

H&M Care Agency Ltd

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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

H&M Care Agency Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The majority of people were funded by the local authority. At the time of our inspection seven people were 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

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Risk assessments were in place. The provider followed safe recruitment procedures and medicines were managed safely. Staff followed appropriate infection prevention and control practices.

Staff were supported to provide effective care through induction, training and supervision. The provider assessed people's needs to ensure these could be met. 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.

Care plans provided details of people's preference for care and support and their current interests. There was a complaints procedure in place and the provider knew how to respond to complaints.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. People, relatives and staff reported the registered manager was available and responsive.

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

Rating at last inspection

The last rating for this service was requires improvement (published 21 June 2019) and there were multiple breaches of regulation. 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.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

H & M Care Agency Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 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

We reviewed information we had received about the service. We also sought feedback from the local authority. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records which included three

people's care records and two medicines records. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with one person using the service, three relatives, four staff and one social care professional about their experience 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found risk management plans were not always robust enough to clearly inform staff of the action they needed to take to minimise the risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks were appropriately assessed, monitored and managed to help reduce the risk of avoidable harm to people.
- Areas of need were assessed and where risk had been identified there were control measures in place to help mitigate the risk. Risk assessments included the person's home environment, mobility, skin conditions, choking and COVID-19 risk assessments. There were clear guidelines that informed staff of the action to take to support people. For example, one person's risk assessment for falls had been updated with previous falls and in addition to preventative measures, also provided guidance about what to do if the person had another fall.
- The provider reviewed and updated risk assessments regularly to reflect people's needs.

Staffing and recruitment

At our last inspection we found the provider did not always follow safe recruitment procedures before employing 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider followed safe recruitment procedures to ensure new staff were suitable for the work they were undertaking. These included checks on staff members' suitability for the job and criminal checks.
- Relatives told us care workers generally arrived on time and stayed for the agreed length of time. Comments included, "They always come on time or if running late ring" and "They show up on time mostly unless there is trouble with traffic, and they let me know."
- There were enough staff to meet people's needs and staff told us they had enough time to travel between calls.

- People received support from the same staff which provided consistency of care.

Using medicines safely

At our last inspection we found guidelines around administering medicines were not robust enough. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach regulation 12.

- People received their medicines safely and as prescribed.
- The provider had a medicines policy and procedure in place with guidelines to administer medicines safely. All staff had completed medicines training and staff who administered medicines also had competency testing to assess their ability to administer medicines correctly.
- Staff completed medicines administration records (MARs) appropriately to indicate they had supported people to take their medicines as prescribed.
- The service audited MARs to ensure they were effectively completed by staff and medicines were being administered as directed.

Systems and processes to safeguard people from the risk of abuse.

- The provider had systems and processes to safeguard people from the risk of abuse, including safeguarding adult policies and procedures in place.
- People and their relatives told us staff provided safe care and support. Staff had up to date safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of being unsafe and knew how to respond.
- The service had not had any safeguarding alerts; however, the registered manager knew what to do and who to inform if a safeguarding alert was raised in the future.

Preventing and controlling infection

- The provider had systems in place to help prevent and control infection. This included a business continuity plan regarding coronavirus and an infection control policy and procedure dated April 2020.
- People and staff had individual COVID-19 risk assessments and risk mitigation plans. Staff had weekly tests for the virus and were given information about getting the vaccine.
- Staff completed training about infection prevention and control and provided us with examples of their good practice.
- There was enough personal protective equipment (PPE) such as masks, gloves and aprons to protect people from the risk of infection. People and relatives confirmed staff wore their PPE appropriately. Comments included, "They have all the PPE they need. They use them every day" and "The carer wears a face mask and gloves."

Learning lessons when things go wrong

- The provider had a policy for responding to incidents and accidents. There had only been one incident since the last inspection which was written up appropriately.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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.

During the last inspection we found the provider did not always follow the principles of the MCA. This was a breach of regulation 11 (Consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At the time of the inspection, everyone receiving support from the service had the capacity to consent to the care being provided. We saw consent to care forms had been signed appropriately. These included consent to support plans and how personal data including photos would be used.
- When someone lacked capacity, the provider had an assessment to complete and understood a best interests decision needed to be taken around the specific decision to be made.
- The provider had an MCA policy and staff received training on the principles of the MCA.
- People and relatives told us they were involved in making decisions about people's care and support.

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

- People's needs were assessed prior to starting the service to confirm their needs could be met by the provider. These assessments formed the basis of people's care plans. This was confirmed by people and

relatives who told us they had been involved in planning their care.

- The provider liaised with the local authority to help ensure people's needs were correctly assessed and met within the care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training and support from the provider. Training the provider considered mandatory and staff had completed included safeguarding adults, manual handling, equality and diversity, effective communication and medicines training.
- New members of staff completed an induction and their Care Certificate, so they knew how to work safely and effectively at the service. The Care Certificate is a nationally recognised set of standards that gives staff new to care an introduction to their roles and responsibilities.
- Staff completed relevant refresher training annually to keep their knowledge and skills up to date. The provider had one to one supervision meetings with staff and monthly team meetings. Staff told us, "They give me enough support and I was asked if I need training" and "[Supervision] gives you a chance to speak with the managers."
- The provider completed regular checks of staff while they worked in people's home to monitor staff competency when delivering care.

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

- People were supported to have enough to eat and drink. The service did not prepare any meals but warmed up food for people. Where required they also recorded people's food and fluid intake.
- Care plans included information about people's dietary needs and meal preferences. There was also guidance for how to support people when eating. For example, small mouthfuls and to ensure the person has swallowed each mouthful before giving them another.

