

Humble Healthcare Limited

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Inspection report

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Tel: 02085706279

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Humble Healthcare Limited is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of our inspection 30 people were using the service and they all received support with personal care. Most people were older adults and adults with physical disabilities. The provider also offered a service to 2 younger adults and a child with learning disabilities.

This is the only branch of this private limited company. The director of the company was also one of the registered managers.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support: The service supported people to have the maximum possible choice, control, and independence. Staff focused on people's strengths and promoted what they could do. People were supported to pursue interests when this was part of their planned care. The staff did everything possible to avoid restraining people. Staff supported people to make decisions about their own care. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a safe way.

Right Care: Staff promoted equality and diversity in their support of people. Staff understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from abuse and poor care. The service worked well with other agencies. The service had enough skilled staff to meet people's needs and to keep them safe. People who had individual ways of communicating were able to interact with staff and make choices. Care plans reflected people's needs and preferences. Staff had assessed the risks people might face and where appropriate, staff encouraged and enabled people to take positive risks.

Right culture: People's values and views were respected. People received good quality care and support. People were supported by staff who understood best practice. Staff knew people well and understood their needs. The agency engaged with people and their families to enable them to contribute their views. There were systems for monitoring and improving the quality of the service.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (Published 28 March 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 16 March 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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 ●

Humble Healthcare Limited

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 conducted by 2 inspectors. An Expert by Experience supported the inspection by making telephone calls to people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This 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 were 2 registered managers in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 July 2023 and ended on 5 July 2023. We visited the location's office on 4 July 2023.

What we did before the inspection

We looked at all the information we held about the provider. This included monthly reports they had sent us as part of conditions placed on the service to help us monitor improvements they were making. 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.

During the inspection

We met 2 care coordinators (senior office staff) and external consultants who had been working with the provider to help make improvements at the service. We spoke with 8 people who used the service and the relatives of 9 other people on the telephone. We also spoke with 1 of the registered managers and 6 other members of staff on the telephone.

We looked at the care records for 6 people, staff recruitment and support records for 6 members of staff. Information about staff training and meeting minutes. We also looked at other information used by the provider for managing the service. This included audits, records of complaints and quality monitoring information.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found that the provider had not always assessed or planned for risks to people's safety and wellbeing. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this part of Regulation 12.

- The risks to people's safety and wellbeing had been assessed and planned for. The provider had obtained information and good practice guidance on how to mitigate different types of risk. They had carried out reassessments for everyone using the service since the last inspection. These included detailed management plans to show how people would be supported to stay safe.
- The provider had information about positive risk taking and this was promoted. This meant people were able to make choices and supported to take risks when appropriate. Information about positive risk taking was included in the care files people kept at their homes to help them, their families and staff understand about the importance of this.
- Some people communicated using physical contact with others. Sometimes, this had resulted in them hurting themselves or others. The provider had improved training for staff to help them better understand about this. They had worked with other professionals to develop plans and strategies for this. The staff had followed these plans and these types of incidents had been reduced. When these incidents had happened, the staff had implemented strategies which helped to minimise the risk of harm. The staff did not use physical restraint, although they had been trained to enable safe break away techniques. Staff and people's relatives confirmed this. They told us the way in which people were supported had improved.
- The provider had assessed people's home environments and the risks within these and equipment being used. They had updated staff training to make sure they better understood how to support people to move around their homes safely.

Using medicines safely

At our last inspection, we found that medicines were not always managed in a safe way. This was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 12.

- People received their medicines safely and as prescribed. The provider had assessed the risks for each person relating to their medicines. Where they received support from staff to manage their medicines, there were clear plans to show how and when they needed this support.
- The staff kept records to show when they had administered medicines, including topical medicated creams. These were regularly checked and audited by the management team.
- The staff had undertaken additional training regarding medicines management. The provider had assessed their knowledge and competencies in this.

Staffing and recruitment

At our last inspection, we found the provider did not always effectively follow systems and processes for the safe recruitment of staff. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 19.

- There were systems for recruiting and selecting staff. These included undertaking checks on their suitability and identity. The provider carried out interviews and assessments of staff knowledge and competencies during their induction.
- There were enough staff to support people and meet their needs. People were supported by the same regular care workers. They told us care workers arrived on time and they were informed of any changes. Some of the comments from people and their families included, "There is good continuity with the carers. [Person] loves them, and we do get the same carers", "I look forward to them coming each day", "They are never rushed and often stay a little longer than they should" and "They [the office] phone me to let me know which carer is coming and if they are running late."

Learning lessons when things go wrong

At our last inspection, we found the provider did not always effectively operate systems to learn when things went wrong in order to improve the quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 17.

