

Hever Care Limited

# Hever Care Limited

## Inspection report

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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

Hever Care Limited is an independent domiciliary care service providing personal care and support to people in their own homes in Tonbridge and neighbouring areas. People receiving care and support had a range of needs including, people living with dementia, people with mental health conditions, people with a physical or sensory disability and younger adults. At the time of our inspection there were 5 people using the service.

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

We found there were established and effective systems in place to ensure people's needs and choices were consistently and fully assessed prior to providing care. People's care plans included assessments of risks relating to their clinical conditions and the skills of staff matched the needs of people using the service.

People told us the provider valued people and their families. People told us, "They (Hever Care Limited) have been fabulous, letting us lead (on their relatives care) but guiding us in a team approach." We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us their relatives were treated with kindness and dignity and felt safe with the staff. A relative told us, "They (the staff) understand and look after them well, treat them with respect and care for them." They appreciated having access to a real time app enabling them to see care had been provided to their relative. They told us the registered manager was responsive and receptive to feedback and they were happy with the care their relative was receiving.

The staff told us they felt valued and were happy with the provider. Staff told us they were appropriately trained and supported to meet people's needs. They received regular updates on changes to care plans, policies and procedures via the app.

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

### Why we inspected

This service was registered with us on 10 October 2020 and this is the first inspection.

### 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 ●

# Hever Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was conducted by 1 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

This inspection was announced. We gave the service two days 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 8 June 2023 and ended on 28 June 2023. We did not visit the location's office but conducted a performance review and assessment remotely.

#### What we did before inspection

We reviewed information we held on the service such as that sent in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We commenced the inspection on 8 June 2023 and reviewed documentation and spoke with people concluding on 28 June 2023.

We spoke to the registered manager and attempted to contact 5 staff and spoke to 1 staff member and 3 relatives of people who are supported by the service. We reviewed 3 care plans and associated documentation including risk assessments, medication records, staff training and appraisals and quality assurance systems.

# 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

- The registered manager understood their responsibilities to report any concerns to the safeguarding authority and Care Quality Commission. They worked with partner services to reduce the risk of reoccurrences and identify learning. The registered manager had reported concerns as required.
- Staff had training on how to recognise and report abuse and they knew how to apply it. The provider had clear systems in place to ensure staff could raise concerns and they would be acted on in a timely manner. Staff told us they had confidence in the management team and could also report concerns to their Speak Up Champion (these are people who are impartial and confidential, offering encouragement and signposting to appropriate support for colleagues to report concerns) or to a person outside the organisation. Relatives told us they felt their loved ones were safe.

Assessing risk, safety monitoring and management

- The registered manager had effective systems to assess and manage people's individual needs. We checked people's care plans and found risks relating to people's clinical conditions had been comprehensively documented, risk assessed and care plans put in place to support them. For example, we reviewed a comprehensive diabetic action plan which included how staff should respond to an adverse incident.
- Staff understood people's individual health needs and supported them appropriately. A relative told us, "Staff have been brilliant at giving (name of person) the confidence in their new normal (way of life)."
- Environmental risks to staff had been fully considered. For example, how the staff should access the home and communication with people in the preparation of food and provision of personal care using equipment such as hoists.

Staffing and recruitment

- Staff had the skills to provide safe and appropriate care to people. The registered manager had ensured staff had appropriate skills and knowledge to support people with specific needs such as those with diabetes and/or incontinence.
- The number of staff matched the needs of people using the service. The registered manager ensured staffing levels were maintained. Staff told us they would provide additional support to colleagues where required to ensure consistency of care for people. Relatives told us, "We are very happy with the consistency of carers, we have mostly two carers who take it in turns, all very good."
- Staff were reliable and timely when providing care to people. Relatives told us they had confidence in the staff attending on time. The registered manager actively monitored call attendance to ensure staff were meeting their contractual responsibilities.
- Safe recruitment processes were followed for staff. The provider had assessed and mitigated the potential

risk staff may present to people as they had checked their identification, references information including details about convictions and cautions held on the Police National Computer. 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.

#### Using medicines safely

- Medicines were managed safely and effectively. The administering of medicines had been recorded appropriately. Relatives told us how staff supported their relative with their medication. A relative told us, "They have a dosette box (for their medicines), they (the staff) always give it at the appropriate times."
- Staff had been trained to administer medicines safely. They had access to comprehensive information about the specific medicines people took, potential side effects and actions to take in response to changes in their presentation.

