

Hants Healthcare Limited

# Hants Healthcare

## Inspection report

Suite 16, South Street Centre  
16-20 South Street, Hythe  
Southampton  
SO45 6EB

Tel: 02380879327

Website: [www.hantshealthcare.co.uk](http://www.hantshealthcare.co.uk)

Date of inspection visit:

08 September 2022

12 September 2022

Date of publication:

23 November 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hants Healthcare is a domiciliary care provider. At the time of this inspection 70 people received personal care support from the service. The service supported older people, some of whom were living with dementia, within their own homes.

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

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

People felt safe using the service and relatives felt assured they were kept safe. Systems were in place to protect people from abuse. Staff we spoke with were aware of how to identify, prevent and report abuse. There were enough staff to keep people safe and staff were safely recruited. Some people felt calls were not always on time.

The service had employed staff from overseas and safe and supportive recruitment had taken place to ensure they were of good character and had the necessary skills.

There were plans in place for foreseeable emergencies. Risks concerned with people's health, care and the environment were assessed and reduced as far as was practicable.

People were supported to take their medicines safely. Staff were provided with training and checked to ensure they were following correct procedures.

Most staff felt supported by the provider and registered manager and could visit the office to discuss any concerns. Staff were supported by training as well as 'away days' and staff initiatives.

There were effective systems in place to monitor and improve the quality of the service provided. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

The registered manager was very passionate about equality and diversity which was very evident during the inspection.

The service worked well with the local community to achieve good outcomes for people and the local community.

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. Policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 01 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We received concerns in relation to complaints and staffing and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service 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** ●

# Hants Healthcare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by one inspector and an Expert by Experience contacted people and relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 24 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 be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

We spoke with eleven people who used the service and 6 relatives about their experience of the care provided. We spoke with fifteen members of staff including the registered manager, nominated individual, , manager, senior care staff and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with 3 professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to make sure there were, always, sufficient numbers of staff available to provide a consistent and reliable service to support people was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. This included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had recruited staff from overseas and appropriate checks and visas were in place to support this. The registered manager told us, "We have a buddy and mentor system for all staff whereby a more experienced member of staff supports new staff. The buddies support staff who are new to the country or area with settling in their new environments. They assist with things like opening bank accounts, registering with the GP, travelling and accessing other support networks like churches and societies for ethnic minorities".
- The registered manager and the rest of the senior leadership team had completed modern slavery training. The registered manager told us, "With an increase in recruitment from abroad, it is vital that our business is aware of what constitutes modern day slavery. All our senior leadership team has completed courses on safer recruitment. We have a robust overseas recruitment procedure which has been very successful and adopted by other providers".
- People and staff felt there were enough staff employed at the service. However, some people were not happy with the times of the calls as they were not always on time. One person told us, "It's such a shame about the timekeeping, because I can't fault most of the carers. They have been kind, considerate, caring and well trained". Another person said, "The carers are occasionally late, but they always call me to let me have a rough idea of when they will be here, but it is rare for that to happen". Other comments included, "I am booked for a once-a-day call at 8.30am, but it does vary quite a bit. It can be anything from 9am earliest to 11am on one occasion. The carer did call to let me know though," "Timings have always been a problem. The morning call is now anything between 9.30am-11am and it really stops me being able to get on with everything that I have to do". A relative told us, "Their (carers) timekeeping is ok and they always stay the time, unless I come home and say they can go (early)".
- Staff informed us they had enough time to cover the calls allocated. One staff member told us, "All staff

allocations, allow enough time to complete all aspects of care for all service users and ensure service users are satisfied with the quality of care before they move to the next person. The competition is not to move to the next service user as quick as possible but to get service user feedback because staff get rewarded an award for staff of the month which is based on who gets the most positive feedbacks at the end of the month. So, staff always spend the most amount of time to ensure all service users are satisfied".

### Using medicines safely

At our last inspection the provider had failed to ensure the safe and proper management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. The service kept a record of people's medicines using an electronic monitoring system where staff could update people's medicine administration records (MAR) on each visit.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and MAR's.
- Staff had received training in the safe handling of medicines and completed an assessment of their competency to administer medicines in line with best practice guidance. Staff told us they felt confident with medicines and one staff member told us, "I am very confident with medication management. There is always a medication management training and practical session and we use an online system which is very user friendly". Another staff member said, "In terms of medication administration and support, I have again received training in this regard as well as a refresher course that we were all given as a collective and hence I am confident in this role".

