

Hasz Recruitment Solutions Ltd

Hasz Homecare Services

Inspection report

Unit 21, Crawley Business Centre
Stephenson Way
Crawley
RH10 1TN

Tel: 01444390803

Website: www.haszhomereservices.co.uk

Date of inspection visit:
21 February 2023

Date of publication:
13 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

Hasz Homecare Services is a domiciliary care agency. It provides personal care to people living in their own homes with age related frailties or physical disabilities. At the time of our inspection there were 4 people using the service. 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 health related risks were not always assessed and mitigated. Where people lived with health conditions, care plans did not always contain enough detail to guide staff on signs to monitor potential health deterioration. Where people required support to move and position, care plans did not always include enough information for staff.

Staff were not always recruited safely; the registered manager did not always ensure staff had current Disclosure and Barring Service (DBS) checks and relied on checks from previous employment. Other checks, such as, references and rights to work were undertaken. The registered manager applied for new DBS checks during our inspection.

People were kept safe from the risk of infection, staff received infection control training and had appropriate personal protective equipment. Staff supported people with medicines safely, they were trained and assessed as competent before being permitted to administer medicines to people.

People told us they felt safe, they knew who to speak with if they had any problems. Staff were aware of their safeguarding responsibilities and knew how and where to report concerns.

People were supported by enough staff who knew them well and were trained to meet their needs. Staff completed an induction period which included shadowing an experienced member of staff. One staff member told us, "I got all the required training which gave me confidence to carry out my role. For the first 3 weeks I got 100% support with shadowing which helped me with real time training." One person said, "I find the staff lovely, all of them. I think they are well trained."

People told us staff asked permission before offering support. One person told us, "They have my permission to help." Staff told us they always checked for consent before supporting people. Staff had received Mental Capacity Act (MCA) training and understood the principles of supporting people in the least restrictive way.

People lived independent lives and were supported by caring staff who upheld their dignity and autonomy. Staff provided care so people could remain in control of their lives. People told us staff spent time to get to know them. One person said, "They stay for the right amount of time. Up until now it's mostly the same person, I like to get to know the carers and have a laugh."

People received care personalised to their needs and contributed to their care plans. The registered manager ensured documentation was produced to meet people's communication needs.

People knew the registered manager and were happy with their leadership style. Staff spoke highly of the management team, and said they were able to contact them when required. Comments included, "We have spot checks and my manager calls me to check I am ok, and it feels like I am being looked after as well." And, "The management is very helpful, cooperative and good listeners."

Quality assurance processes were effective and there was a clear plan for the future of the service. The management team were keen to develop the service and continually improve care.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 October 2021 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Hasz Homecare Services

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 undertaken by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

Inspection activity started on 20 February 2023 and ended on 27 February 2023. We visited the location's office 21 February 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. 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 3 people who used the service about their experience of the care provided. We spoke with 7 members of staff including the registered manager, deputy manager, business development manager and care workers. We spoke with 1 social care professional who has visited the service.

We reviewed a range of records. This included 4 people's care records. We looked at 5 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.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health were not always assessed and managed safely. Where people lived with health conditions, such as, Parkinson's disease and Stroke, care records did not detail how their condition affected them. Care plans did not contain enough information to guide staff on signs to look out for in the event of a health deterioration.
- One person required support to move and position. There was limited guidance available to staff on how to support them. The registered manager told us the person's main carer was a family member and staff were guided by them and the person. However, they acknowledged further details were required in the event of the family member not being available and to ensure consistency. This was an area in need of improvement.
- Other risks were assessed, and care plans informed staff on how to support people. Where people were at risk of sustaining pressure damage to their skin, care plans detailed where staff should apply specific creams to people to minimise this risk.
- Environmental risk assessments and checks were completed for people's homes to ensure the safety of people and staff when care was being delivered. Staff were given clear guidance on what to do in emergencies, the guidance included action to take and who to contact. For example, if a person sustains a fall or if a person was not at home during a scheduled visit.
- A form to log incidents and accidents was kept with the intention of identifying emerging themes where incidents or accidents may occur. There had not been any adverse events to learn from, however, the registered manager described how learning from events would be taken forward. For example, if a person had reoccurring falls further interventions could be explored such as, a review of scheduled visits or further training for staff.