#### Preventing and controlling infection

- We were assured that the provider was supporting staff and people to minimise the spread of infection. Personal protective equipment was available and required to be used when providing care to people. Staff had access to guidance on the signs and symptoms of infection and staff confirmed they had access to personal protective equipment to keep them and the person safe.

#### Learning lessons when things go wrong

- Accidents and injuries were recorded, investigated and any learning was shared. The director and registered manager were available for staff, family and friends to speak to directly. A relative told us, "We use the app (to monitor their relatives care), we have log in access via an app. Nothing is hidden from us, it is so reassuring."
- The provider listened to people. They reflected on events, learnt lessons and introduced changes to how they managed the service. For example, the registered manager had introduced a grab bag for staff to use containing equipment to assist staff to body map any wounds/ulcers that people may have when attending visits.

# 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

- The registered manager assessed people's needs and choices prior to providing care. Relatives told us their family members needs were assessed prior to delivering care without delaying the service. A relative told us, "Staff understand them and look after them well."
- People had care and support plans that were personalised and reflected their physical and mental health needs. Relatives and people who used the service received regular communication regarding their care and their future needs.
- Staff ensured people had up-to-date care and support assessments. Relatives told us staff knew what their relative's individual care needs were and how they wanted to be supported. A relative told us they had been concerned about the mental well-being of their relative. They were reassured as staff always checked on their relative's mood and documented this within their care notes.

Staff support: induction, training, skills and experience

- Staff received training and support. Staff received an induction including work shadowing opportunities prior to working independently, regular reviews of their performance, competency assessments and observations and theory tests. Staff received an annual appraisal, supervisions and unannounced spot checks on their performance to ensure they were meeting people's needs and adhering to the provider's standards of conduct.
- People received care from experienced staff who had opportunities to undertake additional training and qualifications. Staff had achieved the Care Certificate or were working towards it. 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.

Supporting people to live healthier lives, access healthcare services and supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain their lifestyle choices. Care plans included details of people's food preferences and allergies. Daily care notes showed food and fluid were offered by staff during visits and their intakes were monitored.

Staff working with other agencies to provide consistent, effective, timely care

- People were referred to health care professionals to support their well-being and help them to live healthy lives. Staff worked with people and their families to ensure their clinical needs were being monitored. Relatives told us, the registered manager worked with them and their relatives GP to coordinate care.

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.

- Staff empowered people to make their own decisions about their care and support. Records we reviewed showed staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

# 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 with kindness from staff who enjoyed their work. A staff member told us, "I was matched with the right client, (name of person) is very lovely."
- People were supported by reliable staff who were polite and respectful. A relative told us, "There is no issue with the company, they turn up, all is very good."
- People's individual needs are considered and supported. A relative told us, "I am delighted with them (Hever Care Limited) (name of person) wishes to stay in their home as long as possible. Staff accommodate their needs, the staff have been brilliant at giving him confidence in their new normal routine."

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

- People were encouraged and supported to be involved in decisions relating to their care. Relatives told us, they had always seen/heard staff explain what they were doing and check with the person they were comfortable to be supported with personal care.
- People were given time to listen, process information and respond to staff and other professionals. A relative told us, the staff were mindful of their relative's sensitivities. They had found it difficult initially to accept support. However, they described the registered manager and staff being receptive to feedback and accommodating to their personal needs, "Staff give them the space and time to accept care and go above and beyond what is required."

Respecting and promoting people's privacy, dignity and independence

- Care was planned and delivered to ensure people had privacy and dignity. A relative told us their relative could get agitated but the staff, "Understand and look after (named person) well. They treat them with respect and care for (named person)."
- Care was provided in a manner that supports and promotes people's independence. Staff encouraged people to maintain their independence where they could by encouraging them to maintain the skills they had, for example washing themselves and eating independently, where possible.

