

Care Herts Limited

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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

This announced inspection took place on 20 June 2017. We gave the provider 48 hours' notice of our inspection to make sure that the appropriate people were present.

Care Herts provides personal care to people in their own homes. People who used the service funded their own care privately or through direct payments or NHS funding. At the time of our inspection 29 people received the regulated activity personal care.

There was a manager in post who had registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of this service since the provider re-registered at a new address on 18 January 2016.

People felt safe and well supported by the staff who provided their care. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. Robust recruitment practices were followed to help ensure that staff were suitable for the role performed. There were sufficient numbers of staff available to meet people's agreed care and support needs at the time they preferred. Staff were trained to help and support people take medicines safely where appropriate.

People and their relatives were positive about the skills, experience and abilities of the staff team who provided their care and support. Staff received training relevant to their roles and were routinely supervised by their line management. People were supported to maintain good health in a way that took account of their needs and personal circumstances.

Staff had developed positive and caring relationships with the people they supported and clearly knew them very well. People were provided with care and support in accordance with their individual preferences and with their consent. People were actively involved in the planning, delivery and reviews of the care and support they received. Personal and private information held about people's medical and personal histories was securely maintained.

People's support was provided in a way that promoted their dignity and respected their privacy. People were supported to engage in opportunities for social engagement if they chose to do so. People knew how to make a complaint but told us they had rarely had cause to do so.

People who used the service, their relatives and the staff team were complimentary about the registered manager and how the service was operated. Effective arrangements were in place to monitor risks and the quality of services provided.

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.

People's safety was promoted by staff trained to recognise and respond effectively to the risks of abuse.

Safe and robust recruitment practices were followed to help ensure that staff were suitable for their roles.

People's care and support needs were met in a timely way by sufficient numbers of staff.

People were supported with their medicines in a safe way when necessary.

Potential risks to people's health and well-being were identified and managed effectively.

Is the service effective?

Good ●

The service was effective.

People's care and support was provided in accordance with their wishes and consent.

People's care and support needs were met in a timely way by staff that were trained and supported.

People were supported to have their day to day health needs met where required.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and compassionate way by a small team of staff who knew them well.

People were involved in the planning of the support provided to them and in reviews of the services provided.

Care was provided in a way that promoted people's dignity and

respected their privacy at all times.

People's personal information was securely maintained and confidentiality was respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support.

People were provided with opportunities for social interaction.

People knew how raise a complaint and were confident that any concerns would be dealt promptly.

Is the service well-led?

Good ●

The service was well led.

People who used the service and the staff team were positive about the registered manager and how the service operated.

Effective systems were in place to quality assure the services provided and manage risks.

Staff understood their roles and responsibilities and felt well supported.

Care Herts Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 20 June 2017 and was conducted by one inspector. The provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. We received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

This service supported people who live in their own homes. We visited the agency's office and looked at the care records for three people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, recruitment documentation, quality assurance audits, compliments and complaints.

At the inspection we spoke with the registered manager who was also the provider and the deputy manager. After the inspection we spoke on the telephone with three people who used the service, relatives of two people who used the service and two members of the care staff team to gain their views.

Is the service safe?

Our findings

People told us they felt safe and well supported by staff who understood their personal care needs. One person commented, "Yes I do feel very safe with the staff from Care Herts, I know them all." A relative of a person who used the service told us, "We couldn't wish for better care staff. I can confidently leave [relative] with the Care Herts staff and not worry."

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. Staff demonstrated an understanding about how to raise concerns and report potential abuse both within the organisation and externally. Information and guidance about how to recognise the signs of potential abuse and report concerns together with contact numbers for the relevant local safeguarding authority were clearly displayed at the agency office. Records indicated that safeguarding was a standing agenda item for team meetings. The registered manager showed us safeguarding competency tests undertaken by the staff team. The registered manager told us that these helped to check that the staff team had the understanding, skills and knowledge they needed to help keep people safe. This showed that there were appropriate arrangements in place to help ensure that people were protected from the risk of abuse.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed to take account of people's changing needs and personal circumstances whilst maximising their independence. This included in areas such as mobility, medicines, the environment and physical health. For example, an entry in one person's care plan stated that their medicines were supplied in a pharmacy filled dossett box but that due to the person's arthritis they were not able to remove the medicines from the box independently. The person had full mental capacity to make choices and decisions and had asked staff to remove the medicines from the pack so that they could take them at the prescribed time. The documentation clearly supported this element of care, identified any potential risk or hazard and gave clear guidance for staff about what was expected of them in this instance.

Risks to care staff were also identified. For example, one environmental risk assessment stated, "The steps leading down to the house may become slippery when wet. During the winter months there is also the risk that the steps could become icy if there is a hard frost or snow."

Safe and effective recruitment practices were followed to make sure that staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of three staff members and found that all the required checks had been made including written references and criminal record checks. A person who used the service told us, "[Registered manager] is very particular about who is employed; I can't fault any of them."