Staffing and recruitment

- Staff were not always recruited safely. Disclosure and Barring Service checks were not always obtained prior to employment to protect people from the recruitment of unsuitable staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. DBS checks from previous employers were used without the registered manager obtaining current information. We raised this with the registered manager as an area in need of improvement. The registered manager applied for new DBS checks for the 2 staff identified. Other checks such as references and the right to work had been completed prior to employment.
- There were enough staff to support people safely; people told us staff were always on time and they had not experienced any missed calls. People told us staff always stayed for their allocated time and they did not

feel rushed. One person told us, "Rarely do they run late. I get the right care at the right time, up until now."

- Staffing levels were calculated by the number of people using the service and their needs. Our observations were there were enough staff to safely support people, this was reflected in the staff rota and feedback from people. The registered manager and office staff were available to support people when needed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from harm or abuse; People told us they could speak with the registered manager if they had any concerns. One person told us, "I feel I am in safe hands with the staff."
- Staff received safeguarding training and were able to access the safeguarding policy at any time using an app. Staff understood the types of abuse and how to recognise and report concerns. One staff member told us, "If I was worried, I would inform the management first, if at all we had to go further we could go to police and CQC. I have to follow the policies, we have them all on the app. Life matters more than anything."
- There had been no safeguarding concerns since the service commenced. The registered manager demonstrated their knowledge of reporting safeguarding concerns externally where appropriate.

Using medicines safely

- Medicines were managed safely. People were supported with their medicines by staff who were trained and assessed as competent to administer them. One staff member told us, "Medication training was online and also at shadowing. My competency was checked with [registered manager]."
- Medicine administration records (MARs) had been completed correctly. Care documentation highlighted where people may have allergies to specific medicines.
- Visits to people were scheduled to ensure time specific medicines were administered as prescribed.
- Staff had read the provider's medicine policy and were signposted on who to contact if there were any medicine concerns, for example, overdosing or if medicine stocks were running low.

Preventing and controlling infection

- Staff had received training in infection prevention and control. One staff member said, "When we started this job, infection control was a key area we trained in."
- Staff were provided with personal protective equipment (PPE), such as gloves and aprons and used these as needed. Enough PPE was available to use should there be an infection outbreak.
- The provider's infection prevention and control policy was up to date and accessible to staff.

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.

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.

- The service was working within the principles of the MCA. Staff received training and understood how to work in the least restrictive way for people. MCA assessments were not always documented in detail, the registered manager acknowledged this and told us of plans to improve documentation.
- Where people lacked mental capacity, the registered manager had checked the legal status of people's Lasting Power of Attorneys (LPA). People and their LPAs were consulted with decisions.
- People told us staff frequently asked for consent when helping them. Comments included, "When they helped me at the beginning, they asked me (for consent), now they know what to do. If I didn't want something I would say, and they would respect this." And, "They (Staff) always ask if they can do this, or that, they are polite and ask for permission, even to throw out my rubbish."
- Records showed people were involved in decisions relating to their care and support. Consent forms had been completed where appropriate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with the protected characteristics under the Equality Act 2010. Assessments were completed by the registered manager or members of the management team; people were involved with the assessment process. One person told us, "They went through some questions with me, they came into the hospital and we agreed everything."
- During the assessment process, people's preferences were explored along with how they wished to be supported. The registered manager told us, "I love to be involved and it is my passion to communicate with

people with different interests."

- Pre-service assessments were detailed and included people's oral health need. Details such as, type of toothbrush and preference to toothpaste were included along with the support people required.
- People were given a profile sheet of staff members before they were supported by them. Where possible, the registered manager introduced new staff to people. One person said, "I was introduced to the carers when I first started, I got to know them which was good."
- People received a 'client fact sheet' at the start of the service. The fact sheet set out expectations and advised people who to contact in different circumstances, this included the purpose of the on-call service.