- The provider had developed systems to help learn when things went wrong. Staff recorded any incidents or accidents. They looked at why incidents had happened, and the management team assessed the records to see if there was any learning from these.
- The provider investigated complaints and allegations of abuse. They had made improvements to the service because of these.

Preventing and controlling infection

- There were systems to help prevent and control infection. These included policies and procedures which had been updated in line with government guidance during and after the COVID-19 pandemic. The staff had training to understand these.
- There was enough personal protective equipment (PPE) for staff to use when needed. People using the service and their relatives told us staff washed their hands, used gloves and followed good hygiene practices.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes designed to help keep people safe from abuse. The staff had training to understand how to recognise and report abuse for both children and adults.
- People using the service told us they felt safe. There was information about safeguarding and how to raise concerns within the paperwork the agency gave to people to keep at their homes.
- The provider had worked with the local authority and others to investigate allegations of abuse and to help keep people safe.
- There were systems to help protect people from financial abuse. Staff who supported people with shopping or money kept accurate records of transactions and these were checked by managers.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we found the provider had not ensured staff were suitably qualified, experienced and trained. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 18.

- People were cared for by suitably trained staff. The provider had changed the training provider since the last inspection and all staff had undertaken refresher training in key areas. They had also provided additional training for staff to better understand how to care for people with learning disabilities. In addition to formal training, the consultants had provided additional guidance and information for staff, updating them on best practice.
- The provider had purchased equipment to help staff practice various activities, such as first aid and moving people.
- Staff completed an induction when they started work. The management team assessed their skills, knowledge, and competencies. The staff had regular meetings with the managers to discuss their work and where improvements were needed.
- People using the service and their relatives felt staff were trained, skilled and experienced. Some of their comments included, "They have a good understanding of [person's] needs. They offer advice", "They have high standards" and "They always make sure we have an experienced carer showing new carers what to do."
- The staff spoke positively about their training and support. They told us they had learnt a lot in recent months and felt this had improved their skills and how they cared for people.

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

At our last inspection, we found the provider had not always assessed people's needs and choices in order to plan their care. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 9.

- People's needs had been reassessed since the last inspection. The provider had followed good practice guidance to carry out thorough assessments. They had used these to develop personalised care plans.

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

- Some people were supported to eat and drink. There was enough information about their individual needs, and they received the support they needed. Relatives confirmed this telling us that staff offered choices, provided culturally appropriate food, and made sure people had enough to eat and drink.
- The provider had assessed risks relating to nutrition, hydration, and swallowing difficulties. Information about these needs was incorporated into care plans.

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

- Information about people's healthcare needs was recorded within care plans. This enabled staff to understand how to care for people, how to keep them safe and when they needed to alert other healthcare professionals.
- People told us that the staff looked out for their wellbeing and let family members know if they were concerned about a person's health.

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 provider was acting within the principles of the MCA. They had assessed people's mental capacity for specific decisions. They had liaised with people's representatives to help make decisions in their best interests when needed.
- The provider had obtained written consent for people's care and treatment.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 well treated and supported. They had a good relationship with the care workers and the management team. Some of the comments from people using the service and their relatives included, "They are brilliant, very kind and they go above and beyond", "We have a little laugh together", "The carers are nice people and we get on well", "The care workers even bought [person] a gift on their special day", "They are very family orientated" and "The carer is friendly with a great sense of humour."
- People told us care workers and the agency respected their diversity needs. For example, people told us care workers respected their religion and provided appropriate food and support. One person explained that the staff respected their identity and chosen pronouns, telling us the staff were willing to learn about their needs and support them in a person-centred way. Others explained how care workers with the same first language provided care and understood about their cultural needs.

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

- People were able to make choices about their care and were involved in decisions. They had been consulted when care plans were written. Their views and choices were represented in these.
- People confirmed the staff offered them choices at each visit. Some of their comments included, "I can ask the carer anything and they support me" and "They ask me what I want to and make sure I am safe."

Respecting and promoting people's privacy, dignity and independence

- People confirmed their privacy and dignity were respected. They told us care workers made sure they cared for them in private and used respectful language.
- People told us the care workers respected their homes and family arrangements.
- People were supported to be independent when they wanted and were able. They told us staff encouraged them to do things independently. They made sure care was provided on time so people could carry on their normal lives and attend other commitments. One person told us, "The carers support me, so I can be as independent as possible."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, we found the provider had not planned people's care in a personalised way. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 9.

- People received personalised care which met their needs and reflected their preferences. People and their relatives told us they could make choices about their care and that these were respected. They told us their needs were met and the agency had been responsive to requests for changes.
- Some of the comments from people and their relatives included, "They have been excellent. My carers have been consistent and really responsive to my needs", "Everything is done on time, and I get the support I need", "The carers are good, and you can ask them to do anything" and "They are approachable and proactive."
- The provider had updated and improved the care plans since the last inspection. These were now personalised and provided staff with guidance and information to help meet people's needs in a personalised way.

