

## Humble Healthcare Limited

# Humble Healthcare Limited

### Inspection report

Unit 9, Red Lion Court  
Alexandra Road  
Hounslow  
Middlesex  
TW3 1JS

Tel: 02085706279

Date of inspection visit:  
07 November 2017

Date of publication:  
06 December 2017

### 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

The inspection took place on 7 November 2017 and was unannounced.

The last inspection took place on 12 July 2017 when we rated the service Requires Improvement. We rated the key question of Safe as inadequate, the key questions of Effective, Responsive and Well-Led as Requires Improvement and the key question of Caring as Good. We issued three warning notices and made two requirements because the provider was not meeting five of the Regulations we checked.

At the inspection of 7 November 2017 we found that improvements had been made in all areas. However, the provider needed to make further improvements to their systems for auditing how care was provided and record keeping. The service has been rated Requires Improvement in the key questions of Safe and Well-led and overall. We have rated the key questions of Effective, Caring and Responsive as Good.

Humble Healthcare Limited is a domiciliary care agency registered to provide personal care to people living within their own homes. At the time of the inspection 19 people were using the service. People using the service lived in the London Borough of Southwark. The majority were older people (over the age of 65 years). There were 14 active care workers at the time of our visit. Humble Healthcare Limited is the only location for the provider of the same name. The service is privately owned and has been operating since 2016.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

The provider's audits of medicines administration records had failed to identify when these records showed that medicines may not have been administered as prescribed. Four people using the service at the time of our inspection were being supported by the agency to take their medicines. Records for three of these people included gaps where no administration had been recorded. In one case the records indicated an additional dose of one medicine had been administered. The provider had audited all these records but had not identified any areas of concern and therefore had not investigated what had happened.

Some of the provider's records were not appropriately maintained. For example, we found information relating to one person in the care notes of other people.

We found breaches of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People who used the service and their representatives were happy with the care they received. They told us that care workers arrived on time and stayed the agreed length of time. They explained that care workers did

everything they asked and offered them choices. They were happy with support they received with medicines and in preparing meals, as well as with support with their personal care. People told us that the care workers were kind, polite, caring and compassionate. They said that their privacy was respected and they were happy with all aspects of the service.

The staff told us that they received the information they needed to carry out their jobs. They were supported to attend training and had meetings with the registered manager. The care workers explained that the registered manager observed them when they were providing care during spot checks to make sure they were doing everything right. The care workers told us they could contact the registered manager and ask for help whenever they needed.

Care plans were clear and showed the support people needed. Individual preferences were included within the plans. There was evidence that the plans had been discussed with the person, and/or their representative and they had consented to the plans. Care notes made by the staff showed that they followed planned care and that visits took place at the same regular times each day.

The provider had assessed the risks to people's wellbeing. These assessments included information for the staff on how to minimise the risks and support people safely. There were procedures designed to safeguard people from abuse and the staff were aware of these. The provider's recruitment procedures included making checks on the suitability of the staff.

The provider had made improvements to the way in which the service was led. These included improving policies and procedures, updating care plans and risk assessments, improving staff recruitment checks, improving record keeping and carrying out audits. Whilst we identified that further improvements were needed in some of these areas, we also noted that the improvements had ensured that staff had clear information about the people who they were caring for. The provider regularly contacted people using the service and staff to ask for their feedback. This was documented and confirmed by the people who we spoke with. People told us they knew how to make a complaint and that the provider was responsive when they wanted any changes.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

Some aspects of the service were not safe.

There were procedures for the safe administration of medicines but the staff did not always follow these because they did not record medicines administration accurately.

The risks to people's safety and wellbeing were assessed and planned for.

There were enough staff to meet people's needs and the provider had carried out checks on their recruitment.

There were procedures designed to keep people safe and the staff were aware of these.

### Is the service effective?

**Good** 

The service was effective.

People's needs and choices were assessed and care was provided to reflect these assessments.