There were sufficient numbers of staff available to meet people's individual support and care needs at all times, including during the night and at weekends. People who used the service and their relatives praised the registered manager and staff for the consistent and reliable care and support provided. The service used an electronic logging system where care staff scanned a bar code on people's care plans when they entered people's homes and when they departed. The registered manager reported that there was a built in

'window' of 15 minutes either side of a call time and the system created alerts for the office if a staff member was more than 15 minutes late arriving at a person's home.

A relative of a person who used the service told us, "If they are running late for any reason the office always let us know." A person who used the service told us, "The staff are always punctual, I have a very active life and they come when they say they will come which helps me to enjoy my life."

Staff told us that rotas were arranged to include planned travel time between each visit which helped them to be punctual. The registered manager told us that the travelling time was variable depending on the distance between calls and that it was arranged to reduce the risk of staff arriving late to provide people's care. The registered manager reported that there had been one occasion where staff had missed a visit to provide a person's care and support. This had happened as a result of a technical glitch when the service changed to the electronic monitoring system. The person was with their family members at the time so consequently no harm had resulted.

Staff were not required to support people with their medicines as a matter of course; this was support that was provided purely in response to individual need. However, staff were trained and kept updated about how to provide people safe support with medicines if their circumstances changed and if the need arose. At the time of this inspection staff administered medicines for five people who used the service and prompted others to take their medicines independently. Detailed information was available about the medicines people were prescribed, what they were for and information regarding potential side effects.

Is the service effective?

Our findings

People who used the service were positive and complimentary about the skills, experience and abilities of the staff who provided care and support. One person told us, "What can I say, I think they are wonderful. We have had care from another agency but there is no comparison with the skills and knowledge of the staff team from Care Herts."

New staff were required to complete an induction programme as part of a probationary period. Staff received training and refresher updates relevant to their roles and had their competencies observed and assessed in the work place. The training provided to all staff, a mixture of classroom based and e-learning, included topics such as the Mental Capacity Act 2005, safeguarding, health and safety, infection control and moving and handling. All staff members we spoke with told us that they had regular training and that this helped them to feel confident in their role.

Staff told us that when they started to work for Care Herts the registered manager introduced them to people who used the service. This meant that each staff member was advised about people's individual care and support needs and that each person who used the service had the opportunity to meet the staff members before they visited them to provide personal care. Staff told us that they had initially worked with experienced staff members when they started working for the agency to learn about people's individual needs.

The registered manager explained that they were supporting staff members to develop as 'champions' in key areas such as dementia, nutrition and safeguarding. This meant that some staff members would be selected to receive additional training and development in order to 'champion' and lead on specific subjects for the benefit of both colleagues and people who used the service.

Staff members told us that they felt supported at all times and were able to meet with the registered manager at any time. They told us they had regular 1:1 meetings where they could discuss any concerns either about people's care or their own personal development. The registered manager confirmed that staff members received formal 1:1 supervision every three months and that issues discussed included timekeeping, record keeping, communication, working hours and personal development needs. We also noted there were regular team meetings where practice issues were discussed.

The registered manager and deputy manager carried out spot checks of staff performance to help ensure that people received the standard of care they expected to receive. These checks covered such areas as record keeping, time keeping, aspects of personal care delivery, appearance, moving and handling technique's, following the agreed plan of care and communication. We reviewed the records for a random sample of these spot checks and noted an example where a staff member was found not to be wearing their uniform in a care call. We noted that this had been addressed with the staff member at the time and subsequently during supervision. Another example identified during a spot check was a staff member who did not give a person the time to say what they were trying to communicate but instead prompted the person with the words they were looking for. The registered manager addressed this with the staff member

by explaining the need to encourage people to maintain their communication skills by allowing them enough time to express themselves. This showed that the registered manager continuously monitored and improved care practices for the benefit of people who used the service.

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. We checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they received. People we spoke with were comfortable that the care they received was delivered with their consent and agreement. One person told us, "Oh yes, they always do as I ask."

The support provided by the staff team in relation to food varied dependent on people's individual needs. One person told us that staff prepared their main meal of the day for them and said that the food was always very good. Another person said that their relative prepared the food but staff supported them to eat. All staff members had undertaken basic food hygiene e-learning to support them to prepare food for people in their own homes.

People were supported to attend GP and specialist health appointments. People's relatives praised the team at Care Herts for the support provided and gave an example of when staff had contacted a GP when a person had appeared unwell. A relative of a person who used the service told us, "What I particularly like is that the care staff always do what they are asked by either me or the district nurses."

Is the service caring?

Our findings

People told us that their support was provided in a kind and compassionate way by staff who were knowledgeable about their care needs. One person told us, "The staff are very friendly and helpful, we laugh and we talk about our families." One person told us how staff had supported them through a bereavement with kindness and compassion.

