

Humble Healthcare 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

About the service

Humble Healthcare Limited is a domiciliary care agency providing personal care and support to people living in their own homes in the London boroughs of Hounslow and Southwark and in Surrey. At the time of the inspection, six adults were using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were happy with the service they were receiving. They explained that care workers were kind, caring, arrived on time and respected their wishes. People told us they were involved in planning their care and they had opportunities to feedback about their experiences.

There were procedures which made sure the staff who were recruited were suitable and had the training and information they needed to provide effective care. The registered manager regularly met with the staff and observed them carrying out their duties. This made sure the staff felt supported and also assured the provider that care was being delivered appropriately.

People's needs and choices were assessed and care plans were developed to reflect these. The care plans included personalised information about how they wished to be cared for and any specific individual needs. The risks to people's safety and wellbeing had been assessed and there were plans to mitigate any risks of harm. The staff made records of care they had given, and these showed that plans had been followed.

There were suitable systems for monitoring the quality of the service and making improvements. People using the service and their relatives told us the registered manager was approachable and addressed any concerns promptly.

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.

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

Rating at last inspection (and update)

The rating at the last inspection was requires improvement (Published 4 June 2019) and we identified breaches of Regulations relating to good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out the inspection to monitor the improvements being made at the service. At previous inspections we had identified serious concerns which led us to take enforcement action. Whilst we found improvements had been made at the inspection of 30 April 2019 (Published 4 June 2019), we needed to make sure improvements were sustained and further improvements were made.

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 ●

Humble Healthcare 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 homes.

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 and ended on 5 November 2019. This included a visit to the office location and telephone calls to people using the service and their relatives.

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 looked at all the information we held about the provider including previous inspection reports and action plans which the provider had sent us since the last inspection.

We used all of this information to plan our inspection.

During the inspection

We looked at the care records for four people using the service, medicines administration records and audits of these. We also looked at the staff recruitment and training files for four members of staff and other records used by the provider for managing the service.

We met the registered manager, one care worker, the care coordinator and an external consultant who was supporting the provider to make improvements.

We spoke with two people who used the service and the relatives of three other people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our inspection of 2 October 2018, we found that the provider had not followed safe recruitment practices. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At our last inspection of 30 April 2019, we could not judge whether this breach had been met because the provider had not employed any new members of staff.

At this inspection, we found that improvements had been made and the provider was no longer breaching Regulation 19.

- The provider had systems to carry out checks on the suitability of staff before they started working at the service. These included obtaining a full employment history, references from previous employers, checks on any criminal records, identification and eligibility to work in the United Kingdom. Records of these checks were seen to be in place. The provider carried out recruitment interviews and an induction into the service before staff were able to work alone. Their competencies and skills were tested as part of this process.
- There were enough staff employed to keep people safe and meet their needs. People and their relatives told us that the agency provided the same regular carers, that they had a consistent approach and got to know people well. They told us care workers arrived on time and stayed the agreed length of time.
- The provider had an electronic call monitoring system where they monitored when the staff arrived for and left care visits in real time. The system alerted the registered manager when a care worker was late or did not arrive.

Assessing risk, safety monitoring and management

At the inspection of 30 April 2019, we found that assessments of risk were not always sufficiently detailed or clear. At this inspection we found improvements had been made.

- The registered manager had assessed risks to everyone, which included those associated with their health, care tasks being carried out and their home environment. The assessments included details to show how individuals should be cared for and risks mitigated. The assessments had been regularly reviewed and updated.
- Where there was important information about a specific risk, this had been clearly highlighted, for example for a person who needed to wear their pendant alarm at all times, and where people needed to be left with access to water to prevent dehydration.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives felt the service was safe. One relative told us, "The agency has

allowed me to go back to work because I can trust the care workers to look after [my relative] and know [they are] safe." Another relative explained how the agency had given them, "peace of mind."

- There were procedures for safeguarding adults and whistle blowing. The staff received training in these and information was included in the handbook they were issued. There was also information within people's files, so they knew who to speak with if they felt someone was being abused or at risk of abuse.
- The care workers helped some people with their shopping. There were suitable procedures in respect of this and the staff kept records of all expenditure. These were checked by the person or their representative and the registered manager.

