

Home Care Heroes Ltd

# Home Care Heroes Ltd

## Inspection report

Office 105, 11 Courtenay Road  
East Lane Business Park  
Wembley  
HA9 7ND

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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

Home Care Heroes (HCH) Ltd is a domiciliary care agency providing personal care to people living in their own home or flat. The service currently provides support to two people. Not everyone who uses a domiciliary care agency may receive 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's support plans were person centred and contained detailed information about people and what was important to them. Medicines were managed safely. People were protected from the risk of infection. Systems were in place to ensure people were safeguarded from abuse. Risks to people were assessed, monitored and managed.

The provider worked well with other health care professionals supporting people to live a healthy life. Care workers were well trained and had regular meetings. Staff received regular, useful and engaging supervision from senior staff members. The staff appraisal system ensured all staff were working to the same vision and values as the provider. 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.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service very well and had built a kind and compassionate relationships with them.

People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity were maintained at all times.

There were systems in place to monitor the quality of the service. There was a range of audits in place to check the quality of service provision. The registered manager and provider had clear oversight of the service and it was clear they were committed to and passionate about providing person centred care.

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. This service was registered with us on 18 January 2021 and this is the first inspection.

### Why we inspected

We undertook this inspection to assess the quality of care and give the service their first rating.

### Follow up

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

## 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 ●

# Home Care Heroes Ltd

## 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 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 be in the office to support the inspection.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of the service. This included notifications sent to us by the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send to us without delay. This information helps support our inspections. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 relatives of people who used the service to help us understand the experience of people who could not speak with us. We spoke with the registered manager and received written feedback from 3 care workers. We reviewed the care records of 2 people using the service, personnel files of 3 care workers and other records about the management of the service.

# 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

- People were protected from the risk of harm and abuse. There were policies covering adult safeguarding, which were accessible to all staff. The policies and procedures outlined clearly who staff should go to for further guidance.
- Care workers had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. They were aware they could notify the local authority, the Care Quality Commission and the police when needed.
- People's relatives told us people were safe in the presence of care workers. One relative told us, "I am very happy with the care my relative receives. My relative has an excellent relationship with the carer and she is 100% safe."

Assessing risk, safety monitoring and management

- There were adequate systems to assess, monitor and manage risks to people's safety. Comprehensive risk assessments were carried out for people. People's care files contained a range of risk assessments. In all examples, the assessments provided information about how to support people to ensure risks were reduced. For example, a care plan of one person identified complications of diabetes and how to prevent them. The care plan identified the common causes, signs and symptoms of low or high blood sugar.
- The same approach was repeated across the range of risk assessments in place. These had been kept under review to ensure people's safety and wellbeing were monitored and managed appropriately.

Staffing and recruitment

- The service ensured that care workers were recruited safely. The service vetted and checked potential care workers prior to commencing employment. This included obtaining proof of address and identity as well as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives told us that sufficient care workers were available to support people who used the service. No concerns had been raised with us with regard to missed or late visits to people.

Using medicines safely

- The service had systems in place to ensure medicines were managed safely.
- Currently none of the people who used the service required support with their medicines.
- The service had provisions to support people who required assistance with their medicines. Care workers had received training around safe assistance with medicines. A robust medicine procedure provided care workers with guidance and information and a recording system was available to be implemented as and

when required.

#### Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection prevention and control.
- People's relatives told us care workers followed appropriate procedures for minimising risks that could arise from poor hygiene and cleanliness. One relative told us, "The carers are very good and always clean up after them, they do wear gloves and masks when they provide support."

#### Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. Accidents or incidents were documented in line with the service's policy and guidance. The registered manager told us that she had a process in place to analyse any emerging themes once accidents and incidents had happened. She said that she would discuss them with care workers and notify the relevant authorities if that would be required. There were no accidents or incidents recorded at the time of the inspection.

# 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

- People's needs were assessed, before support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law. Relevant guidelines were in place, including those drawing from the National Institute of Health and Clinical Excellence (NICE).
- People's assessments covered a wide range of areas including their choices and preferences. People told us they received the care they needed, and their choices and preferences were responded to. A relative told us, "We are very happy with the carers, they do exactly what our relative needs and will always ask us if my relative needs anything else."

Staff support: induction, training, skills and experience

- Care workers had the appropriate skills and training. They demonstrated good knowledge and skills necessary for their role. We were able to view training information and documentation that confirmed the competencies had been achieved.
- New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. Care workers told us that the training had been useful. One care worker said, "The training is useful because I can do my job properly."
- We saw records confirming that supervision and support were being provided. The registered manager told us, once care workers had been at the service for longer than a year, they also received an annual appraisal. In addition to formal supervisions the registered manager carried out monthly spot checks to monitor care workers performance when supporting people.

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

- While people who used the service were currently not supported to eat and drink. Care plans clearly documented peoples likes, dislikes and dietary needs.
- One relative said, "The staff do not prepare the food, but they always make sure that my relative had a drink and is comfortable."

