

Honor Care Limited

# Honor Care Limited

## 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

About the service: Honor Care Limited is a domiciliary care agency which was providing support to 15 people in their own homes on the day of our inspection.

People's experience of using this service: People and relatives that used the service told us they were satisfied with the care provided. All said they had good relationships with the management and staff and that the service provided was consistent and they had never been let down.

Staff spoke positively about their job role, it was evident staff morale was good. One relative told us, "The staff that visit are always cheerful and nothing is too much trouble".

If people need assistance with their medication, this was provided by staff who had been trained. The registered manager and care coordinator carried out spot checks to observe staff and monitor medicines procedures were followed.

Staff files we looked at evidenced the registered manager used safe recruitment procedures. All files contained the correct documentation and the appropriate checks had been carried out prior to an offer of employment being made. Once employment began all staff received a thorough induction. On going training was provided that ensured all staff were fully aware of best practice.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Care plans demonstrated that care was provided with a person centred approach. Information focused on what the person could do for themselves and where they needed support. The aim of the service is to support people to live at home and to remain as independent as their abilities allow. The policies and procedures supported this and were written in a way that promoted the people who received the service had maximum choice and control of their lives.

Good governance systems and processes were in place to ensure the service improved.

There was a complaints procedure which was made available to people and their family when they commenced using the service. People we spoke with told us they were happy with the support they received.

More information is in the full report

Rating at last inspection:  
Good (report published 24 March 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme or if any issues or concerns are identified.

## 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 ●

# Honor Care Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was conducted by one adult social care inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The registered provider was an individual who managed the service on a day to day basis. Registered providers 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.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is a small service and we needed to be sure someone would be available at the office to speak with.

Inspection site visit activity started on 12 February 2019 and ended on 18 February 2019 following speaking with staff, people who use service and some relatives. We visited the office location on 12 February to see the registered manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning departments who used Honor Care Services. This helped us to gain a balanced overview of what people experienced using the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with both the registered provider and the care coordinator. As part of the inspection we spoke to people who used the service. This helped us understand the experiences of the person.

Following the site visit we spoke with a range of people about Honor Care Services They included three people who used the service, the care coordinator, two relatives and three care staff.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse. There was a safeguarding policy in place which informed staff about their responsibilities to protect people and what constituted abuse. They knew how to recognise the signs of abuse and report any concerns internally and externally.
- Staff were confident the registered manager and provider would take their concerns seriously and deal with them appropriately,

Assessing risk, safety monitoring and management

- Staff were aware of the risks each person faced and how to support people in a way which minimised the risk. People had individual risk assessments in place. The risk assessments identified risks in relation to people's environment as well as their health and social needs.
- Risk assessments were seen as a flexible document that were constantly under review and amend as people's needs changed, for example a person's mobility support.

Staffing and recruitment

- Robust recruitment practices were followed to ensure new staff were suitable to work in a care service. A full employment history, references and appropriate checks were completed prior to staff commencing employment.
- The service employed a sufficient number of staff to ensure they could provide people with the support they required. This was monitored by the registered manager.
- Staff rotas showed travel time was included, enabling staff had time to travel between scheduled visits.

Using medicines safely

- Medicines were managed safely and in line with good practice guidance, "Managing medicines in care homes." (National Institute of Clinical Excellence, 2014). We noted risk assessments detailed the support people needed with managing their medicines.
- Medication administration records showed when this support was provided. Some people had 'when required' medicines. Protocols were used to help staff know when people would need this.
- Staff received training in medication administration and competency checks to check on staff practice were in place and carried out by the manager or care coordinator.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had an infection control policy and effective procedures in place.
- Staff had received infection control and food hygiene training and were provided with appropriate personal protective equipment (PPE) such as disposable gloves and aprons.

### Learning lessons when things go wrong

- The registered manager was keen to provide a service that constantly evolved and improved. All incidents and accidents were logged and then audited to see what could be improved upon to mitigate future occurrences'. All staff were involved in this process and asked to take some responsibility in any improvements that could be made.



# 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

Good: 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

- Assessments were completed before people received a service to identify their health and social care needs and ensured the service could meet these.
- Assessments from other professionals, including social workers and occupational therapists were used to inform people's care. People's preferences as well as their rights and their capacity to make particular decisions were assessed, discussed and recorded. The registered manager involved people and their family members in the assessment process.
- People's care plans were reviewed monthly and updated appropriately when there was a change in people's needs.

Staff support: induction, training, skills and experience

- Staff confirmed they had received an induction prior to commencing their role. Staff comments included, "Really good training", "I am really happy with the support I receive".
- We saw evidence of ongoing training and a training matrix was kept up to date to ensure that staff received refresher training at the correct times. This included training in first aid, fire awareness, manual handling in both practical and theory, medicines management, health and safety, food and hygiene, infection control, equality and diversity and person centred care approaches. Staff were encouraged and supported to take an NVQ qualification and most have embarked on this qualification.

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

- Care records clearly documented the nutritional needs of the person together with any likes, dislikes and cultural requirements.
- People told us that staff advised them on healthy choices and did shopping for those who needed it.
- Staff were asked to notify the office should they be concerned someone was not eating or drinking adequately.

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

- Staff worked with other professionals to deliver effective care and support. They understood their role and referred people to them in a timely way.

GP appointments were arranged on behalf of people with their consent. A relative told us, "The communication is really good, they always get in touch with me if they are worried."

Adapting service, design, decoration to meet people's needs

- The service adapted its delivery to meet the needs of the individual.

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

- People who use the service had access to their own GP and all community resources. Staff, if required, supported people to attend hospital appointments or arranged for home visits from specialist health professionals, such as District Nurses or Occupational Therapists.

