager seems to be a caring person that has passion for taking care of the older people in the community."

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

- Incidents were shared with the appropriate people in an open and transparent way. The registered manager understood duty of candour and acted on this.
- The registered manager and staff were open in their approach with us during the inspection.
- The service had processes for reviewing the quality and safety of the service. The registered manager used feedback from people and their families to identify necessary learning and areas for improvement.
- Designated staff completed regular audits with necessary actions recorded for any shortfalls. Whilst all the actions required had been recorded it was not always apparent within the audits when the action had been completed. We discussed this with the registered manager who agreed a completion date and signature was required.
- The registered manager was highly visible and worked alongside staff to provide clear and direct leadership. A new staff member told us, "Overall it has been a positive start. [Registered manager] is very easy to talk with."

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

- People and relatives told us they felt very involved in care decisions and they experienced very good

communication with the registered manager and staff.

- Staff received regular support from the registered manager in their role. They told us they felt listened to during meetings and supervision sessions.

Continuous learning and improving care; Working in partnership with others

- Systems were in place to monitor and evaluate care provided to people. The registered manager reviewed any incidents or accidents and notifications.