People were cared for by staff who were well trained, supported and supervised.

The provider was acting within the principles of the Mental Capacity Act 2005.

People received the support they needed at mealtimes.

The staff monitored people's healthcare needs.

### Is the service caring?

**Good** 

The service was caring.

People were treated with kindness, respect and compassion.

People were actively involved in making decisions about their care and expressing their views.

People's privacy, dignity and independence were respected and promoted.

### Is the service responsive?

**Good** ●

The service was responsive.

People were cared for in a way which met their needs and reflected their preferences.

People were cared for by the same familiar staff who knew their needs.

People felt able to make a complaint and raise concerns with the provider.

### Is the service well-led?

**Requires Improvement** ●

Some aspects of the service were not well-led.

The provider's audits did not always identify when something had gone wrong or action was needed.

Records were not always accurately maintained.

There had been improvements to the service and the provider had demonstrated a commitment to making changes. They had identified and mitigated risks and had developed systems to carry out audits and checks.

There was an open and inclusive culture where people using the service and staff felt able to express their views, felt listened to and felt that the provider responded appropriately.

# Humble Healthcare 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 November 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

This comprehensive inspection was carried out by one inspector.

Before the inspection we looked at all the information we held about the provider. This included the last inspection report and warning notices we had issued and the provider's action plan in response to these. We also looked at notifications of significant events which the provider had sent to us.

During the inspection visit we met the registered manager and one care worker. We looked at the care records for five people who used the service and the recruitment, training and support records for five members of staff. We looked at other records the provider used for managing the service, which included records of quality audits, the provider's policies and procedures, feedback from people who used the service and other stakeholders and the provider's electronic call monitoring system.

Following the inspection visit we spoke with five people who used the service and the relatives of three other people who used the service to ask them about their experiences. We also spoke with three care workers who were able to tell us about the support they received from the provider.

# Is the service safe?

## Our findings

At the inspection of 12 July 2017 we found that the procedures for managing medicines were not safe enough. People told us they received their medicines as prescribed but the provider was not able to evidence this and had not taken action when records indicated a discrepancy with medicines administration. We issued a warning notice telling the provider they must make the required improvements by 31 August 2017.

At the inspection of 7 November 2017 we found that improvements had been made. However, the records relating to medicines management were not always completed accurately. This meant there was a risk that medicines had not been administered as prescribed. Four people received support with their medicines at the time of the inspection. The medicines administration records for three of these people contained gaps where the staff had not recorded whether they had administered these medicines or not. One person's administration record for September 2017 included two days where staff had recorded they had administered three doses of a medicine which was to be taken only twice a day. The medicines for all four people were dispensed from the pharmacists in dossett boxes, where medicines are stored in a specific compartment relating to the day and time they should be administered. Therefore the risk that the staff had wrongly administered doses had been minimised and it was more likely that there was an error in recording. However, there was no evidence that the provider had investigated these errors and therefore people were placed at risk.

The people who we spoke with told us they were happy with the support they received with their medicines. They said that the staff administered these as needed. We saw that the staff had undertaken training regarding the administration of medicines. In addition the provider had assessed their competency with this. These assessments were recorded and based on observations by the registered manager.

Information about people's medicines was recorded in their care files where this had not been the case previously. The records explained to the staff details about individual medicines. There were risk assessments relating to administration of medicines. However, these did not specifically detail individual side effects of the different medicines which had been prescribed.

At the inspection of 12 July 2017 we found that the risks to people's wellbeing had not always been identified or assessed. Plans to manage risks were not sufficient and did not take account of people's individual needs. We issued a warning notice in respect of this telling the provider they had to make improvements by 31 August 2017.

At the inspection of 7 November 2017 we found that they had made the necessary improvements. The registered manager had met with people who used the service and assessed the risks to their wellbeing and safety. These included risks associated with the care provided, the environment they lived in and their mental and physical health. The assessments included guidance for the staff about how to support people to stay safe and to minimise the risk of harm.