Using medicines safely

- People received their medicines in a safe way and as prescribed. The staff undertook training in medicines management and the registered manager tested them and observed them handling medicines.
- Information about people's medicines were recorded and any risks associated with these were clearly identified and information about these contained within care plans. The staff signed to indicate they had administered medicines in accordance with care plans. The registered manager checked these records and followed up any discrepancies with the person and staff to find out what had happened (such as family members administering medicines instead).

Preventing and controlling infection

- People were protected by the prevention and control of infection. The staff followed safe hand hygiene practices and wore gloves, aprons and shoe protectors. The registered manager checked this with people using the service and through their own observations.
- The registered manager encouraged the staff to keep their vaccinations up to date, including the seasonal flu vaccination, to reduce the risk of spreading diseases.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. They carried out a monthly analysis of each person's care, including accidents, incidents and changes in their needs. The analysis included an action plan where changes needed to be made. The registered manager had regular supervision with an external consultant to discuss the service and where improvements were needed. They communicated with staff, so they were aware of any changes.
- The provider has worked hard to make improvements where problems were identified at previous inspections. They have responded to feedback from CQC and the external consultants to make changes to systems and processes, so the service developed and improved.

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 and choices were assessed. The registered manager met with them to discuss their needs before they started using the service. People and their representatives told us they were able to tell the provider about what was important to them and how they wanted to be cared for. Assessments were used to create plans of care. People had copies of these and had signed their agreement to these.
- The assessments included information about people's communication, social needs, culture and important people as well as describing their health and personal care needs. This meant the staff had information to help them understand and know the person they were caring for.

Staff support: induction, training, skills and experience

- The staff received the training they needed to provide effective care. The provider sourced an independent training company to provide classroom-based training for the staff. They took part in this when they started working at the service and this was regularly renewed. The registered manager had a good overview of staff training needs.
- The staff felt supported. They had regular opportunities to meet the registered manager for formal and informal discussions about their work. The registered manager kept a record of formal supervision and goals for each staff member. There were also systems for communication such as a mobile phone application and team meetings, so the staff could stay in touch with the registered manager and each other.
- There were processes to assess staff abilities and competencies. These included new staff shadowing experienced workers during their induction and regular observations by the registered manager.

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

- Some people were supported with the preparation or when eating meals. They told us they were happy with this support. There were records to show people's likes, dislikes and the support they needed. Care plans reminded staff to ensure people were well hydrated.

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

- Care plans included information about people's medical needs, any affects these had on their abilities and wellbeing and details about the healthcare professionals involved in their care.
- The staff checked on people's health and wellbeing at each visit. They reported changes in health to relevant professionals and people's families so they could receive the care and support they needed.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- The provider was acting within the principles of the MCA. They had assessed people's mental capacity and how they should be supported to make decisions about their care. Where people had legal representatives, details of these representatives had been recorded.
- There were records to show people had been asked to consent to their care plan and the care being provided. People confirmed this was the case.

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 using the service and their relatives felt they were well treated and respected. Some of their comments included, "The relationship between [person] and the carers is lovely, the carers use terms of endearment and treat [person] well. They know how to calm [person], the way they work is really amazing and I don't want them to change", "[The care worker] is a big help, [they] are patient, understanding and caring - we are so lucky to have [them]" and "[Care worker] is so lovely and understanding - if ever there was an award for a carer I would recommend [this one]."

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

- People told us they were involved in making decisions about their care plans and also when care was provided. One person told us, "My preferences and choice are at the forefront of their minds and they support my decision making in an outstanding way."
- Care plans included details about people's preferences and how they wished to be cared for. These were regularly reviewed in consultation with the person and we saw evidence of this.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. They said the staff addressed them in a sensitive and polite way. People had been given a choice about the gender of their care worker, and in some cases had been able to choose care workers with the same cultural background.
- The terminology and language used in care plans and care notes showed respect towards people.
- People were supported to do things for themselves and be independent where they were able. They confirmed this, and we saw care plans described the tasks which people could do themselves. One person explained how the support of the agency had helped them to regain skills and be more independent.

