

Here4Care Ltd

# Here4Care LTD Office

## 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

Here4care is a small domiciliary service providing personal care to eight people living in the community at the time of the inspection.

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 were supported by staff who understood how to safe guard people, keep them safe and protect them from avoidable harm. Knowledgeable, skilled staff were available to meet people's needs. People's risks were assessed, and plans were in place to guide staff. Staff followed safe systems for management of medicines when people needed support with this. Staff understood and followed infection control and prevention procedures. Systems were in place to investigate incidents and accidents to ensure lessons were learnt.

People's needs were assessed, and care was planned to meet legislation and good practice guidance. Care was delivered by staff who were trained and knowledgeable about people's needs and wishes. People had support with their meals and access to health care when needed. 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 were being implemented to support this practice.

People were cared for by passionate staff and registered manager, who provided quality care and supported people well. Staff were kind and compassionate towards them, and people considered them friends. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

People and their relatives were positive about the service and the care provided. Staff had the information they needed to provide personalised support. People benefitted from a small and personal service that was flexible to meet any changes in their needs. People's concerns were listened to and changes made to improve the service. When people needed support at the end of their life staff were skilled and there were systems in place to provide quality support.

The registered manager and staff were open, approachable and it was important for them to provide person centred care. People knew staff and the registered manager and benefitted from good communication with them. People were supported by staff who were regularly monitored to ensure the quality of the care provided. Staff and the registered manager established good relationships with other professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 29/01/2019 and this is 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 ●

# Here4Care LTD Office

## 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 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.

Inspection activity started on 27 January 2020 and ended on 5 February 2020. We visited the office location on 29 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three members of staff including the registered manager, deputy manager, and a care worker. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the Inspection

We spoke by telephone with four people who used the service and three relatives about their experience of the care provided. Also, we spoke with one professional who regularly worked with the service.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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

- People said they felt safe when staff supported them. One person said the regular spot checks the registered manager completed reassured them of their safety.
- Staff had a good understanding of different types of abuse and what actions to take if they identified any concerns.
- The registered manager had systems in place to ensure people were safeguarded from abuse and we saw they alerted the appropriate authority to ensure people remained safe.

Assessing risk, safety monitoring and management

- People told us their risks were assessed and staff helped them remain safe.
- Any risks to providing people's care and support had been identified and care plans included the actions staff should take to minimise the identified risks. This included risks associated with supporting people to shower and mobilise safely. Staff were able to explain how they managed people's risks, and these reflected the guidance in care plans.
- Relatives and healthcare professionals told us there was a positive approach to risk management. One healthcare professional told us, "[Person] would not be at home if the staff did work so well to support them." They said staff were really good at providing the support this person needed in a safe way.

Staffing and recruitment

- People said they had regular staff, and they always knew who was due to support them. They told us staff came at the right time and stayed as long as they should do. One person said, "They [staff] often stay longer if I need them, they are very adaptable."
- Staff said they had regular visits and enough time between calls to travel to the next person.
- The registered manager ensured there were sufficient staff available to provide the agreed visits, and always sent a staff rota to people.
- People received support from a small team which ensured they received consistency and continuity of care.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We saw this practice was reflected in staff files.

Using medicines safely

- Not all people needed support with their medicines, where possible people managed their own medicines. Those who were supported by staff said they had their medicines as prescribed.
- Staff had received training and senior staff completed checks to ensure they followed best practice.

- The management team had systems and processes to ensure safe medicine administration. For example, staff counted people's medicines every-time they administered them to reduce the likelihood of error.

#### Preventing and controlling infection

- People told us staff followed safe practice to reduce the risk of infection.
- Staff had been trained and had a good understanding of best practice to manage the risk of infection. For example, using protective equipment when needed.

#### Learning lessons when things go wrong

- Staff understood how to report accidents and incidents.
- Whilst there had not been any accidents, there had been some incidents reported by staff. The registered manager had reviewed the incidents to identify trends and any learning from the incident. They were establishing the system to consistently ensure this was recorded.

