

3HA Limited

3HA Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

3HA is a domiciliary care service providing personal care. The service provided support to 8 people with a learning disability and autistic people and 177 to older people and people with a physical disability.

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

The provider did not have robust processes in place to monitor the service in relation to audits, risk assessments or medicines management to ensure safe oversight and governance of the service. Staff did not always have all the information they needed relating to risks to people.

Staff were not always safely recruited in line with government guidance.

There were enough staff to provide people with their care and support.

Infection control procedures were in place and staff had access to personal protective equipment (PPE) as required.

Staff knew how to safeguard people from harm and people told us they felt safe using the service. People were supported by staff who received an induction and training to meet their needs. Staff ensured people had support with meals and drinks and accessing health and community services.

People and their relatives told us the staff were kind and caring and respected their dignity and privacy.

People were given information on how to complain and feedback was sought through reviews and surveys. No one at the service was receiving end of life care.

Staff described a positive culture within the service and felt well supported by the registered manager and management team.

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.

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

Right Support

Staff provided people with the support they needed to live their life as they chose. People's choices, wishes

and aspirations were respected by staff, and they supported people to be as independent as possible.

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.

Right Care

People received kind and compassionate care. Staff treated people with respect and dignity. They knew people well and responded to their individual needs.

Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received support that was tailored to their needs.

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

Rating at the last inspection. The last rating for this service was good (published 10 August 2017).

Why we inspected

The inspection was prompted in part due to concerns received about people's care and support. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to the recording of information about risk assessments and quality assurance and governance arrangements at the service.

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 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

3HA Care 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 team consisted of 4 inspectors and 2 experts 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 houses and flats.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a large service and we needed information in advance of the site visit to contact people about their experiences.

Inspection activity started on 19 June 2023 and ended on 5 July 2023. We visited the location's office on 22 and 28 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. The provider had not submitted a 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 who was also the provider, manager of a specific area of the service, 2 senior and 13 care staff members. We had emails from a further 6 staff members. We also spoke with 31 people who used the service and 12 of their relatives. We had email communication from 5 professionals.

We reviewed 19 people's care records and 6 staff files in relation to recruitment. We reviewed training records and documents relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

- Some people's care plans were not clear and did not always provide context as to how to support a person with their care and any risks identified. Staff did not always have complete information about the risks to people's health and wellbeing.
- Where risks had been identified, for example for people with needs relating to pressure care, using equipment and living with epilepsy, staff did not have access to detailed information.
- In some care plans there was little information to guide staff in how to support a person or the information was unclear. Examples included a statement in one care plan, 'No aid and person can fully weight bear'. However, it was stated elsewhere they used a walking frame. In another, 'Needs support with nutrition and hydration' but no information about how the preparation of meals should be provided.
- For people with specific needs such as epilepsy or diabetes, care plans did not contain information as to the actions to be taken in the event a person having an epileptic seizure or hypo or hyperglycaemia episode.
- Some staff told us they were not always given enough information about people's needs. A staff member told us, "I don't see the risk assessment or care plan until I arrive and not enough detail on work phone about the person. This is hard when going to a person for the first time."
- Key information provided by the local authority was not always transferred on to the care plan to ensure people's needs were met. The provider had not updated some people's care plans since taking over their care from another provider. We were unclear as to the information about a person's needs being current.

Using medicines safely

- Care plans did not always provide clear information as to the medicines people were taking where the staff were responsible for administering them.
- It was documented in the care plans where people administered their medicines themselves. However, we saw instructions to staff such as, 'prompting person to take their medicines' and 'no support required just check medicines have been taken'. This was conflicting and confusing information for staff in being clear about their role and responsibility in carrying out this task.
- There were some unexplained gaps noted on the Medication Administration Records [MAR] we saw which we discussed with the registered manager. They confirmed the reasons for these gaps and training for staff had been put in place to ensure they were competent to administer medicines.

Systems had not been established to ensure care and treatment was provided in a safe way for service users. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff had been not always been recruited safely in line with the requirements.
- Application forms had not always been fully completed. There were gaps in some staff members' employment history and lack of information relating to the education status for those on student visas. References had not always been verified and authenticated and interviews with staff not fully recorded with recruitment decisions made.

