Halo Community Care Ltd

Halo Community Care

Inspection report

64 Church Street
Old Town
Eastbourne
East Sussex
BN21 1QJ

Tel: 01323729750

Date of publication:
14 July 2022

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
Halo Community Care is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection, care was being provided to one person.

People's experience of using this service and what we found
People told us they felt safe and protected from harm. Staff understood safeguarding and were confident to raise issues or concerns. Risk assessments were in place bespoke to people's needs. Staff had been recruited safely and completed an induction which included opportunities to shadow more experienced staff before working alone. Medicines were administered and recorded safely. Policies and procedures were in place to manage infection prevention and control and the recording of accidents and incidents. Any learning was shared with all staff.

The registered manager carried out face to face pre-assessments with people and included the views of relatives and professionals to ensure that the service had the required training and skills to provide the care and support needed. People's nutrition and hydration needs were met. No one lacked mental capacity but staff understood the importance of involving people in decisions. 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.

People were supported in a dignified way and with kindness. People's privacy was respected and their independence encouraged each day without compromising safety. Staff rotas provided enough time for them to spend with people and factored in time to overrun care calls if needed.

Care was provided in a person-centred way with people's needs, choices and wishes being at the centre of the support provided. People and their relatives knew how to raise issues and make a formal complaint if needed. A complaints policy was in pale and easily accessible. No complaints had been made at the time of the inspection.

The service was small but everyone we spoke with talked highly of the registered manager. Systems were in place to conduct auditing of key documents and processes. People, relatives and staff all had opportunities to feedback about the service and the registered manager would always respond and seek to continuously improve the service. The registered manager had developed positive relationships with other care professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection and update
This service was registered with us on 29 September 2020 and this is the first inspection.

Why we inspected

This was the first inspection of a newly registered service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Halo Community Care

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

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.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 have time to set up and use our remote technology for file sharing.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with the registered manager on 26 May 2022 and received all of the files needed to complete the inspection on 20 June 2022. We spoke with a member of staff, a person and their relative and one professional.

Good

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 of 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 been trained in safeguarding and told us they knew what steps to take if they felt people were at risk of harm. We were shown training records that confirmed this. A staff member told us, "I'd definitely report it. Explain to client the duty of care and report to line manager." Relatives also commented saying they knew their loved ones were safe.
- The service is small and the registered manager has not had occasion to raise any safeguarding incidents. However the registered manager was confident in reporting matters to the CQC and local authority and was able to tell us the process they would go through if needed. The registered manager said, "It's important to be vigilant and mindful of vulnerabilities."
- Staff were aware of the service whistleblowing policy and told us they would be confident in taking this approach if they felt it necessary.

Assessing risk, safety monitoring and management

- The service supported a small number of people at the time of the inspection. Staff told us they knew people very well as they had the opportunity to spend time with people, getting to know them and their care and support needs. This was confirmed by people, who told us they felt safe and that they were not exposed to risks.
- Care plans contained risk assessments that were specific to people and their vulnerabilities. For example, assessments were in place to manage falls, nutrition and the use of kitchen appliances. Risk assessments highlighted specific risks, detailed how to minimise risks and advised regarding action to take in the event of an incident.
- The registered manager advised that there were no environmental risks in people's homes but that this was considered at pre-assessment and reviewed regularly.

Staffing and recruitment

- There were a small team of staff that were able to manage the needs of people. Staff supported each other and if they were running late for an appointment, contingencies were in place for their colleagues to cover. There were clear shift rotas in place and there were no reports of late or missed calls from people.
- Staff were recruited safely. Staff files contained all required documents including photographic identification, references, interview notes and in date, Disclosure and Barring Service (DBS) checks. DBS checks ensure that staff have no previous cautions or convictions that would prevent them from working with vulnerable people.

Using medicines safely

● People were supported with their medicines. People had the capacity to know when to take their medicine but needed help take them. Staff placed medicines in people's hands and offered a drink and then recorded their actions on medication administration records (MAR) a copy of which was kept in people's homes.
● Staff were trained in providing medicines and the registered manager would often be present when staff were giving medicines to check correct provision and recording.
● We were shown policies relating to medicine provision including a separate policy about 'as and when required' (PRN) medicines. Due to the small number of medicines provided PRN medicines were included in the same MAR sheet but colour coding clearly indicated which was PRN and which were prescribed.
● Staff were able to describe to us the steps they would take in the event of a medicine error or if medicines were ever refused. A staff member told us, "If they refused, I would just wait and try again later, tell the manager if it carried on."

