

Hannah's Homecare Ltd

Hannah's Homecare Ltd

Inspection report

Suite 5a, Gilbert Wakefield House
67 Bewsey Street
Warrington
Cheshire
WA2 7JQ

Tel: 07778590434

Date of inspection visit:
15 May 2023

Date of publication:
13 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hannah's Homecare is a domiciliary care agency, providing personal care to people in their own homes. At the time of the inspection there were 37 people receiving support.

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

Risks to people were not always assessed and managed robustly. Although some risk assessments were in place, they were not all accurate or consistent and some risks had not been assessed for all people. Care plans were not always updated when people's needs changed. This meant staff may not have up to date information on how to meet people's needs safely.

Medicines were administered by trained staff; however, people did not always receive their medicines as they were prescribed. For instance, the required four hours between doses of one medicine was not always adhered to. Records regarding the administration of medicines were not always clearly and robustly maintained.

Systems were in place to monitor the service and monitor quality and safety but were not always fully effective as they did not cover all aspects of the service and did not highlight all of the issues we raised during the inspection.

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; but the policies and systems in the service did not always support this practice. Records showed people signed to show their consent to planned care when able, but when mental capacity assessments were required to be completed, they were not always decision specific and best interest decisions were not clearly documented.

People and their relatives told us they felt safe with the support provided by Hannah's Homecare. Staff were aware how to raise any safeguarding concerns and there were sufficient numbers of safely recruited staff available to meet people's needs. People told us staff arrived on time and stayed for the planned amount of time and they usually received support from the same group of staff that knew them well.

People told us staff were well trained and knew their needs and how to support them. Staff were knowledgeable about actions they should take if people were unwell, and referrals were made to other professionals if there were concerns about people's health and wellbeing. Staff told us they felt well supported in their jobs and records showed they received regular training and supervision and the provider had policies in place to help guide staff practice.

Feedback regarding the service provided to people was positive and the culture of the service helped ensure good outcomes for people. People, relatives and staff told us they felt the service was well managed. Systems were in place to gather people's feedback regarding the service, such as surveys and a complaints

procedure.

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

Rating at last inspection

The last rating for this service was good (published 8 April 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led, and this was expanded onsite to include the key question of effective. 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 good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hannah's Homecare Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the management of risk and medicines at this inspection. We also made recommendations about the recording of people's consent and governance systems. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hannah's Homecare 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

This inspection was undertaken by an inspector and an Expert by Experience. 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 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 a short period of 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 12 May 2023 and ended on 18 May 2023. We visited the location's office on 15 May 2023.

What we did before the inspection

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

We spoke with the registered manager and office staff during the site visit. We received feedback from 6 staff members and spoke with 5 people who used the service and 5 relatives, about their experience of the care provided.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits were also reviewed.

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 good. At this inspection the rating has changed to 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; Using medicines safely

- Risks to people were not always assessed and managed robustly. Although some risk assessments were in place, they were not all accurately completed and were not in place for all risks, such as smoking and skin integrity.
- There was inconsistent information regarding people's needs within risk assessments and care plans. For example, one person's falls risk assessment scored them as not at risk, however the care assessment reflected they were at high risk. This meant staff did not have consistent information to ensure they could meet people's needs safely.
- Care plans were not always updated when people's needs changed. For example, one person's care plan reflected use of a transdermal patch to administer a medicine, but this was not reflected on the person's medication record. The registered manager advised the person was no longer prescribed the patch and the care plan had not been updated.
- People who were prescribed time sensitive medicines did not always receive them at the correct times. We found one person received their paracetamol before the required four-hour gap between doses. This put the person at unnecessary risk of overdosing.
- Medication records showed the stock balance of medicines was not recorded to enable accurate auditing of administration. The medication records showed directions of medicines had been crossed out and changed with no explanation as to who authorised this or why.

Failure to ensure risks to people were robustly assessed and managed was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Medicines were administered by staff that had completed training and had their competency assessed.

Staffing and recruitment

- There were sufficient numbers of safely recruited staff available to meet people's needs.
- Records showed that relevant checks had been made to ensure staff were suitable to work in social care. This included a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions. However, the result of these checks were not always clearly recorded, to ensure any potential risks were known and assessed.
- People told us staff arrived on time and stayed for the planned duration of the call. They said, "[Staff] arrive on time. Rarely, because of traffic or a previous emergency they can be late. They phone me if there is any delay," and "Cares are very much on time, almost to the minute." However, records did not always

reflect this.

- People told us they received support from the same few staff members, who knew them well. Comments included, "I like the fact that we get the same carer and that gives us a continuity of care" and "Now, we get the same carers. If a new [staff member] comes they do shadowing with an experienced carer. It's a nice transition plan" and "So far I've had regular carers and know them by name. They know what cup I like to drink from so I don't have to repeat myself."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Procedures were in place to ensure safeguarding concerns were reported and recorded appropriately.
- Staff had undertaken safeguarding training and were clear about their responsibilities in reporting and recording any concerns. A policy was also in place to guide them in their practice.
- People and their relatives told us they felt safe with the support provided by Hannah's Homecare. They said, "I'd say they are a very friendly and trustworthy service. I'd recommend them to others. [Family member] is kept very safe" and "I feel safe. I'm not handled roughly; there's no rudeness and they always take their time."
- Accidents and incidents were recorded and reviewed. Records showed appropriate actions had been taken following incidents to reduce risk to people.

