

Care Herts Limited

Care Herts Limited

Inspection report

Unit 22b, Weltech Business Centre
Ridgeway
Welwyn Garden City
Hertfordshire
AL7 2AA

Tel: 01707386106
Website: www.careherts.co.uk

Date of inspection visit:
12 December 2019
13 December 2019

Date of publication:
15 January 2020

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

Care Herts Limited is a domiciliary care service that is registered to provide personal care to people living in their own homes in the community. At the time of our inspection 19 people were being supported 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 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 and relatives were happy with the service. They told us staff always visited at the agreed times and on the rare occasion when they were delayed they informed people. People felt safe and told us staff knew what risks were involved when supporting them. Staff managed people's medicines safely when it was required.

Staff received training and were aware of their responsibilities to report any concerns internally and if needed externally to local safeguarding authorities.

People were complimentary about staff. They told us they were kind and caring. People felt listened and involved in their care.

Staff knew people well and were aware of people's abilities, the help they needed, and the risks involved when delivering care and support.

People's needs were assessed prior of them using the service and care plans were detailed with the support they needed at each visit.

Staff felt supported and well trained to follow best practice when supporting people. They complimented the registered manager for running a service responsive to people's needs but also supporting and enabling staff to provide the best possible care for people.

The registered manager was fully involved in the care delivery and this meant that they were knowledgeable about people's needs, received regular feedback about the service from people and they monitored staff practices.

There were quality assurance processes in place including audits, surveys and regular spot checks on staff to ensure the quality of the service provided was improved when needed.

The registered manager organised events for all the people who used their service throughout the year to give people more opportunities to interact and prevent social isolation. This support was extended more to people who had no nearby family to visit them regularly.

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

Rating at last inspection

The last rating for this service was good (report published on 29 June 2017).

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?

Good ●

The service was safe.

Details are in our safe findings below. □

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Care Herts Limited

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 carried out 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

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 reviewed information we had received about the service since the last inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff and the registered manager who was also the provider.

We reviewed a range of records. This included two people's care records and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they always felt safe when staff helped them. One person said, "I do feel safe. They are lovely." Relatives confirmed that people were safe.
- Staff received training in safeguarding procedures and were confident in describing signs and symptoms they would monitor to establish if people were at risk of harm. They knew how to report their concerns internally and externally to local safeguarding authorities.

Assessing risk, safety monitoring and management

- People told us staff were knowledgeable about their needs and what risks were present when supporting them. One person said, "I have total confidence in all the carers who are fully aware of my physical limitations and risks associated with handling and moving me." A relative told us, "I can confirm that [person] most definitely receives safe care. All risks are known to the staff and they are able to safely mitigate any risks."
- Risks to people's health and well-being were assessed and risk assessments developed to ensure staff had guidance in how to mitigate risks.

Staffing and recruitment

- People and relatives told us staff never let them down always arrived on time and if on a rare occasion they were late they let them know. One person said, "My carers are punctual and arrive at scheduled times. On the occasions where factors/situations are likely to delay them, I usually get an advisory telephone message to alert me to the delay." A relative said, "Staff always visit at the agreed times and the service is extremely reliable. If on the very odd occasion they are delayed, because of traffic or previous clients, they telephone to make sure we are informed. They have never let us down."
- The registered manager ensured that the rota for staff was planned effectively. Where needed they carried out visits to people if there were gaps or short notice absence due to illness
- Staff told us they appreciated how flexible the service was not just for people but for them as well. One staff member said, "I do like working here because it's flexible. I have commitments, so I need to work when I can and the [registered manager] accommodates me."
- All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Using medicines safely

- People's ability to administer their own medicines was regularly assessed and if it was needed, staff helped people.

- Medicines were managed safely by staff who were appropriately trained and had their competencies checked before they could administer medicines to people.
- Regular checks were in place to ensure people received their medicines as intended by the prescriber.

Preventing and controlling infection

- Staff told us they had been provided with personal protective clothing like gloves and aprons which they wore when providing personal care to people.
- The registered manager carried out spot checks to observe if staff followed infection control procedures when delivering care to people.

Learning lessons when things go wrong

- When the registered manager identified any areas of the service requiring improvement the actions taken were communicated to staff through messages or meetings. Staff told us they were always updated about any incidents and any lessons learnt.

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 good. At this inspection this key question has remained the same. 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. Assessments detailed people's overall support needs and individual preferences. These assessments formed the basis of people's care plans and risk assessments and were further developed as and when needed.

Staff support: induction, training, skills and experience

- Staff told us they received training and support from the registered manager. One staff member said, "I feel supported and the training is very good."
- The registered manager held an accredited trainer certificate. This meant that they were able to deliver training to the staff and check their competency. They told us, "I can train the staff. I do my training with [name of independent organisation] and then I can deliver the training. I am a certified manual handling trainer as well."
- Newly employed staff completed an induction prior to starting work. This included learning a review of policies and procedures, on-line training and face to face training. Staff shadowed more experienced staff until they were competent and confident to work alone. One staff member said, "The training is good. I had to have my training on a non-working day and the [registered manager] done it. They take training very seriously."