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

- People's health needs were met. Their care plans identified their needs and input from a range of professionals, including GP, district nurses and occupational specialists.
- People's relatives told us care workers accompanied people or arranged visits to hospitals and appointments with GPs. A relative told us, "The carer will go with my relative to doctors' appointments and

help my relative to translate because her English is not very good."

- Health care appointments were arranged by families. However, care workers told us that they would report any changes in people's health care needs to the family and the registered manager. One care worker said, "If the client's health care needs change I will let my manager know about the change as soon as possible."

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Relatives told us care workers obtained consent before they could proceed with any task at hand. People or their representative signed care plans. These showed consent to care and treatment had been obtained.
- People's relatives told us care workers asked people if they needed any assistance. A relative told us, "My [relative] has progressive dementia and they find it more difficult to make their needs heard, but they have an excellent relationship with the carer and understand each other very well. The carer will also ask me if there is anything unclear."

# 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

- The service respected people's diversity. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This ensured people's individual needs were understood and reflected in the delivery of their care.
- The service worked hard to find care workers who spoke people's first and preferred language. One relative told us, "[Name] has full understanding of my relatives cultural background and language, which was a requirement of the care. [Name] helped my father to get a better understanding of dementia. There were initial reservations of having a carer, but this has settled a lot."

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

- There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005. Care workers were aware of the need to seek people's consent before proceeding with care.
- The registered manager maintained regular contact with people through telephone calls and reviews. This gave people opportunities to provide feedback about their care. Records showed people had been consulted about their care. A relative told us, "[Name] regularly contacts us to find out if everything is ok. My relative has difficulties communicating, [care worker] is attuned to my relative and has a great understanding of her needs."

Respecting and promoting people's privacy, dignity and independence

- Peoples dignity, privacy and independence was respected and promoted.
- Care workers told us that they would ensure to close doors and draw curtains when supporting people around their personal care. One care worker said, "I will maintain the client's privacy by making sure that their privacy is protected at all times and not shared with anyone. If the door of the service user is closed, I will knock before I walk into the room."
- Relatives confirmed that people received save dignified care and staff supported them to maintain their independence. One relative said, "At the start the carer encouraged my relative to do the things she could do, but my relatives' dementia has progressed and now the carer does much more for my relative." Another relative said, "The carers have a great relationship with my relative and encourage my relative to do as much as possible on their own."

## 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 received person centred care. Care plans were written to reflect their choices, likes and dislikes. Their assessments showed they had been involved in the assessment process.
- Care plans viewed were detailed and provided clear guidance how peoples individual needs can be met by care workers. For example, care plans provided information on mental wellbeing, physical health, personal care needs and communication needs.
- The registered manager told us that care plans will be reviewed annually unless people's needs had changed. Relatives told us, "[Registered Manager] contacts us regularly and she has been very helpful and obtaining a residents parking permit and funding to refit the bathroom. We didn't expect her to help us with this."

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.

- Each person's preferred method of communication was highlighted in their care plans, which enabled care workers to communicate with people in the way people preferred.
- The service actively sought to employ care workers to speak a range of different languages and matches them with people to support effective communication.

Improving care quality in response to complaints or concerns

- The service had a robust complaints procedure which provides clear guidance to people, relatives and care workers to raise and respond to complaints.
- Since registering with the CQC the service had not received any complaints. One relative told us, "If I had a concern, I would contact the manager or the carer, but I never had any issues."

# 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 provider promoted a positive open culture. Relatives told us they were fully involved in their care of their relatives. One relative said, "The manager contacts me regularly. We would recommend the agency to anyone; we are very happy with the service."
- Staff told us they found the culture supportive and rewarding. The registered manager said they operated an "open door" policy and gave examples of what they had done to support staff, including gifts of appreciation for hard work. One care worker said, "The manager is very supportive and gives me the necessary information and updates I need to complete my work."

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 demonstrated a good understanding of the duty of candour, they told us they were aware of the need to be open and transparent, to report any issues to relatives, CQC and the local authority when something goes wrong.

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

- The registered manager and provider had robust oversight of the service and it was obvious they were committed to and passionate about providing people with good care.
- The registered manager carried out a series of quality assurance audits to check on the quality and safety of the service they provided. This included checks on care records and observing staff practice.
- The service had a focus on improving care through quality monitoring, listening to people, training staff and developing the team.

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

- Relatives and care workers told us they were often asked for feedback about the service. This was done through surveys or regular quality reviews.
- Spot checks were carried out regularly. Care workers received regular feedback from the registered manager of their overall performance which enabled them to do a better job and make improvements were needed.
- Care workers confirmed there were opportunities to share their views and opinions about the service

provided at regular staff meetings and individual meetings with the registered manager. One care worker said, "We do meetings via video call, yes, it's useful because I get an opportunity to speak to the manager in a relaxed environment and can ask questions."

- Everyone we spoke with knew who the registered manager was and spoke positively about them. One relative said, "The manager asks me for comments and feedbacks on regular basis and visits us to make sure that everything is going well."

Working in partnership with others

- The registered manager worked closely with local commissioning teams and provider forums arranged by the local authority to share knowledge and learn from each other.