At the inspection of 12 July 2017 we found that the recruitment procedures were not robust enough to make sure the staff employed were suitable to work with vulnerable people. We issued a warning notice in respect of this telling the provider they must make improvements by 31 August 2017.

At the inspection of 7 November 2017 we found that improvements had been made. The provider had carried out checks on the staff suitability before they started work at the service. For example, the staff had completed application forms which detailed their employment history. The registered manager had requested information about any gaps in employment. The provider had requested and obtained at least two references from previous employers for each member of staff. The provider also sought up to date Disclosure and Barring Checks, which detailed any criminal records. There was evidence that the provider had checked each staff member's identity and eligibility to work in the United Kingdom.

The provider had procedures designed to safeguard people from abuse. The staff received training in these. There was information available at the agency offices for the staff and they were issued with a handbook which included details of the safeguarding procedure. The staff had received training in safeguarding adults and they were able to tell us what they would do if they suspected someone was being abused. The provider had responded appropriately to safeguarding alerts by taking action to protect the victim, liaising with the local authority, notifying CQC and investigating the concerns.

The staff told us that they knew what to do if a person raised a concern or if there was an incident or accident involving a person who used the service. They told us in the first instance they would contact the registered manager, and if need be the emergency services. During our inspection we were alerted to a concern from a person who had fallen. We reported this to the registered manager and they took immediate action. The provider had systems for learning from incidents. For example, we saw that people's risk assessments had been updated following injuries or changes in their needs. The provider's procedures included information on handling complaints, dealing with incidents and duty of candour.

There were enough staff to meet people's needs and keep them safe. Both people using the service and the care workers told us that the care visits were conducted by the same regular care workers. People told us that the care workers arrived on time and stayed for the agreed length of time. The care workers told us they had enough time allocated to travel to people and to carry out the care visit as planned. The provider had an electronic call monitoring system where they were immediately alerted if care workers did not arrive for a visit, so that they could find out why and arrange alternative care workers if needed. There were no records of missed or late visits and people confirmed that they did not have any concerns in this area.

The provider supplied the care workers with protective equipment such as gloves and aprons so that risks associated with the spread of infection were minimised. The staff told us they had received training around infection control and that they had information about this. The provider's records of staff observations included information about whether they followed infection control procedures.



# Is the service effective?

## Our findings

At the inspection of 12 July 2017 we found that people were at risk of receiving inappropriate care and treatment as their care needs had not been fully assessed or recorded. Care plans were inconsistent and sometimes gave the wrong information about how needs should be met. The topic areas relating to this concern were under the key question of Responsive in the previous assessment framework, but were moved to this key question when the framework was reviewed and refined.

At the inspection of 7 November 2017 we found that improvements had been made. The registered manager had carried out assessments of each person's needs. These assessments included information about how they wished to be cared for and their personal preferences. There was a summary of the tasks the staff should complete during each care visit and these summaries were incorporated into a plan of care.

At the inspection of 12 July 2017 we found that the provider did not always assure themselves of the competency and skills of the staff who they employed. We also found that there were no systems for offering staff formal support or appraising their work.

At the inspection of 7 November 2017 we found that improvements had been made. The provider organised for all of the staff to undertake training with another provider when they started work at the service. The training was organised in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The registered manager told us that the staff had been enrolled on courses for vocational qualifications and we saw that this had been discussed at team meetings. The registered manager was in the process of organising training through an online provider so that the staff could undertake refresher training when needed.

The registered manager observed new members of staff when they started work over three separate days. They made a record of their observations and how the member of staff performed, including using equipment, administering medicines and providing care. We saw that the registered manager had carried out subsequent 'spot checks.' These were unannounced to observe the care worker during their care visits. The registered manager had recorded how they performed. There was evidence that longer serving staff had taken part in an appraisal of their work, where they had discussed any needs they had whilst the registered manager had commented and recorded observations about their performance.