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. We checked whether the service was working within the principles of the MCA. People's care records contained information that informed staff what support people required to make a decision.
- People told us and it is clearly documented that written consent had been obtained. All care documentation was signed to show people had been consulted and agreed with their care arrangements. Where people had relatives involved in their care they told us they were informed of changes and how the person had been. One staff member told us "I would always ask and never assume".

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The management were committed to ensuring people were treated with kindness and compassion. The provider spoke of his commitment to meet the diverse needs of people and how they worked with relatives to support people's communication needs.
- Staff took the time to find out what was important to people and what would offer people reassurance and confidence.
- Staff had background information about people's personal history. This meant they were able to gain an understanding of people's diverse needs and the approach needed to respect the individual's needs and wishes.
- One person using the service told us, "It does not matter what you ask the staff to do, they always have a smile on their face and I am never afraid to ask."

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

- People were supported to live independently. Staff knew how best to support this and wanted people to do as much for themselves as possible. One care worker said, "It feels really worthwhile being able to support people to stay in their own homes for longer and have choice."
- People who use the service were involved in how the service operates. The registered manager visited every client each month to ensure they were satisfied with every aspect of the service they received. Surveys had been sent but due to the low response rate the registered manager now makes monthly courtesy calls to the people using the service or the relatives to be sure the care package is delivered as they wish and in accordance with the care plan.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they communicated with people and family members, and how they supported people in the promotion of their privacy and dignity.
- All staff received training on the importance of supporting people in a way that promotes two way respect. The registered manager was keen that all the staff respected the diverse needs of the individual and ensured that they feel valued and important during the course of the visit.
- People we spoke with all made positive comments about the staff and how they supported them to stay at home.

Confidential information was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

# Is the service responsive?

## Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Before people started to use the service the registered manager completed an introductory visit. This provided an opportunity to discuss the support the person required, to ensure the service could appropriately meet their needs, and to share information about the service.
- People had care plans which detailed the support they required. Care plans were in place for areas of people's lives which included personal care, nutritional support and medication. These documents described people's needs.
- Reviews of people's care plans were completed or had scheduled dates to ensure the support people received continued to meet their needs and wishes.
- Care plans provided information about people's likes, dislikes, personal backgrounds and interests. Staff used the information contained within people's care plans and spent time with them to enable them to establish a rapport with people and to understand preferences. A staff member told us, "We know everybody and they know us. We know their families and understand how to support them."
- We saw people were involved in developing their care plans and decisions around their care. A relative stated, "We were both fully involved in producing the plan which says what is to be done. It is excellent. If anything needs to be changed the manager always asks for my views."
- The Accessible Information Standards (AIS) was introduced to ensure people who have health or social care support receive information in a format which was understandable to them and takes into account their communication needs. The registered manager and provider were aware of the need to ensure people received accessible information and assessed people's communication needs. The provider advised information would be available for people whose first language was not English.

Improving care quality in response to complaints or concerns

- The registered manager provided information in documentation to inform people about how to make a complaint if they chose to. In addition, the complaints process was available to people using the service during the introductory meeting or assessment process. The policy included details about the various timescales and steps to take.
- A recent complaint received by the Care Quality Commission (CQC) was discussed with the registered manager. We obtained assurance that this would be thoroughly investigated and the CQC notified of the outcome.

End of life care and support

- Honor Care Services is not currently caring for anyone requiring end of life care. All staff have received training and the service would support people at this time should it be required.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The service continued to provide a good service. The management team were open and transparent, Records and discussions provided evidence that the management team wanted to continually improve the service they provided. When something went wrong an investigation took place and measures were taken to mitigate future occurrences.
- A range of audits were used to monitor safety and quality across all aspects of the service. Monthly audits by the provider supported this work. The registered manager demonstrated high standards of leadership and was effectively supported by the care coordinator.
- Records relating to the care and treatment of people who used the service were up to date and reflected the current needs of the people using the service.

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

- There was a clear management structure in place. The registered manager was also the provider and worked 'hands on' managing the day to day running of the service. They were supported by a care coordinator. During the inspection we spoke to both members of the management team and it was evident that there were clear lines of responsibility and accountability. Both were knowledgeable and familiar with the needs of people they supported.
- The registered manager consistently monitored the service and evidence demonstrated that robust quality assurance processes were in place. These ensured that were effective, best practice was always adopted and the requirements of current legislation was being met.
- Systems involved meetings with staff and people that use the service to ensure the service continued to improve.
- Staff we spoke with spoke highly of the management team, all stated the support they receive was excellent and that all they had to do was ring the office and there was always someone that was able to offer the support needed.
- The registered manager ensured that the service promoted a person centred, high quality care and support.

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

- Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.

- People and their relatives were asked for their views of the service generally through face to face meetings or telephone calls.
  - Where appropriate, relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of care.
- People that used the service were matched to carers in order that the person could be confident that their religious and cultural needs would be acknowledged and respected and that also the carer could adequately communicate with the person.

#### Continuous learning and improving care

- The management team completed regular in house audits of all aspects of the service.
- Accidents and incidents were recorded and regularly reviewed so any patterns or trends would be quickly identified.
- The registered provider and care coordinator were keen to promote the service and look for ways that they could improve. They accepted advice from other professionals and were keen to ensure the very best practice was adopted by the staff. They led by example and always respect the views and opinions of others.

#### Working in partnership with others

- The service worked in partnership with external organisations to make sure they were following current practice, providing a quality service and that people received safe care and support. These included local authority care managers and health care professionals.