### Systems and processes to safeguard people from the risk of abuse

- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction. One staff member told us, "I have done mandatory safeguarding training every year which is compulsory and must be valid, management will stop allocating anyone who runs out of date and encourage everyone to ensure they are in date with mandatory training. Throughout my time with Hants Health care, I have not witnessed any abuse to any of their service users".
- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff we spoke with were all aware on how to keep people safe. One staff member told us, "Hants healthcare has a system in place for reporting incidents which are investigated by management and dealt with appropriately. Management are always, through their secured communication system, reminding staff weekly to report incidents and safeguarding is always discussed in all staff meetings".
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

### Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people and to the care workers who supported them. Areas covered by these assessments included risks in relation to the environment, nutrition, moving and handling and personal care. Plans set out how risks were minimised or prevented. However, some moving, and handling risk assessments lacked information for example one person needed assistance with a bath but lacked information. More information would be beneficial about fire procedures and the location of

utility shut offs. We saw this was in progress and information had been updated following the inspection.

- Staff demonstrated an understanding of assessing risk and were aware of individual risks associated with providing care to people.
- A business continuity plan was in place to support the running of the service in the event of an emergency.

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 Mental Capacity Act (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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA. At the time of the inspection, no one at the service required an application to be made to the court of protection.
- Staff understood the MCA. One staff member told us, "I have received training in the Mental Capacity Act and have had and passed an online certificate on it. I also received training in supporting people living with dementia both as online and in person training before commencement of my employment with Hants Healthcare".

#### Preventing and controlling infection

- People were happy with infection control practice and told us staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons. One person told us, "PPE is always worn, and they change their gloves after personal care". Another person said, "They (Carers) wear their PPE all the time and they are very kind and respectful to me when they are here". Other comments included, "The carers are all very good and they always wear their PPE and gloves are on and off (being changed) all the time".
- Staff demonstrated a good understanding of infection control procedures and had received training in infection control. One staff member told us, "In order to minimize the spread of infections I use PPE at all times and avoid cross contamination for example by changing gloves after each service provided and washing my hands before and after use of said gloves. Also, when preparing meals, I take extreme care to prepare surfaces and any equipment I will use before handling food".

#### Learning lessons when things go wrong

- Records were maintained of accidents and incidents that had occurred. There was evidence that the provider reviewed these to ensure that appropriate action had been taken to reduce any on-going risk, and to debrief the staff involved.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 received individualised care which met their needs. The service worked in a person-centred way to meet the needs of people and care plans were person centred. People had designated key workers and team leaders that oversaw their care and support needs.
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, meal preparation and health issues.
- Staff were passionate about the people they cared for and understood person centred care. One staff member told us, "Person centred care is about ensuring the people who use our services are at the centre of everything we do, and it also means working together with the people to support what matters to them. Being given a choice at mealtimes as to what they would like is one an example of person-centred care". Another staff member said, "To me person centred care is providing care that is tailored to the needs of the individual, ensuring the individuals preferences, needs and values are respected guided by clinical decisions, as well as providing care that is respectful and responsive".

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.

- Staff received training on communication and the provider had policies in place to support the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People and their relative told us they knew how to make a complaint. Most people told us they knew how to raise concerns and that these were acted on. However, some people were frustrated about the changes to their call times. One person us, "I have complained regularly to both the carers and [staff members name] at the office about the timekeeping. You just can't get on with your day. It might change for a week, but then it just goes back to how it is. It seems you can't do anything about it. Even though [staff members name] says we'll sort it out. The rota is sent out, but then there are last-minute changes, so it can look very different on the day".
- Other people felt their concerns were acted upon. One person told us, "I mainly talk to the carers if I have a question (concern) and they will put me right. I don't really need to speak to the manager". Another person

said, "I have signed a feedback form before, and I did suggest that some of the carers might be more particular (thorough) with their cleaning. They do seem to have taken that on board. It's a waste of money doing top-show – I could probably do that myself on a good day". Another person said, "I explained to the office that it (haphazard timings) wasn't working for me as the whole idea was for me to get a break. We finally agreed 12noon-3pm on a Saturday and they have been keeping to that, give or take 15-30 minutes, for a few weeks now and I am feeling the benefit".

- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.

