

The Shires Home Care Services Limited

The Home Care Connection

Inspection report

222-224 Churchill House
120 Bunns Lane
London
NW7 2AS

Tel: 02082022622
Website: www.hcchomecare.co.uk

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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

The Home Care Connection is a domiciliary care agency that specialises in providing live-in care to older people in their own homes. At the time of our inspection 20 people were receiving a personal care service.

People's experience of using this service

People told us they were very happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. Staff managed the risks to people's health and welfare.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People received care and support from a regular staff member and most staff had worked with the agency for many years, which provided consistency.

Medicines were managed safely.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had a number of systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 30 November 2016.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

The Home Care Connection

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 planned this inspection 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

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Home Care Connection is a domiciliary care agency providing live in care to people 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 carried out the inspection visit on 29 May 2019. It was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

What we did

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home service that the provider is required by law to let us know about. We also reviewed the provider information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During our inspection we spoke with the registered manager, a live-in unit manager and three care workers.

We looked at four peoples care records and three staff files as well as other records relating to the management of the service

After the inspection we spoke to five people who used the service and nine relatives by telephone.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with, told us they felt safe using the service. Comments included "" I feel he is safe with them all. They all know how to move him and are so gentle with him. His main carer is a superhero." And "I do feel safe. I have a shower every morning with her and if I am unsteady on my feet she is there to support and steady me."
- The agency had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.

Assessing risk, safety monitoring and management

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately
- Equipment such as hoists, and stair lifts were regular checked to ensure they were safe to use.

Staffing and recruitment

- The registered manager followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- Dependency levels were assessed during the care planning process to ensure the right number of staff were allocated to people with complex needs.
- There were enough staff to meet people's needs and keep people safe. People told us they had never had any issues when their regular carer was not able to work due to annual leave or sickness.
- People and their relatives told us they knew the staff well and had built good working relationships with them. A relative told us "She has had the same female carer since we started. Family cover the carers time off. It's brilliant that it is so consistent."

Using medicines safely

- Records and discussions with care staff evidenced that care staff had been trained in the administration of medicines and their competency assessed.
- We looked at a file of MAR sheets that had been returned to the office from people's homes and saw that there were no gaps and entries had been signed by care staff and audited by managers.
- A person told us " She gives me my medication morning and evening. There are no problems and we have never missed a dose. She brings my tablets into me with my breakfast."

Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading.
- A person told us " They wear protective clothing and are very hygienic and they keep the kitchen and bathroom very clean."

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

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.

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

- People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process.
- A relative told us " He has significant needs. They even come with me to meetings with the therapy teams or psychiatric team." and another said " There was a thorough discussion to assess their needs and determine what seemed appropriate. My mum was finding it hard to cope especially at night if she had an accident."
- The registered manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues' number of service users were from the Jewish faith and staff demonstrated a good understanding of "keeping a kosher kitchen."
- The registered manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- A person told us "They are trained and know what to do and they handover well to each other."
- Staff had undertaken training in a range of mandatory topics so that they could do their job well. Most staff had achieved nationally recognised qualifications in care.
- Staff received specific training to meet people's needs for example in managing catheters, diabetes and prevention of pressure sores.
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- All staff complete the Care Certificate workbook. This is a set of fundamental standards health care professionals are expected to complete when supporting people in health and social care settings. □
- Staff felt very well supported. They had supervisions and appraisals and comments included "we are really well supported; the managers are really knowledgeable" And "Training with this agency is very good."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink. People received support to maintain independence and prepare their own meals.
- Staff worked with guidance from speech and language therapist and dieticians when required.
- People's weight was regularly monitored. A nutritional assessment was completed before people started using the service to identify risks around malnutrition or obesity.
- A relative told us " the carers are good with his meals. He chooses what he wants, and they will cook him

meals from scratch not just ready made meals which we are very pleased with."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as social workers, GPs, District nurses and occupational therapists to make sure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from healthcare professionals this was recorded within their care records.
- The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.
- People were supported by staff to attend medical appointments when needed. A relative told us "A couple of times the carers have phoned me and said she is not quite herself. I speak frequently to them and they have phoned the GP when necessary. They have also given me information on day centres and cafes and some equipment to help her."
- When concerns were noted regarding people's health and wellbeing, information was shared with GPs, district nurses, psychiatrists and other relevant healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In community settings any restrictions placed on people are known as community DoLS

- At the time of our inspection there was no body who was subject to a community DoLS.
- The registered manager sought appropriate consent to care. They visited people to go through their care plans to ensure they understood and consented to care.
- Staff continued to have a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment and gave their consent.
- A staff member told us, " We always give people options, for example we ask people if they prefer a bath or a shower."