Systems were not in place for the safe recruitment of staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff available to meet people's needs.
- Staff told us they had enough time to do their work and were not rushed. The rota was well organised and they knew their routine. They were informed of any changes. A staff member said, "There is good communication and mutual support. Morale I would say is good." Another said, "In the last year staff feel better about having time to do the job. Now it's the best I've seen."
- People told us they received their care at the agreed time and when times varied, they had a call to advise them of any delay. Tasks were completed in the allocated time.
- The service monitored visits to people's homes and there had been no missed calls. The registered manager told us the electronic system generated an alert to the area manager if a staff member did not arrive at the required time so it could be investigated which reduced the risk of a person not receiving a visit. However, some late visits had occurred when staff were running late due mostly to traffic.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they had no concerns about their safety or wellbeing when staff visited them.
- Staff understood what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the provider and external agencies, such as the Local Authority or Care Quality Commission.
- When safeguarding concerns had been raised, they had been dealt with quickly and effectively. The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received infection, prevention, and control training. They knew what process to follow to keep people safe.
- Staff confirmed they had enough supplies of Personal Protective Equipment [PPE], such as face masks, aprons and gloves when providing care to people in their own homes.

Learning lessons when things go wrong

- The registered manager was able to tell us of lessons learnt when things had gone wrong. They had made changes as a result to improve the service to people. This included call times, training, supervision and competency checks on staff. One relative said, "When there was an issue, they apologised about the timings of the calls."

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. At this inspection the rating has remained 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 provider assessed people's needs prior to their care and support commencing with the service. This included consulting with the person and their representatives as required. The majority of people told us they had seen their plan of care. A person said, "Someone came round to talk to us about the care plan. I think my [relative] has been in touch with 3HA to discuss how it's going."
- Some of people's protected characteristics under the Equalities Act 2010, such as age, religion, ethnicity, and in some cases people's sexual orientation were identified as part of the assessment. This could help the service meet people's individual lifestyle choices effectively.

Staff support: induction, training, skills and experience

- Staff completed an induction prior to starting work. This included completion of mandatory training and shadowing experienced staff so they could get to know people and their needs. A staff member told us, "I had a 3-day induction and covered everything including practical moving and handling, then shadowing for 3 days, was observed in practice then felt confident to go it alone." Another staff said, "It can be intimidating at first, but we can always call for advice and then don't feel overwhelmed".
- Some staff were trained to provide training to staff. This meant that training could be organised when staff needed specific training or a refresher of their skills and knowledge.
- Staff had received additional training in areas such as continence care, sepsis, and pressure care to enable them to provide appropriate care to people. However, training to support people who had specific needs such as diabetes, epilepsy and learning disabilities and autism had not been provided. We spoke with the registered manager who agreed to organise this training as quickly as possible to ensure staff had the awareness to provide appropriate care to people. Some of this training had been completed shortly after the inspection and other training booked.
- The registered manager completed staff spot checks and competency assessments. This included the use of appropriate PPE and staff competency in administering medicines and using equipment.
- People told us staff were well trained and knowledgeable. One person said, "Staff are very confident in what they are doing, they know exactly what is required. They are well trained." Another said, "Staff have taken their time to know what I need doing in a certain way. They have got very good training. They use all the equipment properly. They are all good with that."

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

- Staff supported people with their shopping and preparation of meals. People's preferences and choices about what they wanted to eat and drink were listened to.
- People told us they were supported with their food and drink. One person said, "Staff are kind and

considerate. They always ask if they can do breakfast. I can't fault them." A relative said, "The staff try to persuade them to eat. They have very little appetite."

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

- The service worked with other agencies as required. Referrals were made to professionals such as the GP, occupational therapy, and the district nurse team when people's needs changed.
- For people living at an extra care scheme, improvements had been made to communication and liaison to ensure people's care was being provided effectively.
- People's records included details of their physical and/or mental health conditions. This helped staff support people to live healthily and attend any appointments as requested. A person told us, "The staff will take me to medical appointments if nobody else is available".

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.

- Staff were trained and understood the principles of the MCA and how to put this into practice. A relative told us, "Staff have an understanding about dementia and support [person's name]. I make the decisions as their memory has gone."
- People and their relatives told us they were supported to make decisions and choices. People's capacity, ability to make decisions and those family members supporting them was recorded. A care plan said, 'I can make my own decisions but may need help sometimes' and another said, "I make my own decision, but I may need a lot of help to understand." However, information to guide staff in supporting people was not as complete as it could be in some of the care plans. The registered manager agreed to address this and improve the recording of the support people needed.

