

Humble Healthcare Limited

# Humble Healthcare Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Humble Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people and younger adults with physical disabilities, learning disabilities and mental health needs. At the time of our inspection six people were using the service. People lived within the London Boroughs of Southwark and Hounslow and Surry. Humble Healthcare Limited is the only location for this provider.

People's experience of using this service:

There had been improvements in the way the service was managed. These included improved record keeping, staff supervision and training.

However, there were a number of areas where improvements were still needed. For example, some care plans did not always clearly describe people's needs. The provider was in the process of changing from paper records to a computerised system for care planning, recording care provided, medicines records and call monitoring. At the time of the inspection, some of information was not clear because of this change over.

At the last inspection of the service we identified that the provider was not carrying out effective recruitment checks. There had not been any new staff employed since the last inspection, so we could not judge whether improvements had been made in this area.

People who had the mental capacity to make decisions about their care had consented to this. However, when relatives had been involved in making decisions, the processes for this and whether they had the legal authority to do so, had not always been clearly recorded.

People using the service and their relatives told us that they received personalised care which met their needs. They were cared for by the same regular staff, who they liked and had good relationships with. They said that the care workers arrived on time for care visits and did everything that was expected of them. They had the support they needed about what they ate, and they were able to make decisions about their own care.

There had been improvements in the way staff were supported, supervised and trained. They had undertaken a range of different training courses and there was a plan to make sure they received ongoing training and support. The registered manager regularly met with the staff and carried out observations of the care they provided and assessments of their skills and knowledge.

People using the service and their relatives told us they knew how to make a complaint and felt confident speaking with the registered manager. They said that they had regular contact with the registered manager who asked them about their experiences. The registered manager had introduced new systems for monitoring the quality of the service and acting on feedback from others.

We identified breaches of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to good governance. You can see what action we have asked the provider to take within our table of actions.

Rating at last inspection: The service was rated as inadequate at the last inspection of 2 October 2018 (Published 13 November 2018). The service had been placed in 'special measures' since May 2018, when it was also rated inadequate. Since the registration of the service, the service has been inspected six times, in July 2016, July 2017, November 2017, May 2018, October 2018 and this inspection. The provider has failed to achieve a good rating at any of these inspections.

Why we inspected: This inspection was carried out in line with our schedule of planned inspections based on the previous rating of inadequate and because the service was in 'special measures.'

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Follow up: We will continue to monitor the service and make sure improvements continue and are sustained. We will carry out another inspection in line with our scheduled plan of inspections, and sooner if needed.

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

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 section 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 not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

#### Inspection team:

Two inspectors carried out this inspection.

#### 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 visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 30 April 2019 to see the manager and office staff; and to review care records and policies and procedures. We made phone calls to people who used the service and their relatives on the 29 April 2019.

#### What we did:

Before the inspection we looked at all the information we held about the provider. This included, the last inspection report, evidence gathered during that inspection and the provider's action plan and response to this.

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

During the inspection visit we met the registered manager, recruitment manager, an external consultant, a visiting professional and two care workers. We looked at the care records for four people, four recruitment and training files for staff, records of accidents, incidents, complaints, compliments and the provider's own quality assurance systems. We looked at how people's medicines were managed and recorded.

# Is the service safe?

## Our findings

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

Requires Improvement:  Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- At the inspection of 2 October 2018, we found the provider had not always ensured that the staff employed were suitable, or had the competence, skills and experience to provide care and support to people using the service.
- At the inspection of 30 April 2019, we found that no new staff had been employed since the previous inspection. Therefore, we were not able to judge whether improvements had been made in this area. However, the provider had obtained updated information including a new application form detailing employment histories and carried out another interview with all of the staff who continued to work at the service. The interview included questions about their experience and how they would respond to specific situations. The registered manager told us that they would use this format when recruiting new staff.
- The registered manager told us they were working with a recruitment agency who would undertake some of the checks and provide staff who had completed basic training. We met the manager of this service and they explained they would provide information for the registered manager about each member of staff who they supplied, which would include references, evidence of checks on any criminal records, information about their eligibility to work in the United Kingdom and dates of training they had undertaken. They had not supplied any staff at the time of our inspection.
- There were enough staff to keep people safe and meet their needs. People using the service and their relatives told us they had the same familiar care workers. They said that they arrived on time and stayed for the agreed length of time. The care workers told us they were not rushed and had enough time for visits and travelling. Both care workers and people using the service were told in advance which staff were assigned to care for people.
- The provider had started using an electronic call monitoring system shortly before our inspection. This allowed them to view when care workers arrived and left people's homes. Both people using the service and staff told us they were happy with this system. The registered manager told us they were alerted if staff were late or did not arrive for visits.