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

- Not every person who used the service needed staff to prepare food for them.
- People who were supported by staff to eat were happy and told us staff made sure they had enough food and drinks.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding how to support people with these.

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

- People told us staff worked well with other healthcare professionals involved in their care. One person told us, "I have procedures undertaken by the district nurse team. The district nurses are thankful and complimentary about the support my carers give to them. The carers arrival time is critical and needs to coincide with the arrival of the district nurse. Up to now this has worked exceedingly well."
- Staff helped people to attend appointments if this was needed as well adapted the support people required in case their needs changed.
- Staff communicated with other community health and social care practitioners and GP surgeries when

there was a need for it.

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 using the service had capacity and told us staff asked for their consent and they choose the care they needed and wanted. One person said, "They always offer and ask so I decide."
- People signed consent forms in their care plans to indicate their agreement to the care they received.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were kind and caring. One person said, "The staff are very caring, and the [registered] manager is very nice. Over the years I had so many care companies, but this is far the best." Another person said, "The staff are kind and caring. All my carers listen to me."
- Relatives praised staff for their caring attitude towards people. One relative told us, "[Person] tells everyone they meet that they can only speak to [person] if they have a smile on their face! The Care Herts Staff always have a smile for [person] and are always happy, kind and caring."

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

- People and relatives, we spoke with told us they were involved in planning the care and support they received. One person said, "Both my wife and I are routinely involved in my care plan reviews. I have come to the conclusion that the best training all carers get is from doing the care work. Class room training gives an outline of the situation, but my needs are my needs. My needs may be similar to the needs of others but never exactly the same. (and staff can meet these needs.)"
- Relatives told us staff were involving people in their care. One relative said, "[Person] and my views are always listened to and we are always involved in the care planning reviews."

Respecting and promoting people's privacy, dignity and independence

- People felt comfortable and at ease with staff supporting them with personal care. One person said, "I feel very comfortable. Relatives told us they had no concerns about how staff promoted 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 good. At this inspection this key question has remained the same. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives complimented staff and the registered manager for the personalised care they provided. One person said, "I am very happy with them. They know me well and I know them." A relative said, "The staff are extremely knowledgeable about [person's] needs and support them very effectively. They make sure that they are fully involved in everything and stimulate them with conversation about things [person] enjoys."
- Care staff were able to tell us about the personalised care and support they provided for people.
- People's care plans included personalised information to support the staff team to deliver consistent person-centred care.
- The registered manager offered extra support over and above the contract people signed to those who needed it. They identified people at increased risk of isolation and offered extra curtesy visits to them so that people were not feeling lonely. Staff supported people to go out to garden centres and to lunch in the community. Often this support was provided to people over and above their contractual agreement.
- There were events organised by the registered manager for all the people using the service once a year to celebrate people and staff. These events were well attended, and people shared stories about themselves which were published in a yearly publication and distributed to every person, relative and staff.

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.

- People using the service had no specific communication needs. They were able to communicate verbally.
- People's care plan detailed their communication needs they had.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy, people and their relatives told us they knew how to complain if it was needed. One person said, "I feel relaxed and comfortable about raising any concerns with the management. On those occasions when I have had need to seek guidance and/or clarity on issues, my request has been listened to, investigated and responded to in a timely and professional manner."
- A relative told us, "The [registered] manager is exceptional. She has been very thorough and understanding with our needs and when I have had questions or things I needed to discuss, she has always contacted me quickly and dealt with the items professionally and efficiently, without any negativity

whatsoever."

End of life care and support

- Staff supported people when they were nearing the end of their life in partnership with other palliative care teams.
- Staff received end of life training to ensure they were knowledgeable about best practice when caring for people in their final days.

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 good. At this inspection this key question has remained the same. 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

- Everyone we spoke with during the inspection gave positive feedback about how the service was run by the registered manager.
- Staff told us they were happy working for the registered manager. They told us it was made clear to them from when they started working that people were in the centre of their care.
- There were regular audits done by the registered manager and other members of the management team to ensure that the quality of the service was monitored. These included medicine audits, care plan audits and spot checks where managers turned up unannounced to observe staff's care practices.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of being open and transparent when things went wrong. They notified CQC and the local authority about any notifiable incidents or accidents and they discussed with people and staff what went wrong.

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

- Staff told us they felt valued and listened by their managers. We saw that staff had one to one support appropriate for their job roles. One staff member said, "The [registered] manager is very supportive and approachable, she will always support, answer the phone."
- Staff told us they were well trained, and training was very important for the registered manager. One staff member said, "I was not working for a period of time and I came to discuss with [registered manager] the training. They will not back down until I catch up. It's very good."
- The registered manager was furthering their skills and attended training to learn about cognitive stimulation so that they could offer counselling and support for people who lived with dementia or depression.

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

- The registered manager carried out unannounced spot checks to ensure they closely monitored the quality of the care staff provided to people. When they carried out these checks people were asked to give feedback about the service and staff supporting them. The feedback was positive, and people said they were

very happy with the way they were supported.

- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people`s care.