Preventing and controlling infection
● Staff wore face masks at all times and full personal protective equipment (PPE) when supporting people with personal care. Used PPE was disposed of safely in dedicated bins in people's homes.
● Training records showed us that staff had received PPE and infection prevention and control training, including refreshers, throughout the recent pandemic.
● Staff wearing masks had not increased people's anxiety or affected communication. People did not rely on lip reding or facial expressions to understand conversations.

Learning lessons when things go wrong
● We were sent accident and incident policies which highlighted the steps for staff to take in the event of something going wrong. Although no accidents or incidents had been reported we were reassured from speaking to the registered manager and staff they knew what steps to take.
● The registered manager told us they had consulted the local authority over some incidents for advice but none had reached the threshold for reporting to CQC. Accident form templates were in place and available if needed.

Good

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

- Referrals to the service had been made through private referrals and a full pre-assessment process took place before both the person and the registered manager agreed on needs being able to be met. The registered manager told us that they ensured staff had the correct training and skills to support people's needs.
- Pre-assessment documents were then transferred into care plans which were regularly updated and accessible to all staff.
- People, relatives and professionals were involved in the pre-assessment meeting. This was confirmed by people we spoke with.
- Most people's health and social care appointments were made by other carers supporting people. However the registered manager told us they were able to help if required to book appointments and take people if needed. People told us that they knew staff would help and support them with any appointments if needed.

Staff support: induction, training, skills and experience

- Staff completed an induction package before being able to work independently. Induction involved key training areas which included for example, dementia, moving and handling and medicines. Staff told us that they had shadowed more experienced staff and had been given time to get to know people before supporting them independently.
- Staff also told us they were working towards the Care Certificate. The Care Certificate is an agreed set of standards that define knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The service has a small staff team and the registered manager spoke with staff members daily. Staff told us they had many opportunities to raise any issues, concerns or ideas and conversations with the registered manager were always a two-way process. There had been no formal supervision process up to the point of our inspection but these were due to start the following month.
- Staff told us that any additional training which they felt might be of interest or help with supporting people, the registered manager would always support and signpost to relevant courses.

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

● People's nutrition and hydration needs were met. Other carers that supported people provided most support but staff form the service had supported when required and always checked to make sure people had had enough to eat and drink.
● A nutrition and hydration risk assessment was in place for people and the registered manager had sought advice from the speech and language therapist (SALT) to ensure people's needs were safely met.

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 MCA 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's ability to make decisions about their care and support was assessed at the pre-assessment meeting. No one using the service at the time of the inspection needed support in making decisions.
● The registered manager was aware of their responsibilities relating to mental capacity assessments and ensuring that people were clear about individual decisions they made relating to their care and support. Staff had received mental capacity training and understood the importance of gaining consent from people. A member of staff said, "I always get consent before any task."
● The registered manager checked during pre-assessment if there was a Recommended Summary Plan for Emergency Care (ReSPECT) in place. These documents contain decisions and recommendations to consider if a person lost capacity to make certain decisions.

Good

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 relatives told us that staff were caring and respectful. Comments included, "Very kind people," "They are respectful" and "I'm very happy with their well-being."
- Staff told us about the support they gave to people and the need to respect people's wishes, differences and any changes in their needs. A staff member told us, "Care plans are kept in people's homes and we can update them with any changes."
- Care plans reflected people's cultural faith wishes and needs where appropriate. Equality was discussed during the pre-assessment process and any specific support needs recorded and updated during reviews. The registered manager told us they would support people to attend places of worship if they asked.

Supporting people to express their views and be involved in making decisions about their care
- People and relatives told us that people were encouraged to make daily choices about their care, for example, what clothes to wear and what food to eat. People were given choice about the timing of care calls that suited them and their needs.
- Relatives told us they were happy that their loved ones were involved in decisions about their care and support and that they were consulted too. A relative told us, "We regularly communicate by e-mail or often facetime so can talk and see them too."

Respecting and promoting people's privacy, dignity and independence
- Copies of care plans were kept in a locked cabinet in a locked office, only accessible to staff. All personal records kept on computer were password protected. People's privacy was further protected, any staff meetings to discuss people and their needs were held either at the office or in a different room from where the person was.
- People and relatives told us that people's dignity was respected. Similarly, staff had a good understanding of the need to protect people's dignity. A member of staff told us, "If I'm with a client I'll always make sure they are covered up, I'll maintain their dignity at all times." They added, "I treat them as I'd like people to treat my relatives."
- People's independence was encouraged and promoted without compromising safety. People confirmed with us that they were given daily opportunities to do things for themselves but always with staff near to support if needed. A staff member said, "I try and get them to do as much as possible. This includes dressing, I usually help just with buttons. I can tell they want to do things for themselves."
- Care plans provided details of tasks that people could achieve themselves for example, some aspects of

washing and dressing. Care plans also noted levels of support people needed with different tasks.