There were regular team meetings where the staff were informed about changes in the organisation and key policies and procedures. The manager used text, emails and social media to keep the staff informed. They told us that they could contact the manager and ask for advice and support at any time. The staff told us they felt well informed and supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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.

The registered manager demonstrated an understanding about this. There was written information for the staff to help them understand about their responsibilities under the MCA. Since the last inspection the provider had added sections to the care plans to record when people had consented to their care. There was evidence that where people lacked capacity decisions had been made in their best interest with relevant persons who had signed the care plans.

People who were supported at mealtimes told us that they had the support they required. The staff recorded the food they had given people in logs and these showed that people had a variety of different meals and they had made choices about what they ate.

People using the service and their relatives told us the staff monitored their health. The staff we spoke with talked about how they were responsible for making sure any changes in people's healthcare needs were reported and the registered manager confirmed that this happened. The staff recorded people's wellbeing and any concerns with their health within logs of their visits.

## Is the service caring?

### Our findings

The people who we spoke with and their relatives told us that they were cared for by kind, compassionate and caring staff. They told us that they had the same familiar care workers for each visit and that they had good relationships with these members of staff. They explained that the care workers offered them choices, made sure they were comfortable and were kind and gentle. Some of their comments included, "They are all really good", "The carers are very helpful and kind", "I do not have any concerns, the carers are all very nice and I am happy" and "They are always polite and friendly."

The service supported people to express their views and be actively involved in making decisions about their care. People took part in their initial assessments and their preferences were recorded within these and their care plans. The registered manager regularly contacted them for feedback so they could explain if they wanted anything changed. People told us that the care staff gave them choices when providing care and respected their decisions.

People told us that the care workers respected their privacy and dignity. They explained that care workers always closed doors and curtains to make sure care was delivered in private. One person said, "They cover me with a towel to help keep things private." Another person told us that the care workers waited outside the toilet and bathroom doors until they knew the person wanted them to enter.

People told us that they were supported to do things for themselves where they were able. They said that the care workers asked them what they wanted to do. For example, one person told us the care workers helped get things ready for them to take their own medicines. Another person told us the care workers supported them in the kitchen to make drinks and snacks for themselves. This was reflected in the care plans which outlined the areas where people could be independent and made reference to specific things which the person had expressed they wanted to do for themselves.

## Is the service responsive?

### Our findings

People told us that they were cared for in a way which met their needs and reflected their preferences. They told us that the care workers offered them choices. People confirmed that the care workers carried out all the tasks they were supposed to and made sure they left the person well and comfortable. People told us they had the same familiar care workers and rarely had a new care worker. They said that these staff knew them well and they were happy with the care they provided.

The care workers we spoke with told us that they usually cared for the same people each day. They said that they knew their needs. They told us that if they were caring for a new person who they had not met before the registered manager explained about the person's needs. They also told us that the registered manager usually accompanied them on the first visit to a new person so that they could make sure the care plan was accurate. The care workers told us that they read care plans which were kept at people's homes and that they found the information within these was clear and easy to understand.

The provider had created a care plan for each person which included personalised information about their needs. Some of the care plans contained quick reference tick lists of common care tasks. This was an easy reference guide for the staff and had been accompanied by comments about people's specific needs and preferences. For example the days a person wished to have a shower, where a disability made a specific task difficult and where people liked to sit, eat their food and have their belongings.

The care workers recorded details about the care they had provided to people. These records were collected by the registered manager and kept at the agency's offices. We looked at a sample of these and found that the staff had recorded care which reflected the plans for each person. The visits had taken place at the right time each day.

People told us they knew how to make a complaint. There was information about the complaints procedure in the handbook kept at people's homes. People told us they would speak with the registered manager in the first instance and that they felt any concerns would be acted on. They also told us they had regular contact with the registered manager so did not feel the need to make any formal complaints. The provider's complaints procedures included timescales and responsibilities for investigating complaints. However there had not been any formal complaints made to the service.

