

Honest Senior Care Limited

Honest Senior Care

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

Honest Senior Care is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 10 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives had no concerns about staff keeping them safe. Staff understood their role in mitigating risks to people's health and wellbeing and reporting any concerns. People received support from a consistent staff team who knew their needs, routines and preferences well. Staff had received training in safe medicines practices and understood how to reduce the risks of infections spreading.

People's care and support was planned with them to ensure it achieved effective outcomes. Staff told us the induction, training and support they received gave them confidence in their role. The provider encouraged staff to take further qualifications in health and social care. People were supported to eat and drink if this was part of their planned care. Where a need was identified, the provider supported people to access other healthcare services to help them achieve their goals and improve their outcomes.

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 were treated with care and their privacy, dignity and independence was supported. The provider promoted an ethos of encouraging relationships of trust and understanding to develop between people and the staff providing their care.

People's care plans described their personal histories, needs, preferences and interests to support staff in meeting people's individual needs. The provider understood the importance of effective communication and the requirements of the Accessible Information Standards.

The provider was enthusiastic in their aim to provide quality care to people and this enthusiasm was shared by the staff team. Staff spoke of an open and transparent environment where learning was encouraged and their feedback was listened to. There were systems and audits to check the safety and effectiveness of the service and regulatory requirements were met. The provider told us they would continue to develop their systems in response to any changes or growth within the service.

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

Rating at last inspection

The service was registered with us on 12 September 2022 and this is their first inspection.

Why we inspected

This was a planned inspection based on the date the service was first registered with the CQC.

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 ●

Honest Senior Care

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

One inspector and an Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Prior to the inspection we checked the information we held about the service and sought feedback from the local authority. We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 3 relatives for their feedback on the quality of care provided. We spoke with 5 staff including a supervisor and 4 care staff. We also spoke with a director of the provider company.

We looked at a range of records. These included 3 care records and associated documentation. We also reviewed 2 staff files, training records as well as records relating to the operation and oversight 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.

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

- People and their relatives had no concerns about staff keeping them safe. One relative told us, "They talk to [Name] an awful lot and settle his mind if he has any queries." Another relative commented, "They look after [Name] very carefully, they are professional."
- Staff completed safeguarding training, so they understood how to recognise signs of abuse. Staff told us they would report any suspicions or concerns to the management team. One staff member told us, "I would put full details in my notes and raise a concern direct to the office."
- The management team understood their responsibility to report any safeguarding concerns to the local authority and to us. A member of staff confirmed, "I wholeheartedly know if I did raise any concerns, they [the provider] would be there and deal with it."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe and support plans informed staff how to mitigate identified risks. One staff member told us, "Everyone is risk assessed to keep them safe, we only do what is good for the client."
- Some people needed equipment to support their safe moving and transferring. One person told us, "They use a sliding board and I always feel safe. They check in with me and check the angles."
- The provider had a contingency plan to manage unexpected events and emergencies such as severe weather. This included identifying those people at most extreme risk if a call was missed or delayed.

Staffing and recruitment

- We identified some gaps in employment history for 1 staff member. The provider was able to provide assurances that this staff member was suitable for their role .

We recommend the provider consider current guidance on ensuring records include information and risk assessments that confirm gaps in employment have been considered and take action to update their practice accordingly.

- Disclosure and Barring Service (DBS) checks had been undertaken prior to staff commencing employment. The Disclosure and Barring Service helps employers make safer recruitment decisions.
- People received support from a consistent staff team who knew their needs, routines and preferences well.
- People and their relatives told us staff arrived on time and stayed the full time allocated for their call. One relative commented, "Sometimes they stay a little bit over as [Name] likes to talk a lot. There is no rushing at

all."

- The care supervisors and co-ordinators working in the office could also attend calls if required. This made sure people received the service they required in the event of any emergencies or unplanned absence.

Using medicines safely

- People and relatives shared no concerns about how staff supported them to take their medicines.
- Staff were given medicines training and their competency was assessed through observation and spot checks to ensure people received their medicines safely.
- The electronic care records did not allow care staff to 'log out' of a call until they had signed to confirm they had given people their medicines. This ensured people received their prescribed medicines in accordance with their care plans.