# 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

- Staff worked with people and their families to ensure they met their needs. A relative told us the registered manager had been, "Fabulous, letting us (the family) lead but guiding us in a team approach...always accommodating to suggestions."
- People had access to care and support at a time convenient with them. The registered manager told us they had grown the business slowly to ensure they were able to provide good reliable care to meet individual's needs. They emailed people/their relative(s) the weekly care schedule to confirm the care planned for the forthcoming week was agreeable.
- Peoples care needs were regularly reviewed. A relative told us how Hever Care Limited had been able to meet their relative's changing needs from daily visits to a living service, whilst ensuring the person was familiar with the staff providing care. A relative told us the service was friendly and reliable and they were "Very happy to have found them (Hever Care Limited)."

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 were aware of people's communication needs. Induction training provided to staff included information on non-verbal communication and considerations when providing care to people with conditions such as dementia. Care plans were flagged to alert staff of individual needs and preferences and guidance on how to interpret and deescalate situations.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's family and friends were supported to be involved in the planning of their care. Each person's assessment considered their experiences and characteristics including their preferred name when being spoken to. Relatives were also signposted to appropriate support services such as Age UK and Dementia UK (both support charities) if appropriate.
- Staff worked with people to maintain social engagement. The registered manager told us how they had worked with a person and their family to understand and support them when distressed, thereby enabling them to continue to safely participate in community activities. Records we reviewed showed staff knew and

supported people in activities important to them such as painting shells. Relatives also told us they were reassured by having real time access to see the care provided to their relative. A relative said, "They (the staff) have an app. Carers put their comments in on how they have been."

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and acted on. A relative explained to us how the registered manager had listened to their concern and had addressed it in a timely, professional and unbiased manner. They told us, "They (Hever Care Limited) have been very good. We have an open relationship. We have no complaints."
- Staff were accessible and responsive to concerns. A relative told us, "Whenever I have had questions, they have answered them promptly."

End of life care and support

- The service was not supporting people receiving end of life care. Care assessments and planning included consideration of people's wishes and if do not attempt resuscitation forms were in place.

# 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

- Management and staff put people's needs and wishes at the heart of everything they did. The registered manager worked closely with people and their relatives to understand their needs and responded in a timely and professional way to any suggested changes.
- Staff told us they felt supported and valued by the registered manager. The registered manager told us they valued their staff and retention of them offering them an extensive benefits package including profit sharing opportunities.

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- There were established, effective and comprehensive systems in place to ensure the consistent and appropriate identification, assessment and management of clinical and mobility risks. Regular audits were conducted to identify trends in data. For example, they monitored the number of safeguarding referrals, statutory notifications to the Care Quality Commission and if people had experienced increases in falls.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The registered manager regularly reviewed people's care in person during home visits and over the telephone. Records we saw showed care plans had been amended as the person's needs and their wishes had changed.
- Staff had good knowledge of how to support people without having to refer to documentation. A staff member told us, if they had questions, they had several options available, call the registered manager, a family member, use the group chat facility and speak with their colleagues and get advice and/or formally discuss anything during their supervision meetings. Relatives told us staff knew what their needs were and were personable, kind and respectful whilst providing personal care.

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

- People, and those important to them, worked with managers and staff to develop and improve the

service. The registered manager ensured feedback from staff and people who use the service could be captured a number of ways such as in person, via the nominated Speak Up Champion, direct by email to the registered manager or the director of the service or through a survey accessible on the provider's website. The registered manager told us the feedback had been overwhelmingly positive about the service and staff. Relatives told us communication with the registered manager was consistently good. One relative told us, "They (the registered manager) are very responsive, even instantaneous, feedback is good."

- Staff were supported to be involved in the service. The registered manager held regular team meetings where incidents were discussed and learning highlighted. The meetings were available on the app for those staff unable to attend to review and comment on.

#### Continuous learning and improving care

- The registered manager had a clear vision for the direction of the service and a desire for people to achieve the best outcomes possible. The registered manager chaired the learning from experience committee attended by care staff and the leadership team to discuss experiences and collectively had identified areas for improvement. The registered manager shared information with families entitled "You said. We did," to illustrate how they had listened and responded to feedback changing how they cascaded information to people and flagged activities for the attention of staff.

#### Working in partnership with others

- The service worked well in partnership with people, families, specialised services (such as the tissue viability team and home care teams) and Commissioners of care. The registered manager engaged with local primary care partnership services and utilised connections with the Skills for Care (supporting adult social care) local group.