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

- People received personalised care which met their needs and reflected their preferences. They confirmed this, telling us that they were able to make choices about their care and these were respected.
- Care plans had been improved since the last inspection so that they included specific personalised details about people's lives and what was important to them, not just about their care needs. The instructions for staff were clear and this meant they were able to provide care which was needed.
- People had the same regular care workers who knew them well. They told us this meant they received care which reflected their needs and preferences.

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 and their relatives told us the provider was meeting their communication needs. One relative told us that they had requested care workers who spoke the person's first language, and this had happened. They told us this was very important as the person was living with dementia and needed care workers who could communicate in a way they understood.
- Another relative praised the way their care worker communicated with the person. They told us, "[Person] has limited speech but there is very good communication with [the care worker]. They know [person] and are very patient and promote communication."
- There was a communication care plan for each person which described their specific needs and any hearing impairment and vision loss. One care plan described how a person had limited speech but could use a pen and paper to communicate their needs. The electronic care planning system allowed care plans to be printed in large font if needed.

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.

- Information about people's interests and social needs were included in care plans. This meant the care workers were familiar with things that were important to people. The agency worked closely with family members and they told us they had good relationships with the staff and registered manager.
- Details about people's cultural and religious needs were included within their care plans. One relative told us, "The agency provide carers who have the same cultural background as [person] this means that [person] feels safe and with familiar people who understand [them]." Another relative expressed how the care

workers provided support for the person from social isolation. They said, "[Person] is very happy. They feel like the carers are their family and the carers treat [person] like [a parent], being respectful and loving."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew what to do if they had a complaint, although they said they did not have any. They told us that if they had any queries or concerns they could ring the registered manager, who was very responsive and addressed the problems promptly.
- The provider had a complaints procedure and copies of this were given to people using the service.

End of life care and support

- No one was being cared for at the end of their lives at the time of our inspection, however the provider had included information in care plans which would enable them to get the right support if this was needed. For example, information about their religious and cultural needs and who to contact such as family members and their doctors.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

At the inspection of 30 April 2019, we found that the provider did not always effectively operate systems and processes to improve the quality of the service or mitigate risks. We also found some records were not accurately maintained. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of Regulation 17.

- The provider had sourced an external consultant to offer support over the last year. The consultant had helped to develop systems to monitor and improve the quality of the service. These included audits of care documents, staff records, medicines administration charts and how people were being cared for. Where problems had been identified, the provider had developed action plans to improve these.
- The consultant had provided regular supervision for the registered manager to help them understand what improvements they needed to make and how to do this. They had given specific ideas for developing the service and the registered manager had implemented these.
- The provider had been in breach of regulations at every previous inspection since the service was registered. They had made the necessary improvements and had shown that they could sustain these, and they were no longer in breach of any regulations.
- The provider carried out a monthly analysis of each person's care, whether there had been any issues, complaints, accidents or changes in their needs. They did this in consultation with the person and/or their family.

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

- People using the service and their families felt there was a positive culture which was open and inclusive. Their comments included, "I would definitely recommend them", "[Person] is very happy. They feel like the carers are their family and the carers treat [person] like [a parent], being respectful and loving" and "I cannot sing their praises enough. [The registered manager] is always there if I pick up the phone and need to speak with him"
- The care worker we spoke with also commented on the positive culture telling us, "It is a very friendly place to work and supportive."
- People received person-centred care. They confirmed this telling us that they had regular care workers, that they were always listened to and they were able to request changes to their care.

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

- The provider had a procedure regarding the duty of candour and understood their responsibilities to be open and honest with people. The people we spoke with and their relatives confirmed the registered manager was open in their communication and worked with them to make improvements when something went wrong.

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

- The registered manager was also the nominated individual. They had developed their understanding of regulations and about providing a quality service. They told us they had learnt a lot from the consultant who had supported the agency.
- There were a range of policies and procedures which linked to relevant legislation and guidance. These were regularly reviewed and updated.

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

- People using the service and their relatives told us the provider regularly contacted them and asked for their feedback. Their comments included, "They contact me regularly to ask if I am happy and incorporate what I say into the care package" and "There is really good communication with the agency."
- We saw that people's care plans were reviewed and had been updated when people's needs changed. People were consulted as part of these reviews. One person told us their care package had been changed because they had requested this.
- The provider also asked people to complete quarterly satisfaction surveys about their experiences. We saw the most recent responses were all positive.