Good

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

- People's care was provided in a person-centred way. People's support needs were assessed and their individual likes and preferences factored into the care package they received. For example, people could choose the best time to receive care calls to fit in with their daily routines.
- Care plans reflected people's preferences and their background and were under constant review and as people's support needs changed over time, these details were updated so all staff were aware of any changes. People and their loved ones were involved in the review process.
- The service supports a small number of people with a small staff team. Staff knew people well and told us they could tell straight away if people were feeling unwell or anxious.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People supported by the service had only minor communication support needs. People were able to verbalise their needs or concerns and staff knew people well and understood how people were feeling each day and what they wanted.
- People were supported by staff to use video messaging to speak to their loved ones who lived abroad and who were not able to regularly visit. The registered manager was aware of where to seek support with communication support if needed in the future.
- Some people lived with dementia and staff told us they sometimes needed more time to understand what was being discussed. Staff spoke clearly and slowly to make sure messages were understood.

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

- Staff supported people to do the things they liked for example, completing crossword puzzles or taking short walks around their gardens. The registered manager told us they were in regular contact with relatives to discuss walks, trips in the car and visits.
- Staff told us they had enough time during their care calls to spend time with people and support them with these activities.

Improving care quality in response to complaints or concerns

● The service had a complaints policy that was available and accessible to people. People and relatives told us they knew how to complain or raise issues and they had confidence in the registered manager to deal with any concerns they might raise.

● No complaints had been made against the service at the time of the inspection.

End of life care and support

● No one was in receipt of end of life care at the time of the inspection. Although end of life training had not been provided yet by the service, all staff had been trained in end of life care and support in former roles.

Good

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

- The registered manager and staff knew people well and provided support in a person-centred way. Staff knew, when providing support, to take one step at a time, which made people feel in control of what was happening. The registered manager and staff told us they knew if people were happy to try tasks for themselves on some days and on others needed a little more help.
- People and relatives spoke well of the registered manager and their staff. Comments included, "Very good, respectful people," "They are excellent" and "Friendly, professional and a great communicator."
- Staff told us of the positive culture within the service that was promoted by the registered manager. A staff member told us, "Always supportive and approachable and would always help as much as they could."

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 registered manager was aware of their legal responsibility to report certain, significant events that affect their service, to the CQC. The registered manager was transparent and open with us throughout the inspection process.
- Although there had been no occasions where the registered manager had had to notify the CQC of events or incidents, they were able to describe to us the type of incident that required reporting and the steps they would take to achieve this.

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

- The staff team at the service was small but experienced in care provision. The staff team worked well together and were able to step in to provide additional support if needed or to cover short term, unexpected absences through sickness or unavoidable delays in arriving at people's homes. People told us that there had been no late or missed calls.
- The registered manager was aware of their responsibilities and of the value of auditing. Because the service was new and small, the registered manager was able to manage daily oversight of all systems and processes. Records had begun to be kept of auditing processes to enable the team to record and monitor changes.
- The registered manager maintained complete oversight of the service but acknowledged that when the service grew there would be a need for more support.

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

● The registered manager told us the service was able to capture feedback from people and relatives through daily conversations relating to people's care and support. Despite there being no questionnaire process, people's opinions were captured and fed back to all staff. Any themes or trends were immediately identified. Relatives told us that their views were frequently sought.

● Staff told us they had opportunities to give feedback about the service to the registered manager. Although formal supervision meetings had yet to start, staff were in daily contact with the registered manager and told us they could raise any issues or concerns and they were confident that things would be addressed.

● People's equality characteristics were considered and explored during the pre-assessment process. If for example people had cultural or faith needs, these would be recorded and staff would support people to fulfil their wishes. The registered manager told us there were no specific cultural needs at the time of this inspection but that they would support people for example, if they wished to attend religious services or social gatherings.

Continuous learning and improving care. Working in partnership with others

● The registered manager kept themselves up to date with bulletins circulated by the CQC and local authority and had monitored and responded to the changing guidance throughout the pandemic. Contingency plans were in place and a plan to slowly expand the number of people being supported, without compromising care quality, was being considered.

● Positive professional relationships had been formed with, for example, the local authority adult social care team and the speech and language therapists. Professionals told us that the registered manager worked well with them.