Preventing and controlling infection

- People were protected from the risk of infection as staff had been trained in safe infection prevention and control practices.
- People told us staff wore gloves and aprons when providing care and helped them keep their homes clean and tidy.
- Staff confirmed they were kept supplied with personal protective equipment and understood how and when to use it.

Learning lessons when things go wrong

- The provider had a system to learn lessons following incidents, although there had been a very limited number.
- Staff understood the provider's policies and procedures for reporting and responding to any accidents or incidents. One staff member explained, "We would flag it up straightaway and call the on-call phone number. If they have had a fall and an injury, then it is 999."

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

- People and relatives told us their needs were discussed with them during a pre-assessment process. One relative told us, "We went through a lot of things that [Name] would need and it was quite in depth."
- Pre-assessments enabled the provider to determine if staff had the skills and experience to meet people's needs. People's care and support was then planned with them to ensure it achieved effective outcomes for them.

Staff support: induction, training, skills and experience

- Staff told us they were well supported and provided with excellent training. One staff member described the training as, "Very in depth and everything you didn't understand, was gone through again."
- Newly recruited staff received a full induction to the service which included shadowing experienced staff members. This enabled them to get to know the people they would be supporting well.
- Staff told us they had regular meetings with managers to discuss their work and observations of practice ensured they were working safely and effectively.
- The provider was supportive of staff who wanted to attain further qualifications to develop their career in the health and social care sector.

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

- Most people were able to arrange their own medical appointments with support from family members.
- Where a need was identified, the provider supported people to access other healthcare services such as occupational therapists and physiotherapists to help them achieve their goals and improve their outcomes.
- Staff had information about people's medical conditions so they could identify any side effects or deterioration in health that would require input from other healthcare professionals.

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

- People were supported to eat and drink if this was part of their planned care.
- People told us they could choose what they wanted to eat, and staff ensured they had drinks when they wanted one.
- One relative told us the provider was facilitating a cooking course for one member of staff so they could effectively meet the person's nutritional needs and preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The provider understood their responsibilities under the Act. People lived in their own home and were not restricted in how they lived their lives.
- People were supported and encouraged to make their own decisions about their care needs and daily lives. One staff member told us they knew one person's routines and preferences very well, but always gave choices and asked for consent. They explained, "I want [Name] to tell me what they would like and when because it is their home and their life."
- Where people needed assistance with making complex decisions, they had somebody who could support them to make those decisions in their best interests.

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; Respecting and promoting people's privacy, dignity and independence

- People were treated with care and their privacy, dignity and independence was supported. One person described staff as, "Very caring." A relative told us, "[Staff member] is nice, smiley and caring. [Name] is very comfortable with her and I am very happy that she is right for [Name]."
- The provider promoted an ethos of encouraging relationships of trust and understanding to develop between people and the staff providing their care. New staff were always introduced to people and carried out shadow shifts where they had to time to talk with the person and learn about what was important to them.
- Staff spoke of the benefits of shadowing because it ensured people knew they mattered. One staff member explained, "Everyone is very particular about how they like things, such as whether they like a lot of milk in their tea. You get to know what that person wants and how they like it."
- Conversations with staff showed they respected and valued the people they supported. One staff member explained, "For me it is an honour and a privilege to be allowed in someone's life when they are most vulnerable and need us." Another staff member told us, "To know you have brought a smile to someone's face is a brilliant feeling."
- The provider actively promoted equality and diversity and people's individual beliefs, routines and practices were well supported. For example, staff helped one person in their daily religious practices and respected their privacy whilst they prayed.
- People were encouraged to maintain and regain their independence and do as much as possible for themselves.

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

- Staff described how they made people feel comfortable and safe by involving them in decisions about how and when their care was provided. One staff member said, "I've always tried to say, 'what time would you like a shower, what is the best time for you' so they are in control."
- One relative described how a sense of involvement was beneficial to their family member's well-being. They explained, "They have made [Name] feel at ease. She is a very independent woman, and they are so good for her."