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. At this inspection the rating 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 and relatives told us they were well treated and respected by the staff. A person told us, "They really care for me, as person to person. The human touch is always there and they are so kind." Another person said, "All my staff, I look on them as friends. We have a terrific rapport and I know they'd do anything for me." A third person said, "I just couldn't manage without them, they are my lifeline."
- People's diverse needs were met. The provider tried to match staff to people with a particular language or culture in order to help communication and understanding.

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

- People and their relatives were involved in their initial assessment as required.
- Most people told us they had been involved in reviews of their care and had been contacted by a manager to check on the quality of the service they received. A person told us, "[Manager] has called in to discuss the care plan and to ask how it's going."
- People were supported to have choice and control about their day-to-day care. People and their relatives felt involved in their care arrangements. A person told us, "Staff are good at reading what I need and when I need it. They know when I need space and understand my personality well. They know all my routines. It's quite relaxing for me." Another person said, "I think they are very good. They make me feel comfortable. If I ask for anything, they do it."

Respecting and promoting people's privacy, dignity and independence

- People and relatives were very positive about the attitude, care and kindness they received from staff. A person told us, "When I started with 3HA I was very underweight and was suffering. Staff got me through a rough period. They have helped really well. I used to spend all day in bed and now I do stuff." A family member said, "Staff treat [name of person] with respect and as an equal. They are treated as a normal person. They feel relaxed with the staff and they give [name of person] reassurance where needed."
- People were supported to maintain as much independence as possible. A person told us, "Staff have helped me make the bed, helped ME do it. Some people will just do it without me." Another person said, "If I am having a wash they will ask if I need help. They don't just come in. They see if I can do it on my own."
- Staff spoke warmly about the people they supported. A staff member told us, "The service users are my extended family." Another said, "I have a good relationship with all the people I support and they're very understanding."

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 good. At this inspection the rating has remained 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 told us they received personalised care that was responsive and met their needs. One person said, "3HA are extremely flexible and helpful, nothing is too much trouble. They will change the time of a call at very short notice."
- People had a choice about the gender of staff to provide their care and this was responded to appropriately.
- Most of the care plans we saw covered relevant aspects of a person's individual circumstances, needs and preferences. However, some were not as person centred as they could be. The format of the 3HA assessment form did not provide the opportunity for the assessor to always record information in a personalised way. We spoke with the registered manager who informed us that they were in the process of looking at a new format to present a more person-centred plan of care for everyone.
- Staff employed at the service were knowledgeable and had a good understanding of people's care needs through getting to know them and how they preferred their care delivered.

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 (AIS). The AIS 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.

- The registered manager was not aware of this requirement but assured us they would learn about it and share this information with their managers and staff. However, the care plans had a communication section where people's needs were recorded. For example, "I am hard of hearing, mouth reading and use a writing pad to help me understand." And "Keep sentences short and simple."

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 were supported to access the community and follow their interests if this was part of their plan of care. For one person who was a cricket fan, the registered manager told us they had arranged for a staff member to take them to a cricket match which they enjoyed. A relative said, "The staff are good company. They chat and know what [name of person] interests are."

Improving care quality in response to complaints or concerns

- The registered manager had a complaints and compliments process. We saw that complaints had been dealt with and apologies made when things had gone wrong.
- The majority of people and their relatives told us they knew how to complain should they need to. A person told us, "I had complained about the timings sometimes as I need my call early in the morning. Now the times are perfect." Another person said, "On rare occasions I have raised a difficulty or a potential improvement with the staff. They [management] say okay, we'll do that, no problem."
- Compliments about the service included, "Thank you for the care and attention you gave to my [relative]. I know they appreciated the dedication and friendship that you gave them." And, "Thank you so much for your fine work under extraordinary circumstances. We couldn't manage without you."