A person had stated in a recent quality assurance survey, "I have found the care staff in Care Herts a wonderful bunch of girls." Another person had responded, "I feel happy with all the care I have. Makes me feel confident and able to ask any questions at all."

Feedback from a relative of a person who used the service stated, "We were very apprehensive when we had to select home care for my [relative] who is a private person and has never liked visitors in their home. However, Care Herts ensured (as much as they are able) that [relative] had continuity with the same care staff on a daily basis. This has worked extremely well and the confidence has grown between both parties and they [staff] are aware of [relative's] needs and requirements and can address them accordingly."

Staff were calm and gentle in their approach towards people. One relative told us, "They hold [relative's] hand and provide re-assurance by talking to them whilst care is being given."

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. One relative said, "Some male care staff do attend my [female relative] but it is always female care staff that provide intimate care."

People who received support, and where appropriate their family members, had been fully involved in the planning, reviews and delivery of the care and support provided. People's involvement in planning the care they received was clearly reflected in their individual plans of care.

People's personal and private information was well organised and securely stored. We saw from team meeting minutes that confidentiality was a topic on the agenda at every team meeting. Staff told us that the registered manager constantly reminded them of the importance of confidentiality and how important it was to respect people's right to privacy and respect.

Is the service responsive?

Our findings

People received flexible personalised care and support that met their individual needs and took full account of their personal circumstances. One person told us, "They are absolutely flexible to change, I only have to ring [registered manager] and ask for a change of time or day and it will be done." The registered manager shared an appreciative comment from a family member that stated, "Just a quick note of thanks for the extra visits you've fitted in following [relative's] fall. Well done - much appreciated."

Staff had access to detailed information and guidance about how to support people in accordance with their individual preferences and needs. For example, one care plan we viewed stated, "I am a very social person and enjoy talking to people so please spend time with me and talk to me about anything I choose to talk about." The care plan went on to advise staff, "I look forward to my newspaper in the morning so please do not forget to bring it to me before you leave."

People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend care plan review meetings where appropriate and with consent of the person receiving support.

Opportunities were available for people to take part in some social activities such as a monthly lunch where people who use the service were supported to meet for a meal and a catch up. A relative of a person who used the service told us, "The registered manager offers afternoon outings for people and they even have a wheelchair friendly vehicle to enable people to get out and about."

People who used the service were consulted and updated about the care provided and were encouraged to have their say via regular face to face contact with the registered manager or deputy manager and via survey questionnaires. A person who used the service had responded in a recent quality assurance survey, "Care Herts is a well-loved company by me. I have a laugh with the staff. They treat me well and the company takes the service users out for pub lunch every two months and are going to do other things as well. I mark Care Herts 100/100."

There was a complaints and compliments procedure in place and information about how to use it was prominently displayed. The registered manager maintained a log of concern raised with them and the outcome of these. People told us that they felt listened to and told us that the registered manager was always quick to respond to any issues raised in a prompt and positive way.

Is the service well-led?

Our findings

People who used the service were positive about how it was led and managed. They praised the registered manager in particular who they described as being approachable and supportive. A person's response in a recent quality assurance survey stated, "Very happy with the care that is provided. Very rarely do we need to contact office, but when we do we feel we are listened to." Another person had responded, "The service is excellent. Better than I ever imagined."

Relatives also told us they thought Care Herts was a well-managed and well-led service. One relative said, "It is really lovely and well managed, they do everything they can to help people live as happily as possible."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

The registered manager arranged regular team meetings for staff to be able to meet and share any concerns and receive any pertinent information from the management team. Team meeting minutes were clear and detailed which meant that anyone who had not been able to attend would be able to update themselves about the topics discussed.

There were systems in place to monitor risks and obtain people's views about the quality of services provided. We looked at a random selection of the feedback received from people who used the service and their relatives and noted that it was very positive. For example, one relative had stated, "A very helpful and caring company. A care package was very quickly organised when my [relative] needed to be discharged from hospital. The care staff are kind, competent and very caring, keeping a careful eye on my [relative] and seeking medical advice when necessary."

The registered manager carried out thorough audits of the way the service was provided, including using a system of unannounced spot checks on care visits. We saw other checks and audits had been carried out to assess whether the service was operating to expected standards. This included areas such as health and safety, the quality and completeness of care records and medication administration. Where shortfalls had been found action plans had been completed which highlighted areas to be addressed.

Discussion with the registered manager showed they had continuous improvement at the heart of their practice. The registered manager had an action plan that was a live document which detailed planned improvements such as developing champions in specific areas, to implement a more efficient telephone system and to continue to plan engagement opportunities for the people who use the service.

Satisfaction surveys were distributed a minimum of twice yearly to people who used the service as part of the provider's quality assurance processes. Feedback from the completed surveys was discussed at meetings with people who used the service and used to bring about improvements. This showed that

people and their relatives were able to positively influence the service provided.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.