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.

At our last inspection, we found people's communication needs were not always being met. This was a further breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 9.

- People's communication needs were being met. The provider had arranged for training and information

for staff supporting people who did not use words for communication. Staff had started to use basic sign language, pictorial signs, objects of reference and offered people choices through showing them different objects to choose from.

- The staff were able to tell us about the positive differences this had made for people. They gave examples about how people had felt happier, calmer and were more responsive to receiving care following changes in the way staff communicated with them. The consultants confirmed this, telling us they had seen a change in staff approach and how this had enabled people to have more fulfilling lives.
- The provider was able to produce documents and written information in different formats if people needed this.

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

- Some people were supported with social activities. When this was the case, their needs were met. Their relatives confirmed this. Comments from one relative included, "The staff have tried out lots of activities, including swimming, cycling, and going on day trips. These have been successful. The staff work so patiently with [person]."
- Staff also supported some people with leisure pursuits in their own home, including playing games, playing with toys and books. Care plans recorded how people liked to be supported and what they liked to do. The staff offered people choices based on their known interests and likes.

End of life care and support

- The provider was not caring for anyone at the end of their lives and did not offer a specialist palliative care service. However, they had cared for people when their health had deteriorated. They worked with other professionals to make sure care plans reflected people's needs.
- The provider had a file of information about good practice for end-of-life care. This could be used to help develop specific care plans for people if needed.

Improving care quality in response to complaints or concerns

- The provider had responded to complaints. They had investigated these and taken action to put things right. We saw they had learnt from these and let complainants know what they had done.
- There was a clear complaints procedure. People using the service and their relatives knew this and felt confident their complaints and concerns would be listened to and acted on.

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 inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, we found the provider did not effectively operate systems to monitor and improve the quality of the service or to mitigate risks. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- There were effective systems for monitoring and improving the quality of the service. These included regular audits and checks. Since the last inspection, the provider had been working with consultants who had helped them to introduce new systems. The consultants also did their own checks and advised the provider when improvements were needed.
- The registered managers were also the owners of the company and were experienced in providing care. They had undertaken relevant qualifications in care management. They had worked with the consultants to improve their knowledge of legislation and good practice.
- People using the service, their relatives and staff spoke positively about the management team. Their comments included, "They stay in touch and speak to us", "Communication with the managers is excellent", "They have improved significantly in the last year" and "I feel very supported by the manager."
- The provider was introducing systems to help improve staff knowledge of regulatory requirements. They had improved guidance, training, and information sharing. Office staff told us they had learnt a lot since the last inspection and felt more confident. Their comments included, "The paperwork is guidance for us. We have been able to learn and take back learning to the carers. We have made huge changes" and "In the last 6 months we have made a huge difference. We want to make sure we meet the clients' needs and have set targets and goals."

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

- There was a positive culture. People using the service, staff and other stakeholders felt valued and listened to. Some of the comments from people using the service included, "The agency are the reason [person] is alive", "I would definitely recommend this agency", "The agency listen to me and we work together to help [person]", "We have been with them over 2 years and there has been an improvement in the last 6 months", "The agency has helped us so much. I've got my own life back now because of the way they have supported

[person]" and "There is proper communication between the family and carers. I am really happy and very confident with the way the agency is."

- The provider had improved care planning and systems to help make sure people received personalised care. They undertook regular reviews of care and contacted people to ask for their views.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. They had notified CQC and other relevant parties when things went wrong. They had also investigated complaints and incidents, apologising to people who were affected and taking action to put things right.

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

- The provider engaged with people using the service and others. They were in regular contact with people asking for their views and involving them in their care. The management team carried out reviews, telephone monitoring and spot checks on staff. People told us they felt involved. Some of their comments included, "The manager comes to see us and phones us. [They] are very interested in how [person] is getting on", "The manager meets up with us to check everything is ok and if there are any changes" and "The agency is very proactive. They try to match carers with clients, and they make sure everything is ok."
- Staff undertook training in equality and diversity. There was additional guidance and information about this for staff and supplied within the paperwork kept at people's houses. This included information about different cultural needs and LGBT+ (Lesbian, Gay, Bisexual and Transgender) rights. We spoke with one LGBT+ person who explained they were happy with the care and respect they received. They told us, "I think my values and views have been integrated into my care. The staff are respectful."

Working in partnership with others

- The agency worked with other professionals and families to make sure people's needs were assessed, monitored, and met. The staff had worked closely with positive behaviour support teams and social services to help make sure the needs of younger people with learning disabilities were being well met in line with best practice guidance.
- The agency alerted healthcare professionals when they were concerned about people's health and wellbeing.