H & H Healthcare Limited

H & H Healthcare Limited

Inspection report

Unit N2, Eagle Close
Langage Business Park, Plympton
Plymouth
Devon
PL7 5HZ

Tel: 01752344233
Website: www.hhhealthcare.co.uk

Date of inspection visit:
07 March 2017
08 March 2017

Date of publication:
27 March 2017

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

H and H Healthcare Limited is a domiciliary care service providing personal care to 51 adults in the South Hams, Plymouth and surrounding areas.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

This inspection took place on 8 and 9 March 2017. 72 hours' notice was given as the service is small and we needed to be sure the registered manager would be available when we visited the agency offices. This time also enabled the registered manager (who was also the provider) to arrange home visits. This allowed us to hear about people's experiences of the service.

At the time of the inspection, the domiciliary care service was providing personal care to 51 people. People were either funded through their local authority, NHS funded or through private arrangements.

There was a registered manager in post. 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 and their relatives told us staff were caring and kind. Staff demonstrated kindness and compassion for people through their conversations and interactions. People's privacy and dignity was promoted. People were actively involved in making choices and decisions about how they wanted to live their life. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process, to attend care reviews where possible or via telephone conference facilities. This helped to ensure the care being provided met people's individual needs and preferences. Support plans were personalised and guided staff to help people in the way they liked.

Risks associated with people's care were effectively managed to ensure their freedom was promoted. People were supported by consistent staff to help meet their needs. The registered manager / provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. People's medicines were managed safely.

People received care from staff who had undertaken training to be able to meet their unique needs. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's

support plans to make sure people were eating and drinking enough and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

The service was well led by a registered manager / provider and supported by a small administration team. There were quality assurance systems in place to help assess the ongoing quality of the service, and to help identify any areas which required improvement. The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. The service was constantly striving to improve.

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 remains Good	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains good.	**Good**

H & H 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 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.
This inspection took place on 8 and 9 March 2017 was announced. The provider was given 72 hours' notice because the location provides care in people's homes and we needed to be sure that the registered manager would be in. The inspection was carried out by one adult social care inspector.
Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law.
During our inspection we met with four people who used the service and three relatives. We spoke to another person and their relative by telephone. We spoke with six staff during the inspection and the registered manager. We received feedback from the local authority commissioners in Plymouth and the local authority safeguarding team.
We looked at four records which related to people's individual care needs. We viewed two staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, newsletters and the complaints process.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People and relatives said the service was safe.

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place which staff were aware of, and safeguarding information on the office noticeboard. Staff confirmed that they had undergone training in this area. Comments from staff included; "I record everything and would call the office and report any concerns".

People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe.

People were kept safe by sufficient numbers of staff which meant there was adequate cover for sickness and unforeseen events. There was a flexible, stable staff team, some of whom had worked for the service for many years. This helped to provide continuity for people. Staff told us they worked flexibly as a team to meet people's needs so people were supported by staff they knew. Staff told us "Our staff and management team will always cover shifts at short notice; we've never had to use agency staff. Visits are always covered." People confirmed home visits were never missed and they were notified if staff were running behind schedule. People had timetables of staff visiting in their homes so they knew which staff to expect on particular days. Staff were able to put their availability for shifts on a new computerised planning system and also view their rota and essential information about people such as key safe information and health needs.

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Staff described a recent incident where they had been required to act quickly and alert emergency services. Staff, who knew the person well, were called to support them. They told us, "I went straight over, had their head in my lap until paramedics arrived."

Staff were protected whilst lone working, for example when staff joined the organisation they were informed of what action they should take to ensure their safety. This advice was also shared via newsletters reminding staff to keep mobiles charged, know exits and maintain their vehicles. Staff had access to an on call service and told us management were always available. The on call service checked all visits were completed and staff safe at the end of the evening.

People were supported by staff who managed risk effectively. One staff member told us, "We read people's notes, check equipment, check locks, medicines and record everything." Other staff told us they had good relationships with the local fire service to support people to have their fire alarms checked if they wished. Police safety packs were also given to people to ensure they were as safe as possible in their homes.

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks and to keep people safe but not be intrusive when they monitored them in their home. Staff balanced actively supporting people's decisions so they had as much control and independence as possible with ensuring their safety at all times. For example, one person we met shared they could be "wobbly" on their feet but liked to do the dishes. Staff ensured their home was safe, and they had their mobility equipment close, to enable the person to reach the kitchen and dishes without incident.

Good

Is the service effective?

Our findings

The service continued to provide effective care.

People were supported by staff that were trained to meet their needs. Staff underwent training on mandatory subjects such as moving and handling and safeguarding as well as training that was specific to the people they supported, such as epilepsy and Parkinson's. All staff confirmed the training was excellent and had improved with the new trainer in post. Comments from staff included; "X is brilliant, fun, concise, very thorough; knows her stuff; since she has started we have all been pulled up by the bootstraps".

When staff joined the organisation they received an induction which incorporated the care certificate standards. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff also shadowed more experienced members of the team as part of the induction. One staff member said; "The induction included full company policies and procedures, first aid, medication awareness, clinical equipment awareness, diabetes and record keeping; also reporting and confidentiality."

Staff were supported by ongoing informal face-to-face supervision, competency checks and an annual appraisal. Staff were invited to come into the office regularly for a drink and biscuits and talk about their work. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve.

Staff were knowledgeable about how they would support someone who had difficulty in making decisions for themselves. All staff gave people opportunities to help them make choices and decisions for themselves wherever possible. The registered manager and staff understood their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available. Although staff were aware of the MCA, the trainer advised they would be delivering additional training in this area.