#### End of life care and support

- When we visited the service, nobody was receiving end of life care. Due to the type of service, the provider told us they don't normally deal with end of life care. Staff had received training on end of life care from a local hospice.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure effective leadership, record keeping and governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Feedback about the registered manager was mixed, but most staff felt supported. However, some staff expressed that communication with the registered manager wasn't always supportive or professional.
- Most feedback from staff was positive. One staff member told us, "My experience within Hants Healthcare has been like nothing else. I have learnt so much being here and the support I get from [registered manager and NI name] has been incredible. They have put a lot of faith in me and guidance that I haven't had before". Another staff member told us, "The manager is a very friendly person and encourages a staff friendly environment. concerns are easily to be raised either formally or informally". Other comments included, "Management is very approachable and in my own capacity I've never felt that they were unfair to me in any way. I Have felt supported in my role by the management and have never been made to feel isolated," "I feel able to raise concerns and the management is very fair and approachable to all staff".
- The registered manager and senior staff used a series of audits to monitor the service. These included audits of medicines, care plans and risk assessments.
- Governance meetings were held with senior staff to ensure the service was meeting the regulations and any improvements required were incorporated into an improvement plan.
- The registered manager kept up to date with their knowledge and best practice by networking. They told us, "I am a member of various forums and groups, Hampshire Care Association, Outstanding Managers online, Approved Sponsorship License providers. Through my association with these groups, our team has shared knowledge with other providers, kept up to date with best practice in domiciliary care and we have supported each other especially during the pandemic".
- During the COVID pandemic the registered manager was an advocate for better provisions for PPE and funding for services. As a result, they attended many interviews both on the television and radio and still attend interviews today to support funding for social care. This also involved contacting the Minister for Health and Social Care and their local MP.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were happy with the service. One person told us, "It seems well run and the staff seem happy, although some are more suited to caring than others". Another person said, "I think they are good, and the carers seem nice". Other comments included, "I think it is a service that is much-needed and so far, so good," "They seem professional." A relative told us, "I think it works well for us and we would recommend it to anyone needing support to stay (at) home".
- A professional told us, "Their communication and raising of concerns has been good. A staff member attended a safeguarding meeting when they were on annual leave. This was not requested or required, but they decided to do this".
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements were continually made for the quality and safety of the care provided.
- There was a stable and consistent staff team who were skilled and motivated. They were clear about their own specific roles and knew their roles well and how they contributed to the overall success of the service. Each staff member in the office took a lead role they were responsible for example, equality and diversity, medicines, safeguarding, manual handling and end of life.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider carried out reviews with people using the service to ensure they were happy with the care provided. These were either completed by telephone or visiting people in their own homes. One person told us, "They have asked for feedback before now and we have gladly given it". The registered manager told us, "To ensure that we keep in touch with clients, we call them via telephone and get feedback. We also use these calls as an opportunity to get feedback on carers support. We have identified that clients who live on their own are at higher risk of neglect and poor care, therefore we conduct regular face to face visits to check on their welfare".
- The service had introduced two client representatives who used the service. This meant that if anyone using the service could contact the client representatives anonymously to raise any concerns they had about the service or any advice they might need about the service.
- The provider sought feedback from people or their families using a quality assurance survey. This was sent out every six months seeking their views. The last survey was in July 2022 which showed improvements had been seen in carers staying their allocated time.
- Staff were supported by team meetings. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice.
- The provider was looking at ways to improve staff wellbeing and had many incentives in place to entice staff to work for them. The service held regular team building events, including canoeing along the Beaulieu River. A Christmas meal and awards ceremony for staff. Carer of the month and electric bikes for staff to travel around easier without transport. One staff member told us, "There is positive staff morale. This is always often demonstrated during recreational staff activities which are organised by management very often".
- The registered manager employed a diverse workforce and was passionate about prompting equality in the service. They had completed training on equality and diversity as part of their development and were now able to provide training to the rest of the staff team. They told us, "I train staff on Equality, Diversity and inclusion to support them to be more accepting, understanding and aware of cultural differences. We aim to meet everyone's cultural needs and foster a culture of tolerance. As an organisation we are aware that everyone is a part of a culture to be recognised and their cultural needs met to feel happy and comfortable".
- The service celebrated different religious and cultural festivals including Eid, Pride, Queens Jubilee, Black

history Month, Diwali, Remembrance Sunday. The registered manager told us, "During these days, we encourage staff to dress up thereby raising awareness in the community".

- The registered manger told us how they worked in partnership with others. They said, "Every six months we request for medication lists for clients that we support with medication administration from GPs via the NHS confidential mail. This helps us to ensure that our MAR charts are up to date and we are administering medication safely. We work with other health care professionals like district nurses when we identify issues with clients' skin integrity and continence."
- The provider supported the local community and had arranged local fundraising for charities. For example, the service raised money for Age Concern on dress down Fridays and cake sales. The charity helped the service source curtains for a client and arrange for companion visits as well. The service also raised funds for other national charities as well as local community groups. The registered manager told us, "We work with the local Age Concern and refer people for befriending services, advice and information, footcare and Good neighbour Tasks. We support local Churches who host luncheons for elderly people, and we support them in raising awareness, sharing leaflets and recommendations for people who may benefit from their services such as companionship".
- During the pandemic the service started a food bank at the company, and they work in collaboration with Waterside food bank and donate food every quarter. The registered manager told us, "We organised for a charity that we worked with during the lockdown to be buying food shopping for a client that we support as they have no family, and this has continued to date".

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 provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.