## Is the service well-led?

### Our findings

At the inspection of 12 July 2017 we found that records were not accurately maintained and this placed people at risk of inappropriate care and treatment. We issued a warning notice in respect of this telling the provider they must make improvements by 30 September 2017.

At the inspection of 7 November 2017 we found that improvements had been made. However, we found that some records included reference to other people using the service. For example the care plans and risk assessments for two different people contained information relating to other people who used the service. Some of this was confusing and misleading. We also found that some records used terms which people may find offensive, stating that people needed to be "fed" and "toileted." Two care plans referred to people being "immobile." This term did not accurately describe their needs and also could be seen as offensive.

At the inspection of 12 July 2017 we found that the provider's systems for quality assurance did not identify or mitigate risks. We issued a warning notice in respect of this telling the provider they must make improvements by 30 September 2017.

At the inspection of 7 November 2017 we found that improvements had been made but that these were not enough. For example, the provider carried out audits of medicines administration charts which the staff completed. The registered manager told us that four people using the service were supported with their medicines. We looked at the medicines administration charts and audits for all four people for August, September and October 2017. None of the audits identified any concerns. The audits included the question, "Have any gaps on the medicines administration records been identified?" to which the registered manager had recorded, "No" on all of the audits. However, we found that there were gaps on the records for three of the four people. In one case, the staff had recorded that they had administered an additional dose of one medicine on two days. This had not been identified in the audit of this record. The audits included a section for actions to be recorded. No actions had been recorded in any of the audits. Therefore these audits were insufficient and had failed to identify these problems. The provider had also failed to mitigate further risks because they had not taken action to prevent reoccurrence of these issues.

The above evidence is a repeated breach of Regulation 17 of the Health and Social Care Act 2017.

The provider's systems for record keeping had improved. Files were better organised and information was clearer and easy to access. The provider had ensured there were up to date and contemporaneous records for people using the service and the staff.

People who used the service and their relatives told us they thought the service was well managed. They said that they could contact the registered manager whenever they needed and that the agency had responded to their requests for change. People told us they were asked to share their feedback about the service. The provider regularly contacted people to ask for their opinions and this contact was recorded. They also visited them to review their care needs. We saw that changes people had requested had been recorded and the provider had acted on this. For example, one person had requested a change to the hours

of their visits and the provider had liaised with the local authority to enable this to happen.

The provider's records included a number of emails from the relatives of people who used the service and social care professionals. Some of the comments received shortly before the inspection included, "Keep up the good work", "I am so pleased that the change you advised has already had a positive effect", "[My relative] is happy with the carers now and they have got to know [them] well. They are always on time and outstanding in their care for [them]", "The service I am getting is excellent."

The agency had a mission statement which described the provider's values, aims and objectives. Information about these were shared with people who used the service and the staff through written guides.

The staff who we spoke with told us there was a positive culture, where they felt valued and supported. They told us they could speak with the registered manager whenever they needed and were given advice and guidance.

The registered manager was supported by three senior members of staff who helped to coordinate the care, carry out assessments and liaise with people who used the service and the care staff. Since the last inspection they had recruited an external consultant who had offered them advice and support about meeting their regulatory requirements. They had helped to improve the way in which the agency carried out assessments and planned the delivery of care. The registered manager told us that the consultant would be available for advice and support in the future if they needed.

The provider had updated their policies and procedures since the last inspection and these had been shared with the staff. These were designed to reflect the legal requirements for this type of service. The provider had also created new handbooks for staff and people using the service.

The provider used appropriate electronic call monitoring systems which showed when care visits were taking place and if there were any delays in staff arriving for these visits. The registered manager told us they received regular training and guidance from the company who had created the system. They said that they had taken on board suggestions from the company for making improvements by supplying care workers with mobile phones which were linked to this system.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>Regulation 17(2)(b)</p> <p>The registered person did not always maintain securely an accurate record in respect of each service user.</p> <p>Regulation 17(2)(c)</p>