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

- Care plans included information about other health and social care professionals involved in people's care.
- The provider worked with other professionals including the GP and community services such as the nurse and physiotherapist. One staff member explained how they were concerned a person they cared for was dehydrated so they contacted the person's GP and a nurse came out to assess the person.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 their relatives told us the provider tried to ensure people were well treated and supported. One relative told us, "They treat [person] with dignity and respect. They don't hurry [person] up. Carers are always very nice and helpful." Another relative wrote, '...[carer] has always shown patience and kindness toward [person] even when person was having a difficult time.'
- The provider had an equality and diversity policy and people's needs such as religion, their preferred name, preferred male or female carer, personal history, hobbies and social situation were recorded. This helped to ensure they received care according to their wishes and needs.

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

- People and relatives told us they were involved in decision making and received care in their preferred way. Comments included, "We did say what we wanted in the care plan", and "Staff know what [person] likes and makes them comfortable." Care plans included details of how people would like to be cared for and their preferences.
- Staff told us how they supported people to make choices. One staff member said "I ask the person what they want for the day. I explain I will be helping you today. I ask how they need personal care and how they would like it. I give them time and follow their instructions to understand what they want. Show them you are listening and understanding."
- People and relatives confirmed they were contacted to provide feedback about their care

Respecting and promoting people's privacy, dignity and independence

- Staff tried to ensure people's privacy, dignity and independence were respected when providing care. One relative told us, "[The carer] is very polite and understands when [person] doesn't want to do things. They are very friendly and try to talk to [person] and when [person] is argumentative, [carer] is very patient."
- Care plans had guidelines for how to complete personal care tasks and staff told us they maintained people's privacy and dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 care plans were not person centre which meant they might not receive care as they would like to. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans contained information and guidelines for staff so they could meet people's needs and preferences. This included information about people's social history, family, likes / dislikes and hobbies which provided staff with context and areas of interest when communicating with the person.
- People were supported by the same staff to provide consistency. People and their relatives told us staff understood their needs and provided support as per the person's wishes.
- Reviews were held six monthly or when people's needs changed and the care plans were updated to reflect changes.
- Daily notes recorded the care provided for people by staff and were reviewed by the registered manager at the end of each month to check staff were delivering care in line with people's care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid.
- At the time of the inspection people using the service all communicated verbally in English. However, the provider had a more detailed communication card that they would use to record communication needs for people who had additional communication needs.

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

- Most people using the service and receiving personal care lived with their family which reduced people's social isolation.
- Care plans included cultural information such as one person liked traditional spicy food but also that they could no longer tolerate the spices. Another person's care plan indicate staff should, 'Chat with me about the weather, news, sports and lottery'. This helped to ensure staff engaged with people about things that were of interest to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place to appropriately respond to any complaints received. People and their relatives said they had not made a formal complaint but if they had a concern the registered manager responded to it.
- The provider had not received any formal complaints, but one relative had raised a service compliance issue with the local authority. Records showed the provider responded to each point appropriately in the local authority's preferred format. A social care professional wrote to us, 'The communication with the agency is very good. If a service compliance issue raised the agency will call and keep us updated and provide the requested information within agreed time scales'.
- As it was a small service the registered manager had regular contact with people and their relatives and was able to address issues before they escalated.

End of life care and support

- At the time of the inspection, no one was being supported with end of life care. The provider had recorded if people wanted to be resuscitated and information about their funeral arrangements. They agreed to expand this to include more about how people would like to be cared for at the end of their life.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

At the last inspection, we found the provider did not have effective quality assurance systems to monitor service delivery. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider undertook several checks and audits to help ensure continuous learning and improving care. These included care plan and staff file audits, daily progress records and medicines audits.
- They also asked stakeholders for feedback. This was undertaken through surveys, monthly telephone calls to people using the service and spot checks of staff in the person's home and helped the provider to monitor service delivery and identify where improvements were required.
- The provider had a business continuity plan that provided guidance for how to respond to COVID-19.
- The registered manager participated in local authority provider forums to share information and best practice with other providers in the area.

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

- The provider promoted a person centred and open culture to help achieve good outcomes for people. A social care professional told us care plans were 'consistent and will go beyond what is required'.
- People and relatives said they felt well supported and received a good service.
- Staff also felt supported by the managers and one staff member told us, "The managers are really helpful. We have a monthly zoom meeting and in between if there is anything I need I can go to them. They really care."

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 responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- The provider had policies and procedures in place to respond to incidents, safeguarding alerts and

complaints and knew who to notify.

- People and their relatives knew who to contact if something went wrong.

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

- The nominated individual and registered manager worked closely together to support people and staff. This included covering for staff absence and providing support directly to people. This provided them with a good understanding of people's needs.
- People and relatives knew who the managers were and felt able to raise concerns with them.
- There were a range of policies and procedures which linked to relevant legislation and guidance. These were regularly reviewed and updated.

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

- The provider had systems and procedures to monitor and assess the effectiveness of service delivery. This included spot checks and phone calls to get feedback from people using the service. One relative told us, "The managers call me to make sure I am happy with the service."
- People's diverse needs such as culture, religion and language spoken were considered as part of the assessment process.
- Team meetings were held to share information and give staff the opportunity to raise any issues. A staff member said, "We have monthly team meetings and are encouraged to engage in the conversation. Managers listen. I feel I can talk to them about anything. My concerns are important to them."
- One social care professional told us, 'I have always managed to get through to someone when I call or email. They are professional, courteous and friendly.'

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met.