People's care plans detailed their consent to the care they were receiving and staff told us "I involve them, listen to them and encourage them to make decisions." Where people did not have capacity, staff had been involved in best interest meetings.

People's nutritional needs were met. People's care plans provided details to help staff know what people's nutritional likes and dislikes were. Care plans also described if people required help or support with eating and drinking, so staff were informed about what action they needed to take. For example, "X has a small appetite, they don't like crusts and likes soft foods." Staff knew people's particular needs, for example those who like a hot flask of water left for them to enable them to make tea during the day.

People were protected by staff that made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health on a daily basis. If staff noted a change they would discuss this with the individual and with consent, seek appropriate professional advice and support.

Good

Is the service caring?

Our findings

The service continued to be caring .

People and relatives all told us staff were kind and caring, "They are very, very good; too good almost!"; "All of them are good – they don't just do the job for the money"; "They go the extra mile for you, always willing to help; if there's a crisis with mum and I'm not here, I phone them and they sort it". Countless thank you cards and comments reiterated people's view, "Nothing but admiration for those I have met"; "Lovely to see the smile on mums face when they come in"; "They've tried really hard and succeeded in raising her spirits and ours"; "Kindness, empathy, helpfulness and understanding – recommend them 100%".

Staff spoke of people in a caring, kind, thoughtful way. Staff told us how much they loved their jobs and the people they cared for. Staff maintained people's privacy and dignity when supporting them with personal care sharing examples of closing people's curtains, covering them with towels and giving privacy when they wished. Confidentiality and personal boundaries were understood and respected by staff.

Staff ensured people were supported and cared for during challenging times, for example when they or their partners were unwell. End of life care was compassionate with the service ensuring people's last days were as they would have wished. Sending cards, flowers and attendance at funerals were commonplace for staff when people passed away.

People's social interests and preferences were recorded and there was a matching process to ensure that suitable staff cared for them. For example, staff told us one person was not engaging with staff well but they noticed they responded better to staff who looked similar to their daughter. This helped engage the person and was working well. Another person had many animals; the service looked for staff who liked animals to care for this person to enable them to continue caring for the animals with support.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. People and their relatives were encouraged to be involved in their care. If relatives were not local, email and conference facilities enabled them to be involved in care decisions.

Good

Is the service responsive?

Our findings

The service continued to provide responsive care. The registered manager / provider advised referrals usually came through the local authority "brokerage" system. The service undertook their own assessment of people's needs and comprehensive care plans were then developed. This assessment process also helped to identify when staff required further training before they were able to support people, for example epilepsy training or stoma care. If people were coming home from hospital, the service ensured all the necessary equipment was also in place.

People had support plans in place which were individualised and encouraged choice and independence. They provided clear guidance and direction for staff about how to meet a person's needs, their likes and dislike and routines. For example, people's favourite creams and which flannels they used. Support plans included information about people's health needs, potential risks and the small things which were important to people when staff visited, for example where to find linen, how people liked their shower and how to communicate with people. People's care plans were personalised and written using their preferred name. People's care records were reviewed with them and where appropriate, those who mattered to them. People knew where their care plans were located and although most told us they didn't look at them, some relatives liked to know what was written to remain up to date and informed.

The service wasn't responsible for providing activities for the people we met but all people told us staff reduced their sense of isolation and always had time for a chat and offered to help with any housework or shopping they required.

The service supported people as they moved between services, for example if they needed to go to hospital. Essential information about how to care for people well was shared as people transitioned.

People and relatives described the office staff as approachable and any concerns were listened to and swiftly acted upon. There was a system in place for receiving and investigating complaints. People, who were able, told us they had no concerns or complaints and if they did were confident the office would resolve these. The complaint's policy was clearly displayed in people's files.

Good

Is the service well-led?

Our findings

The service continued to be well-led.

People and relatives told us the service was well led and improving with the new office staff. The focus of the service was to ensure people came first and received good outcomes. People and staff told us they knew the management team and everyone confirmed the leadership was good. Comments included "It is much better than a year ago; X, the registered manager, is lovely and has a beautiful, rose tinted vision; with the right people on board her vision will come true"; "They are good people working at H and H; glad I found the right firm"; "Excellent quality"; "Highly professional"; "The boss, X, is very obliging – all team really helpful."

Staff were given the opportunity to share feedback and ideas. Staff felt supported by the management team and listened to. Staff meetings helped keep people up to date with changes and a suggestions box was available for ideas. Newsletters kept informed and staff told us they felt more organised with the new computerised rota. Staff felt able to contribute to ideas regarding better route planning, "There is better communication with staff now, and routes are more efficient".

The service encouraged staff to provide quality care and support. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Since the previous inspection the service had worked hard to make care plans more personalised and we saw improvements had been made.

The registered manager worked in partnership with other agencies, such as community health teams and the local authority, ensuring a collaborative and transparent approach. Members of the team where seen to contact other partnership agencies to make referrals and share information. The registered manager explained that working in partnership and communicating well was particularly important when new people were being transferred to the service.

The registered manager had a range of organisational policies and procedures. Staff had access to these and were given key policies as part of their induction. The provider's whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected.

The registered manager promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

People's views were actively sought to ensure the service was run in the way they would like it to be. People and relatives were sent quality assurance questionnaires, the results of which were audited in order to drive continuous development of the service. Results from the most recent survey indicated that people were satisfied with the service they had received.

The service was striving to continually improve to enhance the care and quality of the service. Achievements

since the last inspection included the new "people planning" system to improve the organisation and efficiency of the service, the new training role which was already receiving great feedback and the development of new care plans and an improved medicine recording system. The service was constantly looking at ways to be a better employer to retain good quality staff. Initiatives such as staff benefits and discounts were valued by the staff.