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 meet people's needs, preferences, interests and give them choice and control

- People and their relatives were involved in planning and reviewing their support plans to ensure they remained responsive to their needs. Comments included: "We changed the times (of the calls), and they were very supportive" and, "We had an extra day added so yes, it has been reviewed and changed."
- People's care plans described their personal histories, needs, preferences and interests to support staff in meeting people's individual needs.
- Staff explained how this information enabled them to be more responsive to people's physical and emotional needs. One staff member told us, "If you can go in with some understanding of their lifestyle and how they have lived their lives, you can have a greater understanding and sensitivity of them and their situation. The more you know about a person the better; that is person centred care."

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.

- The provider understood the importance of effective communication and the requirements of the Accessible Information Standards.
- Staff used different communication methods for people who did not communicate verbally, or their first language was not English.
- Where people used facial or physical movements to communicate their needs, the provider ensured they received support from a consistent staff team who had good understanding of how the person communicated.

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

- Staff supported people to maintain their interests and relationships. For example, one relative told us how staff supported a person to regularly video call a family member who lived abroad.
- When people expressed a wish to do something, where possible staff worked to make it happen. One person had said they would like to go for a takeaway and the staff member told us of the pleasure they had in enabling this to happen. Another staff member told us, "It is the little wins that make all the difference."

Improving care quality in response to complaints or concerns

- People's concerns were listened to and used to improve the care people received. The provider told us they encouraged people to raise any issues as soon as they occurred so they could be addressed immediately.
- The provider's complaints procedure was provided to people and family members when they started using the service.

End of life care and support

- No one using the service was in receipt of end of life care at the time of the inspection. The provider told us they would work with other healthcare professionals and families to ensure people's needs were met as they reached the end of their lives.
- Care records detailed where 'do not attempt cardiopulmonary resuscitation' (DNACPR) directions were in place for people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the service which promoted people's individual needs. One person told us, "I have had lots of agencies in the past and it's nice to have one that actually seems to care." A relative commented, "I have had no issues and [Name] is very happy with them."
- The provider was enthusiastic in their aim to provide the best quality of care to people. This enthusiasm was shared by the staff we spoke with. Comments included: "I've been in care a long time and they [the provider] personify what care should be" and "They [the provider] genuinely care, their heart is in the right place."
- Staff spoke of values-based recruitment to ensure the practice in people's homes reflected the provider's values and ethos. One staff member told us, "In the hiring process the questions they ask show they are looking for the right people for the job."
- Staff felt recognised for their contribution in developing the service and ensuring good outcomes for people. A staff member told us, "I make a lot of suggestions about client care, and they are always listened to. We always get praised and thanked for making good suggestions and receive an update about the issue/suggestion we've raised."
- The provider encouraged sharing of information about learning and best practice through team meetings and a monthly newsletter.
- One staff member particularly commented on how they felt well supported by the provider. They told us, "They want the client to be first and foremost and that comes across in all they do. They have a massive care for us too and the values are there for clients and staff."

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

- The provider's management structure ensured standards were maintained in care delivery.
- The registered manager had very recently gone on a period of planned leave at the time of our inspection visit. The provider described the plans being put in place to ensure the leadership of the service during the registered manager's absence.
- The provider's electronic call monitoring system enabled managers and office staff to monitor care calls to make sure people received their care and support as required. Care plans were reviewed to ensure information was up to date and they continued to meet people's needs.
- There were systems and audits to check the safety and effectiveness of the service and regulatory

requirements were met. The provider told us they would continue to develop their systems in response to any changes or growth within the service.

- Staff said they were able to access support and information from managers through the on-call system. A typical comment was, "They are always on hand. You just pick up the phone and they will answer."

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; Continuous learning and improving care

- The provider understood their responsibilities under the duty of candour and promoted a learning culture.
- Staff spoke of an open and transparent environment where learning was encouraged. One staff member commented, "[The providers] are very honest and live up to the name of the company. They will own up if they have done something wrong and look to improve." Another member of staff told us, "They want to be open, engaging and transparent in everything they do."
- Notifications had been made to external agencies when required including CQC and the local authority.

Working in partnership with others

- The provider had liaised with other health and social care professionals to ensure people's needs were fully met or there were concerns about their health. One relative told us, "We have had a couple of meetings (with other healthcare professionals) and the agency have been there both times. I think they have been excellent."
- The provider signposted people to other organisations to ensure they were in receipt of all other services and benefits available to them.