

Here to Care Home Care Services Ltd

Here to Care - Saffron Walden

Inspection report

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21 August 2019

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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

Here to care - Saffron Walden is a domiciliary care service and is registered to provide personal care to older people and people with physical care needs in their own home. The service covers the Saffron Walden area and at the time of our inspection was supporting 13 people with personal care.

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 received care that was person centred and caring from staff who knew them well and with whom they had good relationships. People told us that they would recommend the service.

The registered manager was committed to providing good quality individualised care and lead by example. Staff were provided with guidance on how risks to people's wellbeing should be managed and the steps that they needed to take to keep people safe.

Staff suitability was checked prior to their employment. Staff received training, support and supervision. Staff performance was monitored to ensure that they were working to the standards required. There were systems in place to provide support out of hours and staff told us that the management of the service were approachable and helpful.

Meals were freshly prepared, and people were supported to eat and drink in line with their care plan and nutritional needs. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans were in place to guide staff and underpin the delivery of personalised care. Relatives told us that the service communicated well with them and escalated issues appropriately. There was a complaints policy in place and people's concerns were investigated. People told us that they felt comfortable raising concerns.

Systems were in place to audit the quality of care delivered to people and drive improvement. People's views were key to this process and regular satisfaction surveys on the quality of care were undertaken.

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

Rating at last inspection

This service was registered with us on 17 September 2018 and this was the first inspection.

Why we inspected

This was a planned inspection.

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 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 ●

Here to Care - Saffron Walden

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 team consisted of 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 24 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.

Inspection activity started on 19 August 2019 and ended on 30 August 2019. We visited the office location on 19 and 21 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We visited two people at home and spoke with them about their experience of the service. We spoke with another person by telephone and two relatives. We spoke with four members of staff and the registered manager.

We reviewed a range of records, including two peoples care records, medication records and risk assessments. We looked at records relating to the management of the service, including staff files and quality audits.

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 for 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

- There were systems in place to safeguard people from the risk of abuse.
- Staff received training and there were safeguarding procedures in place and a pictorial chart for staff to follow. Staff were clear about the actions that they needed to take to keep people safe.
- The registered manager was able to demonstrate that they had followed the procedures and raised concerns, where appropriate.

Assessing risk, safety monitoring and management

- Risk assessments were undertaken, and appropriate measures were put into place to reduce the likelihood of harm.
- Care plans contained an assessment of risks relating to the environment and to the individual. Where risks were identified, there was a management plan in place. One person had been identified as being at risk of skin damage and they were supported to obtain a specialist mattress and cushion to reduce the likelihood of skin breakdown.
- Staff undertook training in areas such as moving and handling to ensure they worked in a safe way.

Staffing and recruitment

- People spoke highly of the staff and told us that they were supported by a team of regular staff who stayed for the allotted time. Rotas were organised four weekly in advance to enable effective planning.
- One person told us, "I am very happy. They do what I want whenever I want it, they always come when they are supposed to." Another person told us that they always knew who was coming as they had a list of which staff were coming when and said, "They have excellent time keeping, if there is a traffic hold up they ring you and you are reassured."
- Checks were undertaken on staff before they commenced employment at the service, which included references and disclosure and barring checks. This helped ensure that only people of a suitable character were employed.
- There were clear arrangements in place to support staff outside office hours.

Using medicines safely

- Staff supported people with the administration of their medicines and care records contained information about the support people needed.
- The service used an electronic system to record and manage medicines. One person's medicine was not fully documented. This was identified as a technical issue which the registered manager followed up with the system provider and they subsequently confirmed that this had been addressed.
- Staff received training on medicine administration and their practice observed. Competency assessments

were being developed.

- Audits on people's medicines were undertaken but these could be more comprehensive. The registered manager agreed to immediately action this.

Preventing and controlling infection

- There were systems in place to protect people from the risk of infection.
- Staff were provided with Personal Protective Equipment (PPE) and received training on infection control and food hygiene. The use of PPE was checked during induction training.
- People told us that staff wore PPE appropriately and kept their home clean.

Learning lessons when things go wrong

- Accidents were recorded and reviewed by the registered manager to identify any learning.
- The registered manager told us that there had been no missed calls. However, as this was a new agency they were continually reviewing their processes and systems with staff and people using the service to see if improvements could be made.

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's needs were assessed before they started to use the service.
- People's care needs were regularly reviewed and their care plans updated. One member of staff told us, "The electronic system they have is really good, families can see what has been happening and if they have a query they can get an immediate answer. If something changes the records can be updated, then and there."

Staff support: induction, training, skills and experience

- People were cared for by staff who had received training and who were supported and supervised.
- People expressed confidence in the skills and knowledge of staff. One person told us, "All the carers are very experienced and support each other. They are meticulous about little details when there is a new carer, which makes the world of difference." A relative told us, "They seem very experienced and this shows."
- Staff completed an in-house induction before working unsupervised. One member of staff told us, "You get a proper induction and work with an experienced carer until you feel confident." Most staff had previously worked in a care setting and were not completing the care certificate which is a nationally recognised induction programme for new staff. A director told us that they plan to work with skills for care on developing their induction programme to ensure that it is in line with the care certificate.
- Following induction, additional training was provided, and one member of staff told us that they were hoping to undertake further training such as the Qualification and Credit Framework.
- Staff spoke highly of the management of agency and levels of support. Their understanding of procedures was checked during spot checks. One member of staff told us, "I love it I feel appreciated. ... You always get the help you need."