End of life care and support

- No one currently was assessed as being at the end of their life. The registered manager told us, where people required end of life care and support, they worked with healthcare professionals, including local palliative care specialists and others, to provide guidance and support.
- Staff had been trained to support people with palliative and end of life care.
- People's wishes in the event of a cardiac arrest were recorded. We saw Do Not Attempt Cardiopulmonary Resuscitation orders (DNACPR) orders in place. One family member said, "We have discussed end of life care with the service and we have a DNACPR in place." A compliment received into the service read, "We had a wonderful team of staff that looked after my [relative] for the last month of their life. They helped to make me feel I had got it right for them."

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.

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

- The provider's auditing system was not robust in monitoring the quality and safety of the service.
- Audits of care plans had not picked up what we found in relation to incomplete risk assessments, lack of information and guidance to support staff, and lack of person centeredness in their completion.
- The auditing of the recruitment process was not robust. Systems were not effective in ensuring staff were always safely recruited in line with the requirements.
- Medicine audits were completed on an electronic system and on paper. The electronic system was not adequately monitored as information was confusing and incorrect. For example, there were system errors when two staff signed in, one signing in saying medicines given whilst the other saying medicines not available. Paper MAR were audited at the end of the month. We were not assured enough checks were in place as we saw a gap on the MAR for one person and the senior staff member we spoke with was unable to tell us why.
- The administration and management of medicines to people was not being followed as outlined in the providers policy and procedure. There were discrepancies in some care plans which stated the person self-medicated, then asked staff to ensure they had taken their medicines. We were not assured medicines administration was being monitored appropriately.
- We noted in many of the care plans we saw that people had not signed their consent to the care arrangements, as some said 'UTS' (unable to sign). This was reflected in some of the responses we received regarding people not being aware of or signed their agreement with the care arrangements. We cannot be assured that people were aware of the assessment outcome or agreed with the care suggested.
- The daily notes about what care had been provided showed what tasks the staff had carried out and some detail about the person's wellbeing. However, some staff had only written basic information about tasks completed and 'All well'. This did not provide detail about how the person was or any observation of their physical or mental health so that this could be monitored, and any action taken if required. A relative told us, "The quality of the care plan notes are variable. Some are good and give information, others (most of them) state 'all needs met' and nothing else. I would like a bit more information and have mentioned this in the past to [manager] but still usually very sparse notes."

The service did not have robust processes to monitor the quality and safety of the service. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The provider had systems in place for incident management. There was evidence of incidents and accidents which had occurred, the action taken, and lessons learnt as a result.

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

- The provider was also the registered manager of 3HA Care Services. They had a good understanding of their responsibilities towards the people they supported. They promoted an open culture where everyone was valued.
- Work was being undertaken by the provider to fully amalgamate previous systems to create a clear 3HA ethos and branding.
- Staff reported that they were well supported, provided with training and supervision and the management team were approachable and understanding. Comments included, "There's an easy, open environment, everything's transparent." And, "The best communication I have seen, issues are dealt with quickly and staff get feedback. It's running more smoothly and I can contact the manager very easily."
- People and their relatives said they found managers and the office staff approachable, and the majority knew who to go to should they need to. One person said, "I haven't had contact with any other management but [name of manager] is very good, and there have been no missed visits. So overall, would say they are well managed." Another told us, "I know [name] They have helped me with social workers and the council. They weren't listening to me. They have helped me to articulate things."

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 of candour and their responsibility to submit notifications to the Care Quality Commission when needed. Concerns were reviewed, and people and relatives were kept informed. The provider had been open and honest and apologised to people and those important to them when appropriate.

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

- Arrangements were in place for gathering people's views. This was done by individual reviews, concerns and incidents and ongoing communication with people and their relatives.
- People, their relatives and staff had responded to the annual 2022 survey, and this had been positive. Where there were concerns expressed, these were picked up and dealt with individually.
- Staff and managers meetings were held to give everyone an opportunity to express their views and opinions on the day-to-day operation of the service and the people they supported. A staff member said, "It is good to meet up with people and exchange ideas".

Continuous learning and improving care; Working in partnership with others

- The registered manager was open to learning new ways of working. They were responsive to concerns from people and relatives and made improvements as a result.
- The registered manager worked in partnership with other professionals to improve people's care. Professionals told us, "3HA work very collaboratively." And, "The registered manager is extremely flexible and responsive and engages well with the team."

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 Systems had not been established to ensure care and treatment was provided in a safe way for service users.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have robust processes to monitor the quality and safety of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have an effective system in place for the safe recruitment of staff.