### Assessing risk, safety monitoring and management

- At the inspection of 2 October 2018, we found the provider had not always provided enough guidance for the staff on how to minimise risks to people's safety and wellbeing, and to support people in a safe way.

- At the inspection of 30 April 2019, we found improvements had been made. The registered manager had completed new assessments of risk. In the majority of cases, these were fairly detailed, although there was some information which was not clearly recorded. For example, some people used equipment to move around their homes. There was not always enough detail about this, or how they should be supported. However, the staff working with people knew them well, and both they and the people we spoke with told us they did not have any concerns about safety or the support they received.
- We discussed this with the registered manager. They told us they were in the process of transferring the assessments to the computerised system and would make sure information was clearly recorded at this time so that new or unfamiliar staff would have the details they needed.
- Where risk assessments had identified a specific risk, the registered manager had recorded additional information for the staff about how to minimise this. For example, where people were at risk of dehydration and how specific medical conditions affected people's wellbeing.

#### Systems and processes to safeguard people from the risk of abuse

- At the inspection of 2 October 2018, we found the staff sometimes carried out shopping tasks for people using the service. There were no records for this, and the provider had not checked to make sure people were not being financially abused.
- At the inspection of 30 April 2019, we found improvements had been made. The agency supported two people with shopping. This support had been recorded in their care plans which the people had agreed to. The staff kept accurate and up to date records of any financial transactions. These had been signed by the person receiving the service and had been checked by the registered manager.
- The provider had a procedure for safeguarding adults and whistle blowing. The staff had received training in this. The staff we spoke with told us they knew what they would do if they had any concerns that someone was being abused. They were able to describe the process to us.

#### Using medicines safely

- Two people using the service were being supported with their medicines. The staff had been trained to understand about managing medicines safely, and we saw evidence of this and an assessment of their competencies.
- There was clear information about people's medicines recorded on the administration charts. The staff kept records of administration and these were regularly audited by the registered manager. The audits had identified discrepancies and explained these.
- One person had risks associated with some of the medicines they were taking. These related to the time of administration, how they should sit after taking specific medicines and adverse effects relating to taking the medicines alongside other specific food and drinks. These risks had been recorded on the medicines administration charts. However, the provider had not recorded these details in the person's care plan. Therefore, there was a possibility that staff supporting the person but not responsible for medicines administration might not be aware of the risks. We discussed this with the registered manager who agreed to make sure the care plan was updated with this information.
- The provider had started to use a computerised system for recording medicines administration. We found

that this had not always been used properly and there were gaps where no administration had been recorded. The registered manager could explain what had happened in each instance, but their explanations had not been recorded on the system. They told us that they were in the process of speaking with the system operators to make changes so that they could record information in a better way. In the meantime, the staff were also using paper administration records. These had been accurately completed.

#### Preventing and controlling infection

- The provider had procedures for preventing and controlling infection. People told us that the staff washed their hands and wore gloves and aprons when providing care. The staff told us they had supplies of these whenever they needed.

#### Learning lessons when things go wrong

- The provider had developed systems from learning from things which had gone wrong. At previous inspections of the service we had identified a number of breaches of Regulations. The provider had created an action plan which outlined how improvements were being made. They had taken appropriate action to address concerns and started to put in place systems which would minimise the risk of future failures. For example, they had developed a training programme for staff. The registered manager told us that providing regular training for the staff had given them more confidence and skills.

- There were procedures for investigating and responding to incidents, accidents and complaints. However, there had not been any of these since the last inspection.

# 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

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the inspection of 2 October 2018, we found staff did not always have the skills, knowledge or experience to provide effective care and support.
- At the inspection of 30 April 2019, we found improvements had been made. The provider had sourced an external training provider who carried out induction training and fortnightly training sessions for all staff. All existing staff had completed all of the initial induction training over two days in November 2019. They also completed the fortnightly training. There was evidence of training in areas the provider considered mandatory.
- Each member of staff had an individual training plan which set out when they needed to refresh any training. The registered manager told us that the training provider was going to enrol the staff on training to obtain vocational qualifications in September 2019.
- The staff we spoke with told us the training had been useful and informative.
- The registered manager had conducted regular individual meetings with each member of staff. Records of these showed that they had discussed their training needs as well as their performance and any concerns they had. The registered manager had also conducted assessments of the staff caring for people. This meant they could make sure the staff were following procedures and providing effective care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- One person had started using the service since the last inspection. They told us that the registered manager had met with them to assess their needs and ask them about the care they wanted. They also said that since they started using the service in March 2019, they had been regularly contacted by the registered manager to make sure they were happy with the care being provided.
- The registered manager had completed assessments for all of the people using the service since the last inspection. These included information about their health, medical, communication and medicines needs, past experiences, religion, culture, any risks associated with their care and information about their home environment. The assessments were appropriately detailed and clear. They had been used to develop care plans.

