

Healthy Home Care Services Ltd

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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

This inspection took place on 31 August 2017 and was announced. Healthy Homecare Services provides personal care for people living in their own homes. At the time of inspection there was one person receiving personal care. However, the provider was also providing care to two additional people who did not require regular support with personal care.

This was the first comprehensive inspection of Healthy Homecare Services since their registration with the Commission in May 2016.

There was a registered manager in post who was also the provider of the service. 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 2008 and associated Regulations about how the service is run.

People were safeguarded from harm as the provider had effective systems in place to prevent, recognise and report concerns to the relevant authorities. People's care records contained risk assessments and management plans to mitigate risks to people. They gave information for staff on the identified risk and informed staff on the measures required to minimise these.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff the supervision and support that they needed to work effectively in their role. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals when required.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the provider who was also the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People could be assured that they would receive their prescribed medicines safely.

People could be assured that they would receive their care at the right time and that carers would stay for the duration of their care visit.

People were protected from the risk of harm. Risks to people had been assessed and action taken to mitigate the known risks to people.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had received the training, supervision and support that they required to work effectively in their role.

People received the support that they needed to maintain adequate nutrition.

People's consent was sought by staff prior to providing care and support.

People were supported to access healthcare services and maintain good health.

Is the service caring?

Good ●

The service was caring.

People were supported by consistent staff that they knew and had developed positive relationships with.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

People were listened to; their views were acknowledged and acted upon. Care and support was delivered in the way that people chose and preferred.

Is the service responsive?

The service was responsive.

People could be assured that their complaints would be responded to appropriately.

People had personalised plans of care in place that were reflective of their care and support needs to guide staff in providing care to them.

There was a system in place to manage complaints appropriately.

Good ●

Is the service well-led?

The service was well-led.

The provider who was also the registered manager was visible and accessible to people and staff.

People's feedback was used to drive continuous improvement.

The provider had a clear vision for the on-going development of the service.

Good ●

Healthy Homecare Services Ltd

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 was planned to check whether the provider is 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.

Our inspection took place on 31 August 2017, was announced and undertaken by one Inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we spoke to one person receiving care from Healthy Homecare Services and one person's relative. We also looked at this person's care records and charts. We spoke with the registered manager who was also the provider of the service. We looked at records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

People could be assured that their prescribed medicines would be managed safely. One person told us "[Staff] give me all of my medicines each day. They collect them from the pharmacy for me too because they won't deliver them to me at home." Staff administering people's medicines had received the training that they required to do this safely. We reviewed the Medication Administration Record (MAR) charts for one person and found that these had been completed accurately and were reflective of the prescribed medicines for this person.

Risks to people had been assessed and plans of care implemented to reduce people's known risks. We saw feedback from one person's relative which stated "I am able to relax knowing that mum is in safe hands." People at risk of developing pressure sores received the care that they needed to reduce this risk. One person's relative told us "[Person] skin is the best it has ever been since Healthy Homecare Services started to support them. It is because of the good care that she is receiving now." The provider also liaised with other agencies to maintain people's safety. For example, people who had been identified as being vulnerable to exploitation from cold callers had been referred to the local police service to receive information, advice and support in how to safeguard themselves.

There were sufficient numbers of staff available to provide people's commissioned care. People were provided with rota's showing their call times as well as the member of staff identified to provide their care. One person told us "I always know who is coming; I get to choose the staff that I prefer and they are always on time." The provider scheduled people's care visits considering the amount of time that it would take staff to travel between their allocated care calls to ensure that staff arrived at the right time to provide people's care.

People were protected from the risk of harm. Staff had received training in safeguarding people from harm and were confident in applying this learning in their work. The provider told us "If anyone had ever been harmed I would report it straight away to the safeguarding team, police and CQC." When the provider had been alerted to concerns we saw that they had taken appropriate action and when required made safeguarding alerts to the local authority.

The provider had developed formal systems to ensure that staff were recruited safely. People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS).

Is the service effective?

Our findings

Staff had received the training that they needed to provide people's care effectively. The provider told us "Training is very important here and we make sure that all of the staff are thoroughly trained before they are allowed to provide anyone's care." We reviewed the training records for staff and found that all staff had received on-going training, personal development and updates in key subjects such as safeguarding, infection control and health and safety. A system of supervision had recently been introduced and we observed that the provider had used feedback from staff to develop the service that they provided to people. For example, the provider had introduced additional staff training in response to feedback from staff.

New staff underwent an induction programme that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. New staff received regular supervision and were observed by more experienced staff to ensure that they were competent in providing care and support to people. The provider told us that "New staff are not able to provide people's care without supervision until we have observed them and assessed them as being competent." Staff received on going supervision and support to aid them in working effectively in their role.