Staff support: induction, training, skills and experience

- Staff had the knowledge and experience to support people effectively. People were supported by staff who were skilled and received training relevant to their role. One person told us, "It's only 2 staff coming to us, they are brilliant, they do the job excellent. They can do everything. I think they are trained as they have knowledge and if something wrong is showing they would catch it."
- Staff received spot checks and regular supervisions. Staff told us they were able to contact the registered manager or office staff to discuss issues when needed. One staff member said, "Supervisions, we have so many, they (management) turn up at the clients house, they check you are there on time, checking we are doing the right things. They get feedback from the clients all the time."
- Staff received an induction and had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the 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. Newly recruited staff shadowed an experienced staff member until they were assessed as competent to work alone.

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

- At the time of the inspection, people did not require support in the preparation of meals. Staff had received food hygiene training and told us they were aware of offer choices.

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

- People had access to healthcare agencies and support. At the time of our inspection, people told us they would contact healthcare professionals themselves, however, they said staff would be capable if asked to do so.
- Staff followed healthcare professional advice where needed. One person using the service required support to complete exercises, staff prompted and supported them as advised.
- The registered manager gave examples of where healthcare professionals had consulted with people and staff to review equipment in the home. For example, occupational therapists were contacted to assess a person for grab rails and a walking aid.

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 were supported by staff who were respectful of their needs. Staff had received equality and diversity training which was reflected in their practice.
- Staff knew people well and described people's routines and personal preferences. Staff explained how their approach differed to suit people. One staff member told us, "I make sure there is involvement in their (people's) personal care. I try to interact to see whether their emotions and needs are met."
- People provided positive feedback about the care they received; their preferences were respected. One person told us, "We prefer female staff, this happens all the time."

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

- People were supported to make decisions to have control over their lives. The registered manager carried out care plan reviews and encouraged people to contribute to any changes. One person told us, "I feel I can make changes if needed. I have been doing without the evening carers, the other night I didn't think it was a good idea, if I felt my relative wouldn't know anything about it. I have changed it, the carer will start coming back in for nights."
- Staff told us they made sure choices were consistently given to people. One staff member, when describing a person's support said, "The choice is always theirs. Choices are always made themselves. I carry in about 7 jumpers so they can choose what they want."
- People told us they felt listened to by staff and management and were encouraged to make decisions about their support. Staff told us they had time to get to know people and their families which was important.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff asked for permission before entering people's homes. People told us how staff promoted and protected their dignity. Comments included, "They cover me up when they are helping me." And, "Carers use my key-safe and they ring the bell before coming in. I know them all now, I usually know who is coming."
- A staff member described dignity as, "It's to make sure every human has dignity as a person. Not to overstep the mark, for example, walking into rooms without knocking. We give people options to their care. If you don't feel good about something, you wouldn't do this to someone else."
- Care plans were written to encourage people's independence. Where people's support varied depending on their abilities, people told us staff followed the plans and respected their autonomy. One person said, "The main thing they do is wash my back, I can't do this for myself. My carer says to call them when I am ready."

- People's homes and personal space were respected by staff. A member of the management team said, "It's hard for people to have an extra person in the home. We have to work hard not be intrusive."

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 planned and personalised to meet their needs. Care plans detailed individual preferences, for example, 1 person liked to be supported to wash in their bathroom but preferred to clean their teeth at the kitchen sink. One person told us, "I can tell them what I want, and they only do what I want them to do."
- People told us staff understood them as a person. One person said, "They ask questions about everything, it's nice they wanted to know about me." Staff demonstrated they knew people well and spoke respectfully about people. When talking about a person they supported, 1 staff member told us, "[Person] loves to chat, they talk about different things, they are full of life. An amazing person."
- People were encouraged to make decisions to suit their needs and lifestyles, including, times, frequencies and lengths of visits. People told us if they wished to make changes they would be accommodated.