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; equality and diversity

- People told us that staff were kind and caring. Comments included "" We get on very well, like a house on fire. She is just like family to me. If my daughter comes over too we all go out to see a good band and we have a dance. She does everything to help me, I'm so lucky to have her. She goes into the bathroom and puts the water in the basin for me and then I can do most of the rest myself, but she is around, and we have a good crack." "I am very happy with my carer. She is an absolutely beautiful woman and makes me laugh all the time" and " It's a very good caring service. We have no complaints and if we need anything they have always tried to help us."
- Staff spoke about people with respect and compassion. It was clear they had good relationships with people. One staff member told us, "we treat people as individuals and show respect."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- People and their relatives told us their individual needs and wishes in respect of their values, culture and religion were respected

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

- People and their representatives were regularly asked for their views on their care and their plans.
- Staff told us that they had enough time to engage with people to make sure that each person had everything they needed
- Staff told us that they had worked with people for a long time, this demonstrated consistency and continuity of care

Respecting and promoting people's privacy, dignity and independence

- The service demonstrated respect for people by having an ethos of supporting people to remain as independent as possible within their own homes. The registered manager told us "we are here to ensure that people live as long as possible and be as independent as possible and prevent people from having to go into care homes."
- Respect for privacy and dignity was at the heart of the service's culture and values
- People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them.
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and closing the curtains.
- A relative told us "They encourage her to be independent and her carer will say to any new carer who is covering for her that (name of service user) is quite independent with things such as most of getting washed and dressed but needs supervision and with using the stairs."

- The service recognised people's rights to confidentiality. Care records were stored securely in locked cabinets in the office. There was a confidentiality policy in place, which complied with General Data Protection Regulation (GDPR) law, which came into effect on 25 May 2018.

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

- People and their relatives told us they were happy with the care and support provided. One person said, "I am happy with the service. I do not want to change anything."
- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them.
- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.
- A relative told us "My father had an accident and then a blood clot on the brain and he was mums main carer, so we had to set the care up really quickly and they were great. They came and had a chat with us, they were lovely and very quick in their response time. Because it was short notice they said they may have to put somebody in for a few days and then work out the best match for somebody more permanent. But as it turns out the carer they initially put in has stayed and has been fantastic, it's worked out really well."
- Staff enabled people to undertake activities important to them

Improving care quality in response to complaints or concerns

- We looked at the complaint's records held at the office and noted that the service had not received any recent complaints.
- People told us that they had never had to formally complain. They were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly.
- A person told us "I have never had to complain but if I did I would go straight to the top. She would deal with anything."

End of life care and support

- People currently using the service did not receive any support in this area.
- All staff had been trained on end of life care.
- The service had a DNACPR policy in place.

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.

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us that the managers at the service were visible and known to them and approachable. Comments included "they are very on the ball with everything. I think the lady in charge is tough and keeps an eye on everything too but they all seem happy in their work." and "There is nothing that could be improved. They are a family run business."
- Staff were fully aware of their responsibility to provide a quality, person-centred service
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "the managers are always approachable, we often encounter situations that need addressing quickly, the registered manager is always available to guide us."
- The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- The registered manager provided strong leadership and everyone we spoke with said "they liked and respected them."
- Staff were happy, and proud to be working at the service. One member of staff told us, "I really enjoy my job, it's a good company to work for."
- The registered manager understood their legal duties and submitted notifications to CQC as required.
- Regular audits were completed and covered areas such as people's care records, safeguarding, risk assessments, health and safety and infection control. This was so any patterns or areas requiring improvement could be identified. Completed audits fed information into action plans.
- Spot checks and telephone monitoring were taking place on a regular basis
- One person told us "The seniors pop in once a month for the papers, the carers are writing every day. They are the best ones, I consider them a good agency."

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider sent surveys to people and health care professionals each year. The last survey was

completed in December 2018 and the majority of people were 'very satisfied. 'with the service

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. They discussed any issues with staff and put action plans in place to monitor and drive improvement.
- The service subscribed to UKHCA (United Kingdom home care association) the professional association for home care providers, to keep up to date with best practice.
- The service also carried out a self-assessment each year and an improvement action plan was completed and actioned as a result of this

Working in partnership with others

- The registered manager worked with social workers, GPs and district nurses to ensure relevant information was passed on and there was continuity of care
- Care staff told us that senior staff frequently came to observe them at a person's home, to ensure they provided care in line with people's needs and to an appropriate standard, A member of staff told us "they come and check on us regularly and we never know when they are coming."