People received the support that they needed to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed through their individual plans of care. Staff ensured that people were encouraged to eat and drink regularly. One person told us "They [Staff] prepare my meals for me. They ask what I fancy and that is what they make for me. They also leave me with a drink so I can have that between the times that they visit."

People were asked to give consent for their care and support and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005. One person told us "They ask what help I want in each call and they explain what they are going to do before doing it." 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 were supported to access health services when they needed to and referrals were made to people's allocated health professionals in a timely manner. We saw examples in people's care records of staff reacting positively to changes in people's health and contacting their GP. One person told us "They [Staff] call the doctor for me. They try to arrange a home visit but if they can't I know that they would take me to the doctors to help me."

Is the service caring?

Our findings

People had developed positive therapeutic relationships with the staff providing their care and support. People were supported by the same staff and knew them well. One person told us "I look forward to their [Staff] visits. We sing together, look at old photos and they tell me the news." Staff told us that if they finished their tasks before the allotted end time of the care visit they spent time with people supporting them to maintain their interests. The provider told us "I enjoy spending quality time with people. For example, I know that one person has dementia and it's really important to spend some time with them reminiscing. We do this by looking through old photographs together and talking about their family."

People were supported to follow their faith, interests and hobbies. The provider attended the same church as one person supported by Healthy Homecare Services. This person was unable to access the church independently. This person told us "[Provider] picks me up and takes me to the church services whenever I want to go and then brings me home again." Staff also supported people to pursue their hobbies and interests. One person told us [Staff] take me to the cinema and then pick me up at the end of the film to take me home. I like getting out."

People were encouraged to express their views and to make choices in relation to their care and support. There was detailed information in people's care plans about what they liked to do for themselves. This included the goals they wanted to achieve, such as maintaining independence or being supported to prepare meals independently. People's feedback about their care and support was actively sought through regular questionnaires' and visits by senior care staff to people seeking their views about their care and support.

People's privacy was respected at all times. Staff told us they ensured people had privacy when receiving care. For example keeping doors and curtains closed and keeping people covered up as much as possible during personal care. One person said "They always make sure the curtains are closed if they help me get dressed and give me a choice of what help I would like."

Is the service responsive?

Our findings

People's care and support needs were assessed before they received care to determine if the service could meet their needs. Care plans were developed in conjunction with people to guide staff in providing support before new people began to use the service; they were then closely monitored and updated as necessary.

People received care from staff according to their plans of care. People had been involved in the ongoing development and review of their plans of care to guide staff in providing their care and support in a personalised manner. One person told us "I have a care plan in the kitchen that the staff read when they come." People's individual plans of care were written in a person centred manner and had been developed in partnership with people using the service. The plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the personal care required, duties and tasks to be undertaken by care staff, risk assessments, how many calls and at what times in the day or evening enabling consistent appropriate care and support to be provided.

Staff maintained accurate records of the care and support that they had provided which enabled changes in people's care needs to be identified and tracked. One person's relative told us "The carers always write something in [Person] logs book after every visit. It is reassuring to read when I come and visit as I know that they have had the care they need and I can see any changes."

People said they knew how to complain and felt confident that their concerns would be listened to. There was a complaints policy and procedure in place that was followed by the provider. We saw that one complaint had been received and that the provider had investigated and responded to this complaint in line with their policy.

Is the service well-led?

Our findings

The provider who was also the registered manager was the primary carer for the people supported by Healthy Homecare Services. This meant that they monitored people's care and support on a day to day basis and took appropriate action to ensure that people received the care that they needed. The provider had implemented formal systems of quality assurance to monitor accidents, incidents and medicines management that had been effective at ensuring people received consistently safe care and support.

The provider told us that they wished to expand the care that they provided to people. The provider had plans to recruit additional staff so that they were able to accept new packages of care. The provider had not accepted any new packages of care because they had not been able to recruit suitable staff to provide care to the standard that they aspired to. The provider told us that as they developed the service they provided to people they would look to implement more formal systems of quality assurance. The provider was in the process of researching quality assurance systems for domiciliary care providers that they would be able to purchase and implement at Healthy Homecare Services.

The provider was visible, approachable and responsive to feedback from people and staff. For example, in response to feedback about the accessibility of the office they had increased the parking space that was available for staff and people. Feedback from people that used the service was also regularly sought through surveys and 'spot checks' by senior staff. We reviewed this feedback and observed that it was entirely positive and that people had praised the kind, caring and responsive nature of the provider.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.