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's communication needs were assessed and met. The registered manager advised all documentation could be produced in large print and pictorial if required.
- Where people needed assistance with hearing or sight, this was documented. Care plans informed staff where people had communication needs, for example, if people required glasses or hearing aids.
- Staff occasionally used on-line videos to explain choices to people. For example, demonstrating moving and positioning equipment to help people understand their options.

Improving care quality in response to complaints or concerns

- The registered manager encouraged people to give their feedback on the service. People told us they were comfortable to approach the registered manager or staff to raise a complaint. One person told us, "I have no complaints, but I would directly complain to the manager, until now no complaints. All is fine."
- The service had received 1 complaint. The complaint had been responded to appropriately, within the timeframe of the provider's policy. The registered manager addressed the complaint and followed up with complainant to ensure they were satisfied with the outcome.
- People were supplied the complaints procedure which was in the 'client information pack'. The procedure

included where to escalate concerns if the complainant was not satisfied with the outcome.

End of life care and support

- At the time of the inspection, no-one required end of life support.

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

- The management team promoted a positive and inclusive culture and engaged with people, their relatives and staff. They regularly visited people to carry out care reviews and gain their feedback. Reviews were completed after 2 weeks of the service commencing and 3 monthly thereafter.
- Feedback surveys were available in both pictorial and written format. There had been no negative feedback received. The registered manager said, "We use results to find areas of improvement." They told us they would address negative feedback and where required review staff training or processes depending on the concern.
- The registered manager carried out visits themselves and told us they used the opportunity to retrieve feedback casually. People knew who the registered manager was and were comfortable to approach them. One person said, "I am quite happy to speak to [registered manager], I have confidence in them."
- Staff told us they were regularly asked for opinions and the registered manager met with them or telephoned regularly. Staff said they felt cared for as employees. They were given first aid kits in case of personal injuries and advised to contact the on-call number if they had any concerns day or night. Comments included, "They take good care of us, the little things matter a lot." And, "To give care 100% you need a family bond within the organisation, I have this support with all the staff members."

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 understood their duty to be transparent and honest when something was to go wrong. They described the duty of candour as being truthful and open, and to provide an apology to people and their relatives.

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

- Managers and staff were clear about their roles. Where appropriate, members of the management team held responsibilities in areas of their interest. For example, a member of the management team undertook medicine audits, they were thorough and included checks on storage, administration and documentation.
- The registered manager responded to our feedback throughout the inspection. They shared plans to address and continually monitor recruitment processes and risk assessments.
- People told us they were happy with the running of the service. One person told us, "I see the manager,

they come to me weekly, and always asks if everything is alright. I am not quick to complain but if I wasn't happy, I'd speak to [registered manager] about it."

- The management team held meetings on a monthly basis to discuss service development. Discussions included where improvements could be made and how to grow the business.
- The registered manager demonstrated their knowledge of regulatory requirements. They understood their duty to notify CQC of events within the service and gave examples of when this would apply.

Continuous learning and improving care; Working in partnership with others

- The registered manager was eager to continually improve people's experience of care. They had day to day oversight of the service and carried out visits to people. During visits, the registered manager undertook quality checks on documentation, such as, care plans and records.
- The service used an electronic management system (ECM). The management team checked after each visit to ensure people's assessed needs had been met and staff stayed for the allocated amount of time. The ECM gave an overview of the service, this included late calls, accidents, incidents and safeguarding concerns. The system allowed for trends and patterns to be monitored for the management team to address.
- Staff had provided feedback to the registered manager about the ECM. The ECM relied on network connections which were not always available at some people's homes. The registered manager listened to staff and ensured paper records were available in those circumstances.
- An external health and safety consultancy were deployed to complete an audit. The management team addressed the areas highlighted in a timely way.
- The registered manager was keen to work with professionals. They networked with other registered managers and agencies to share mutual support.
- The registered manager signed up to receive updates from CQC, Skills for Care and the local authority. The registered manager told us the local authority provided them with training and commented, "They have been very helpful." A visiting social care professional said, "They seem quite open to feedback."