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

- People who we spoke with and their relatives told us that they did not receive support to prepare meals. However, they said they were happy with support they had received to help them eat and when the staff had been involved in the preparation of meals.
- Care plans included reminders for the staff to make sure people were provided with drinks and kept 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 physical and mental health needs and any specific care they required relating to these. There were details about people's doctors and other professionals who the staff should contact if they were concerned about a person's health.
- The registered manager showed us a template they planned to start using which would provide a 'hospital passport.' They told us this would be a document they kept in the person's home which could be used if they were admitted to hospital to inform medical and nursing staff about the person's needs and care. The registered manager told us they were in the process of starting these for each person.

## 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- We spoke with one person who used the service who had the mental capacity to make decisions about their own care and treatment. They told us they had been asked whether they consented to their care and the care workers respected their choices at each visit. The relatives of other people explained that the care workers made sure they had people's agreement and consent before they provided care.
- People who had the mental capacity to make decisions about their care had signed their consent to the care plan and for the provider to share information with other professionals. People's families had been involved in making decisions in the best interests of people who lacked the mental capacity to do so. The provider had recorded this, but they had not obtained evidence of any legal representatives for people. We discussed this with the registered manager so that they knew where and how they could obtain this information and keep a record of it.

# 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

Good:  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

- At the inspection of 2 October 2018, we found that some of the practices at the service did not ensure people were well treated or respected. At this inspection of 30 April 2019, we found improvements had been made. The staff were better trained, supported and supervised which meant they could provide care which was more personalised.

- People using the service and their relatives told us the staff treated them well and supported their individual needs. Some of their comments included, "The carers are good and kind", "After a long search we found this agency who provide [specific language] speaking carers, we have the same three familiar staff and they understand [person] and can communicate with [them]", "One carer is particularly kind and [person] has really bonded with her", "We are so lucky we have found [named care worker], we say to the manager please do not let him leave", "We are so happy, [care worker] comes on time and works well, they are very good", "If we didn't have [named care worker] we would be lost, he is so good and helps [person] to understand what is needed", "[Care worker] is so gentle, I couldn't ask for more" and "We are lucky, Humble staff are nice and genuine."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected by the care workers. They told us that they let them use the bathroom alone and knocked on the doors before entering. They used respectful terms when addressing people.

- People were supported to be independent where they were able to be. One person told us, "They empower me to live independently. What I can't do they assist me with, but they let me do what I can." They went on to say, "I have never been in a situation like this before, and I thought it would be awkward, but [care worker] has helped me to feel at ease and confident."

- Care plans and assessments included information about what people could do for themselves so that the staff could encourage this and only offer support when it was needed and wanted.

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

- People had been involved in creating their care plans. They and their relatives confirmed this, telling us that the registered manager regularly asked them if they wanted any changes in the way their care was

delivered. The care plans included information about people's preferences and the way they liked to be cared for.

- People told us that the staff offered them choices and respected these during the visits. They said that if they did not want certain tasks completed at a visit, this was respected. The care workers we spoke with demonstrated a good understanding of this and the importance of allowing people to make decisions about their care.

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the inspection of 2 October 2018, we found that care plans were not always personalised and did not give enough information about how the staff should meet people's needs.
- At the inspection of 30 April 2019, we found improvements had been made and most of the care plans were clear detailed and personalised. The registered manager had added specific information about people's preferences and how they wanted to be cared for. However, we found that some information within care plans did not always give enough detail. For example, two care plans included contradictory information about how often and what type of care people needed. We discussed this with the registered manager. We could see that these people had the same familiar care workers who had looked after them for some time. The care workers knew their needs well. The registered manager agreed to address the specific examples we identified.
- People using the service and their relatives told us their needs were met. They said that they had been involved in developing care plans and these were regularly reviewed. They were happy with the content of care plans and also the care being provided. One relative told us the care workers spoke the same first language as their relative and that this meant the person felt more at ease and happy to accept their care. They also told us how the care workers had got to know special ways of encouraging the person to eat and what upset the person so they could avoid this.
- Another relative told us that the agency had been flexible in providing changing support to meet the changing needs of the person. They said that the registered manager had asked them what they wanted and had adjusted the service because of this.
- Care plans had been regularly reviewed and these reviews had been recorded. The registered manager had met with people and also conducted telephone interviews to obtain feedback about whether people were happy and if any changes were needed.
- The staff recorded the care they provided in logs of the visits. The provider had introduced an electronic care planning system which the staff used to upload logs. The registered manager could view these in real time from a handheld device. They said that this meant they could immediately speak with the staff if they had any concerns. We saw evidence of this, where staff had failed to correctly log into the system. The registered manager had contacted them and they had uploaded the information shortly afterwards.