# 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 physical, emotional and social needs had been holistically assessed before they started to use the service.
- People, relatives and healthcare professionals involved in people's care were consulted during the assessment process. This ensured people's needs, wishes and preferences were effectively supported.
- We saw information on best practice guidance was available and shared with staff by the management team.

Staff support: induction, training, skills and experience

- Staff told us they had completed an induction and training when they first started with the service. They were introduced to all the people they would be supporting with experienced staff, who shared their best practice knowledge. They had the information they needed to support people well. They said they worked alongside the registered manager to ensure they were competent to support people.
- We saw ongoing training updates were arranged for staff, and the deputy manager was in the process of becoming an accredited trainer to ensure staff knowledge remained up to date. Staff said they were encouraged to further develop their knowledge and skills through vocational training.

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

- People were offered support with eating and drinking dependant on their individual needs. People were encouraged to be as independent as possible, one person explained that staff only supported them with meals when they needed to.
- Staff were knowledgeable about how to meet people's nutritional needs. When needed staff would record nutrition intake and made referrals appropriately.

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

- People explained they were confident staff would support them to access healthcare services. For example, contacting the community teams for equipment.
- Staff were aware when support was needed to attend a health appointment and worked with the person and their family to ensure people had the support they needed.
- Staff understood people's health needs and were knowledgeable about people's health conditions.
- We spoke with a community psychiatric nurse who explained they worked well with staff and they described communication as brilliant because staff listened to them and acted on their advice.

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.

- People said staff always checked they were happy to be supported before they commenced care.
- Most of the people supported had capacity to consent to their care. For those who had fluctuating capacity the registered manager was continuing to monitor to ensure compliance with the MCA.
- Staff had a good understanding of the act and told us no-one they supported was deprived of their liberty. They understood that some people occasionally needed some support to make decisions. Staff knew who to contact and who to involve in any best interest decisions. The registered manager was attending further MCA training to ensure she understood the legal requirements of the MCA.

# 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 said all the staff were kind and caring. One person told us about staff, "They are all good human beings."
- Relatives gave positive feedback about the staff and registered manager. One relative said about staff, "They are brilliant, they are a small team, and my [family member] can remember all of their names, they really get [family member]." Another relative told us, "They are very small and very personal."
- Staff demonstrated consideration and sensitivity about issues related to equality, diversity and human rights when discussing people who they supported. There were examples where staff worked with people to look at different ideas to improve their health and well-being and try new experiences. This improved people's outcomes and well-being.
- The Professional we spoke with told us staff communicated well and were passionate about ensuring people were well supported.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and supported them to be as independent as possible. One person told us, "[Staff] always close curtains, and give me privacy in the shower, yet still keep me safe."
- Relatives said staff always respected their family member and considered their wishes. One relative said through staff showing empathy and understanding of their family member they had become more independent.
- The professional we spoke with explained staff had a really good rapport with one person, and this had made a positive difference to them staying living in the community.
- All the staff we spoke with were passionate about the people they supported and spoke of respecting their wishes and constantly encouraging people to live full lives.

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

- People made decisions about their day to day support. Relatives confirmed staff really listened to their family member's ideas and worked with people to express their views.
- People and their families were regularly asked for feedback to ensure they were happy with the support staff provided. Reviews were regularly completed to discuss people's support needs to ensure people had the opportunity to comment about the quality of their care.
- Relatives said communication was good, they felt involved in how their family member was supported and were kept included and updated by staff.

- The registered manager was looking at advocacy services for one person to ensure their voice was heard and their views respected.