Preventing and controlling infection

- We were assured the provider had implemented safe infection prevention and control (IPC) procedures.
- Staff received the relevant IPC training and were provided with the appropriate personal protective equipment (PPE). People's feedback suggested staff always wore the necessary PPE when providing personal care.
- People told us, "Oh yes [staff] wear everything (PPE) or they wouldn't be allowed in. They change gloves up to three times and puts used stuff into a bag and my husband puts it in the bin" and "They'll wash their hands and put fresh gloves on before they do any food."

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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.

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

- Systems were in place to seek and record people's consent, but these could be further improved.
- When able, people had signed to show their consent to planned care and mental capacity assessments were in place if there were concerns about people's ability to make informed decisions. However, these assessments were not decision specific and did not include a best interest decision as required by the MCA.
- One person's consent was signed by a family member, but there was no evidence the family member had legal authority to consent on their behalf.

We recommend the provider reviews and updates its procedures to ensure people's consent is always sought and recorded in line with the principles of the MCA.

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

- People's needs were assessed, and choice and support preferences were reflected in the records viewed.
- Pre-admission assessments and reports from other agencies were available when people started using the service, so their needs were known, and care plans were developed based on these assessments.
- A range of policies were in place to guide and support staff practice.

Staff support: induction, training, skills and experience

- Systems were in place to ensure staff received training in relevant areas and were supported in their role.
- A training matrix was maintained to enable easy oversight of all staff training completed and when refresher courses were due. This showed that staff were up to date with training.
- Staff told us they felt well supported and records showed they received regular inductions and appraisal.
- When commencing in post, staff completed an induction, which included training, shadowing and competency assessments.

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

- When required, people were supported to maintain a healthy and balanced diet. Their nutritional needs had been assessed and were recorded within care plans.
- Care records contained some information regarding people's likes, preferences and meal/drink choices they wanted to be offered.
- Staff had completed food hygiene training to ensure they could support people to prepare food safely.

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 and well-being was routinely reviewed, monitored and assessed.
- Referrals were made to other health and social care professionals if staff had any concerns regarding people's health and wellbeing.
- If people were unwell or had an accident, emergency services were called appropriately for further assessment.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Systems in place to oversee the service and monitor quality and safety, were not always fully effective and could be further developed.
- Audits were completed but did not highlight all of the issues we raised during the inspection, such as the recording of people's consent, risk management and medicines.
- Completed audits were not always effective in identifying areas for improvement. For example, medicine audits did not identify when there was no explanation recorded to explain why people did not have their medicines administered on occasion. The audit tool reflected the need for this to be checked.
- Additional audits could also be implemented to ensure all aspects of the service were monitored regularly.

We recommend the provider reviews and updates its quality monitoring systems to ensure systems are fully effective and drive improvements.

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

- The current rating for the service was not displayed on the provider's website as required. This was raised with the registered manager who took action to remedy this.
- The registered manager understood and acted on the duty of candour, they were open and honest with people, their family members and relevant others about things that had gone wrong.
- The registered manager had notified CQC of events and incidents providers are required to inform us about.
- A range of policies and procedures were in place to help guide staff in their roles.

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

- The culture of the service helped ensure good outcomes for people.
- People, relatives and staff told us they felt the service was well managed. One person said, "I value how well they look after me. I'm delighted with what they are doing". Relatives told us, "The manager said ring me if you have any problems. Everything they promised has been done" and "Ringing the office is easy. 11/10 for communication. They listen and are accommodating."
- Staff told us they were well supported by the registered manager and provider. Their comments included,

"I feel the service is managed well and all issues are dealt with" and "It is managed very well and we are well supported in our day today activities."

- Feedback regarding the care provided to people was also positive. We were told, "All round it's (care) done well. Reliable, compassionate and considerate," "The [staff] know me and make me feel good. [Staff] listen to me, we laugh together and I'm very happy with [staff]" and "The carers are kind and go out of their way for me."

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

- The registered manager liaised with other professionals to help ensure people's health and care needs were met. Referrals were made to other professionals when required for their specialist advice and support.

- Systems were in place to gather people's feedback regarding the service, such as surveys and a complaints procedure. People and their relatives told us they had not had to make any complaints. One person said, "No complaints from me. It's a good, lovely, little team. I don't really have any concerns" and another person said, ""I've no complaints or concerns. Absolutely not. I can honestly say that I feel like a human being again."

- Although there was evidence some staff meetings took place; they could be more frequent. The minutes from meetings held in October 2022 and February 2023 were identical, raising question regarding their effectiveness.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always assessed and managed robustly. Medicines were not always managed safely.