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care package.
- Where there were concerns about people's weight or diet, people's food intake was monitored and there was a plan in place. Staff made sure people had a drink before finishing their visit.
- People were positive about the food prepared by staff and we saw that there were different arrangements in place depending on people's preferences.

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

- Records showed that people's health and wellbeing was monitored. Referrals to health and social care services, such as GPs were made in a timely way to enable people to maintain their health and independence.

- Relatives expressed confidence in the agency and told us that they were alert to changes in their relative's wellbeing and communicated well with them.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff helped people to make choices in a variety of ways. Care plans set out how they should support people, how people made their views known and any preferences.
- Some people had a lasting power of attorney and the agency were clear about who had the legal authority, should there be a time in the future when individuals were unable to make specific decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they received good quality compassionate care and would not hesitate to recommend the service. One person told us, "I can't find a fault, they are marvellous, and so caring. It works brilliantly."
- We observed that people were treated with courtesy and respect. Staff communicated with people in a warm and caring way and ensured that they had all they needed and were comfortable before they finished the visit.
- Staff told us that this was a small agency and they often supported the same people and knew them well. People valued the relationships with staff. One person told us, "They are like my family, I wouldn't be without them, they are my right arm."
- People and staff told us of occasions where carers had gone the extra mile and responded at short notice when there was a problem such as power cut, or a person felt unwell. They visited and ensured that the person was safe and received the care they needed.

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

- People were treated as individuals and their views were respected. One person told us, "I know what I want, and they respect that." Another person told us, "They do their best to get it right."
- Peoples care plans showed that they had been involved in care planning and the documents included their wishes about how they wished to be supported. For example, if they had a preferred gender of carer.
- People were asked their opinion of the service in a number of ways including reviews and satisfaction surveys. The feedback from the most recent surveys was very positive and included the comments, "Here to care provides an excellent service." And "My carers are lovely and friendly."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us that staff were respectful when supporting them with personal care. Staff were clear about the importance of maintaining people's dignity and privacy.
- Care plans were written in a dignified manner and contained information about what people could do to retain their independence.
- Peoples personal information was securely stored and only accessed by those who needed to.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were informative and set out people's needs and preferences. Staff had access to an electronic copy, but a hard copy was also kept in people's homes to guide staff. A one-page summary was provided for new staff so that information about people's preferences and risks was easily accessible.
- Details about how to support people with specific areas such as catheters was provided and outlined how staff should empty the bag and attach the night bag. Information was not included on bag changes and the registered manager agreed to immediately action this.
- People told us that they received support from a core team of care staff who knew their needs.

Daily records were maintained which outlined the care provided on each visit and highlighted any areas which required further observation.

- Relatives told us that the care staff at the agency communicated well with them. One said, "They are good in getting in touch if there is a problem. They are very proactive."

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 were written in plain English and the service recorded and shared information about people's communication needs as required by the assessible information standard. For example, they identified people with hearing loss or issues with their sight.

Improving care quality in response to complaints or concerns;

- There were systems in place to investigate concerns or complaints. People and their relatives knew how to raise concerns and expressed confidence that they would be dealt with.
- One concern had been raised and this had been investigated and responded to in a timely way.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care but told us that they would, if required, work alongside the palliative care team and district nursing service to meet people's needs.
- The management of the service were aware of the need to explore people's preferences and choices regarding end of life care and while some information was in place they acknowledged that plans would benefit from further detail. They were clear about those individuals who had expressed a preference not to

be resuscitated in the event of a medical emergency.

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; 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

- There was an open and transparent culture within the management team. The registered manager, director and staff were enthusiastic about providing a high-quality service and committed to further improving it for the benefit of people using the service.
- The registered manager was also the nominated individual and was experienced and knowledgeable. They and the other director worked alongside staff to provide care and told us that this hands-on approach enabled them to monitor quality. This worked effectively as the service was relatively small, but the challenge will be in providing this oversight as the service expands.
- The feedback from people using the service and their relatives was very positive. They told us that the directors were approachable, helpful and very efficient.
- Staff liked working for the agency and were clear about its values and ensuring that people received a personalised service.
- The registered manager understood their responsibilities under the duty of candour and notified us of incidents which had occurred We could see from the notifications that appropriate action had been taken.

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

- The registered manager had good oversight of the service and demonstrated an in-depth knowledge of people's needs and those of the staff team.
- Quality assurance checks and audits were in place. This included spot checks and review of documentation. People's experience of care and support were at the core of these systems. Where issues were found, action was taken promptly to ensure improvements were made.
- The registered manager was open and communicated well with staff and relatives. They gave us examples where they had shared learning with staff at staff meeting to drive change.
- The registered manager had access to a management system, and other sources of information which kept them up to date with changes in the sector.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager recognised the commitment of staff and there were systems in place to reward staff for going the extra mile.

- Communication with staff was regular and open and staff morale was good. Regular surveys were undertaken to ascertain their views. Staff told us that they were kept informed of changes and encouraged to share ideas about how peoples experience, and care could be improved.
- The management team had recently organised a dementia friends' workshop and were in the process of developing newsletters to communicate with people and their relatives about various local initiatives.