# 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

- People told us the support they received met their needs and wishes. They said staff listened to them and knew them well.
- Relatives told us the care people received reflected their individual needs and preferences. One relative told us, "We were lucky to get them, they are really personal and bend over backwards to help us."
- People's care plans reflected any diverse needs, including their religion, ethnicity, disabilities and important relationships. This helped staff to recognise and understand aspects of people's life which were important to them.
- Staff were committed to ensuring people had choice and control over their lives, and the service was flexible to accommodate people's plans and routines.
- People and their relatives said the service was flexible to meet their needs. For example, one relative explained how staff had supported them through a family crisis, "[Staff] adapted around us and always made sure they continued to focus on [family member's] needs."

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.

- Staff explained how they would adapt how they communicated with people when they needed to. They said clear guidance was available about each person they supported to ensure they used a consistent approach.
- Information about the service was shared in a variety of formats including visual choice and written timetables.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people were supported by staff to access different events in their community in line with their wishes as part of their agreed package of care. The community professional said staff were always looking for new activities for people to do that would interest them.
- Relatives said staff supported their family member to stay in touch with friends to keep them connected and to reduce any isolation.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns if they needed to. One person said they had, "Nothing to complain about at all, everything is great," and were confident if they did they could speak to the registered manager. Relatives told us they had no complaints and had good communication and confidence in the registered manager.
- The management team had a complaint policy and procedures to review any complaints to ensure they acted on concerns raised appropriately.

#### End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes.
- The registered manager explained they had worked alongside other agencies to support people who chose to remain in their own homes 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.

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

- People and relatives had confidence in the staff and the registered manager, and said the service was well managed. People knew the registered manager and confirmed they were approachable. One person told us the registered manager had provided a Christmas dinner for them because they were on their own at Christmas. They said they felt really special and appreciated the registered managers consideration. The registered manager told us she had provided a meal for anyone who needed it over the Christmas period.
- People and relatives said communication with staff and the registered manager was good. People said they always received a rota, so they knew who would be visiting them, and they were always told if staff were running late or changes needed to be made.
- Staff we spoke with said there was an open culture, and the registered manager was approachable. One staff member told us the registered manager adapted the hours they worked to ensure they could continue to work.
- The management team were open and understood their responsibility to meet the duty of candour. When improvements were needed these were investigated and shared with people and their families, and staff.

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

- People and their relatives gave positive feedback about the quality of their care.
- The registered manager had an overview of the quality of care through regularly attending calls, and regular staff meetings. They were creating systems to record their quality monitoring as their service grew to ensure they kept an overview of the quality of care provided. For example, an overview of accidents and incidents to identify trends and concerns.
- The registered manager used technology to improve the quality of the care provided. They had systems in place to ensure staff arrived at visits to ensure vulnerable received their support, and staff were safe.
- Staff were clear about their responsibilities and the leadership structure. The registered manager had systems in place to ensure they followed through on any concerns.
- The registered manager understood their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements. Risks were identified and escalated where necessary.
- The registered manager monitored staff practice through regular spot checks, to ensure they provided quality care and followed best practice guidance.

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

- People and relatives told us the management team listened to them and were very flexible in their approach and would adapt the service to meet their needs. For example, one relative said their family member had changed address at short notice and the staff team continued their visits to ensure their family members needs were met.
- The registered manager completed reviews, encouraged people to complete questionnaires to ensure people's feedback was sought and any improvements were completed and established. The feedback from recent questionnaires completed was very positive, such as the support received was very person centred.

Continuous learning and improving care

- The registered manager regularly reviewed training needs to ensure any service specific training was provided to ensure staff had the skills to support people.
- The registered manager regularly reviewed all aspects of care delivery to constantly keep the support provided under review.
- The registered manager was implementing new systems to review accidents and incidents as the service grew, to ensure learning was used to inform future plans.

Working in partnership with others

- The staff team had developed links with the community to support them to provide quality care. For example, one member of staff explained how they supported one person to access local events which linked them with their community.
- One community professional told us staff and the registered manager had good relationships with them. This supported positive outcomes for people such as supporting one person to have regular contact with their family.