Improving care quality in response to complaints or concerns

- People using the service and their relatives told us they knew how to make a complaint and felt confident speaking with the registered manager. One relative told us, "There were some problems but we spoke with [registered manager] and he resolved these for us, we are happy now."
- There were records to show the registered manager regularly spoke with people and their relatives. They told us that they felt this contact minimised the need for people to complain, as they were able to address any concerns or changes immediately.
- There was a complaints procedure and copies of these were provided in the handbook supplied to people and kept in their homes.

#### End of life care and support

- No one at the service was receiving specific end of life care at the time of the inspection. They all had close relatives who were able to provide information and support about end of life wishes should this be needed in the future. People's religious needs were included in their care plans, so these could be considered in event of their death.
- The registered manager's quality monitoring system had identified that more information around end of life wishes and care should be recorded in care plans. The registered manager had a plan to include this when all of the care plans were uploaded to the electronic system.

## 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

Requires Improvement:  Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the inspection of 2 October 2018, we found the provider's systems and processes for monitoring and improving the quality of the service and mitigating risks were not always effective.
- At the inspection of 30 April 2019, we found improvements. The provider had engaged the services of an external consultant who would be working with them for at least one year. The consultancy firm had helped the provider develop systems which had improved the service. For example, the way in which staff were recruited, trained and supported, the way in which care was planned and provided and how the registered manager monitored the quality of the service.
- Whilst we noted improvements in all areas of the service, these had not been embedded at the time of the inspection. Systems had been established and were working effectively for the staff and people using the service. But there was a reduced number of people using the service and no new members of staff. Therefore, the provider had not fully tested that these systems would continue to work if the service grew or changed.
- At the inspection of 2 October 2018, we found that records were not always accurate.
- At the inspection of 30 April 2019, we found improvements had been made. However, we found that one person's care plan still referred to another person and their needs in one section. We found that information about risks had not always been clearly recorded.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the recording keeping issues with the registered manager and they said they would address the examples we had identified. We found that information which had been incomplete or inaccurate at past inspections had been addressed.

- The registered manager was also the owner of the company. They told us they understood that they had not met regulations in the past but felt that the support of the consultancy firm had enabled them to have a better understanding of what was needed. They were also able to tell us how certain changes had created a better service, for example, they said that they felt their quality monitoring systems had ensured good care was being delivered and people were happy with this.
- The new quality monitoring systems included regular spot checks and supervision of staff. These were documented. People using the service, relatives and staff confirmed these took place and that the registered manager used these to help show staff how to improve care. The registered manager told us spot checks were unannounced, however, we noted that these occurred on the same date each month and therefore the staff may predict they were going to take place. We discussed this with the registered manager who agreed to vary the dates of checks in the future.
- The provider had introduced a new electronic system for care planning, recording care visits and medicines management. This had only recently been introduced at the time of the inspection and the provider was still using a mixture of paper records and this system. The system had the potential to provide better monitoring of care. The staff used hand held devices to log the care they had provided and view care plans. The registered manager also had a hand held device to take with them when carrying out spot checks, supervision and assessments, so that people using the system and staff could see how the information was recorded and sign their agreement with this.

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 they had opportunities to engage with the registered manager and give their feedback. Some of their comments included, "We are happy right now, it was a bit inconsistent in the beginning but this has been sorted and we are happy", "They are doing a stellar job", "[Registered manager] rings us and asks if all is ok, we have no complaints, we can ring him, we communicate directly with the carer too, they are flexible and if we have appointments they change the time of the visits", "I am really happy with the quality of the service, they seem very professional" and "[Registered manager] responded positively and quickly when something needed changing."
- The care records included details of monthly phone calls to each person, and their families, to ask their views of the service. People were asked a series of questions about their experiences and able to make additional comments. We saw that the feedback which had been received by the provider was positive.
- The staff told us they were also able to contribute their views and they were asked whether they were satisfied with their work. One member of staff said, "[Registered manager] is very good and supportive, he is like a father to me and I am able to speak with him whenever I want." We saw records of regular individual meetings with the staff. They also attended fortnightly training sessions as a group where they could learn and share ideas.

Working in partnership with others

- People using the service funded their own care and support and the provider liaised directly with them and their families about the care they received.
- The registered manager had undertaken some work in the local community support the police to liaise

with young people from the Somalian community. They told us that through this community work they were able to find out about the support people from this community needed. The registered manager and their partner were starting to develop their knowledge and skills regarding dementia care and how they could develop this area of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person did not always effectively operate systems and processes to ensure that accurate and complete records were maintained in respect of each service user.  Regulation 17(2)(c)