

360HC Ltd

360HC Ltd

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

360HC Ltd is a domiciliary care service which provides care and support to people in their own homes. At the time of our inspection there were 45 people using the service.

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

The service was absolutely focused on providing exceptional standards of person-centred, caring support for people.

People had strong, meaningful relationships with the staff. They received care which always had their wishes, preferences and individual needs at its heart. The registered manager and provider had an extremely strong, person-centred vision for the service, and employed staff who were passionate in their approach to improving people's independence, dignity and quality of life. The service found ways to continue to support people safely even when this meant reducing the number of calls if this improved the well-being of people and their relatives.

360HC Ltd put people at the heart of decisions about their care. People were given time and support to express how they preferred things to be done, and this was always respected. Care plans were written with people over a period of time to ensure all important detail was captured.

People received exceptional person-centred care, which was highly responsive to their needs and empowered them to achieve meaningful goals.

People who used the service had absolute choice and control over their care, and the provider developed strong links with other health and social care professionals to ensure goals were achieved.

End of life care available to people was exceptional. Staff had been provided with training and support from palliative care specialists who helped improve their understanding, confidence and knowledge. Known staff provided care when people needed it, and were also able to support people's relatives effectively.

People had access to information which empowered them to understand what good care should look like, and there were robust formal and informal means of raising concerns or complaints. Action was always taken, and the provider saw all feedback as a learning opportunity which may improve the service further.

There was high-quality leadership in the service, and a very high level of caring for and supporting staff. Staff had real pride in their role, and made a difference to people's lives. People, their relatives and staff were highly involved in the drive to promote continuous learning and improvement in the service and the care it provided. Strong links had been developed with other health and social care professionals which enabled the provider to deliver consistently person-centred care.

Staff were recruited safely, well trained, and people had consistent staff providing their care. The service was very reliable, and people were consulted when any changes to their planned calls needed to be made. There was a good standard of information showing how staff could minimise any risks, and people received their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people well with all aspects of nutrition, and helped people to attend or prepare for health appointments as needed.

Rating at last inspection: At our last inspection in October 2016 we rated the service as good. At this inspection we found the provider and management team had embedded strong practices which had very positive impact on people. We have now rated the service as Outstanding in three of our key questions, which means its overall rating is also Outstanding.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring section below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive section below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led section below.

360HC Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, and an assistant inspector who made calls to people and staff.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 June 2019 and ended on 11 June 2019. We visited the office location on 11 June 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since it's the last inspection in 2016. This included information that the provider must notify us about. We also asked for feedback from professionals who work in the local authority commissioning and safeguarding teams. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, the quality officer, three staff, four people who used the service and two relatives. We reviewed people's care records and systems for running and monitoring the service.

After the inspection –

We asked the provider to send to send us some evidence to validate our judgements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There continued to be strong systems in place to ensure potential abuse was recognised and reported as required. There had been no safeguarding referrals since our last inspection, and our review of accidents and incidents did not identify any concerns that had been missed. Staff received appropriate training in this area.
- The management of the service reviewed overall service performance and any incidents to ensure lessons that could be learnt were adopted by the service.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support needs were still robustly assessed, and staff had access to information to help them minimise any risks as much as possible. People told us they felt very safe using the service.

Staffing and recruitment

- There continued to be sufficient, robustly recruited staff to provide a very reliable and safe service. Calls were planned to ensure people had regular staff visit them, and planning took journey times into consideration.
- People were supplied with information about which staff would be attending calls, and could receive this in paper or electronic form according to their preference. Where staff were unable to attend a regular call, people received a call to explain why the change had been made and who would be coming in place of their regular staff. People we spoke with said the service performed very well in this area.

Using medicines safely

- Management and administration of medicines continued to be safe. People told us they were well supported with their medicines, and staff received appropriate training and monitoring of their practice.

Preventing and controlling infection

- Staff had access to protective equipment such as aprons and gloves as required. This is important in a good approach to infection control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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.

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

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

- Staff continued to receive a high standard of training and support to ensure people's rights under the MCA were respected and promoted.
- People told us they were given space and time to give staff their consent for any care or support, and said their choices were always respected.
- There was no one using the service at the time of our inspection whose lack of capacity required application to be made to the Court of Protection.

Staff support: induction, training, skills and experience

- People told us they trusted staff, and said they had the necessary skills to provide good care.
- Staff received a thorough induction which included studying for the Care Certificate whether or not they had a background in working in care roles. The registered manager told us this enabled them to make a thorough assessment of staff's skills and strengths when they joined the service.
- Ongoing training and supervision remained strong. Staff felt confident they had the skills and support from management to be highly effective in their roles.

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

- People told us they still received good support in this area. Staff had access to information which they could use to help people make choices about their meals, including their favourite or preferred food and drink, and any health or cultural needs that needed to be respected.

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

- People told us they received support with their healthcare needs when they needed 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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- There was an exceptionally strong caring culture in the service, with the quality of support for staff equal to the care, support and assistance given to people using the service. The registered manager told us the service started with just a relative as a service user, and the model of care they had developed was rooted in staff knowing and caring for people as well as they would a relative.
- Managers tested the values and ethos of prospective new staff at interview to ensure they were a robust match for the person-centred culture in the service. During a staff member's probationary period, people were asked for feedback about their performance. People were also encouraged to request a change in care staff where a bond had not developed. The registered manager said they and the staff saw such feedback as positive, as the relationship between staff and person was key to achieving the highest standards of care and support.
- Without exception, people told us they had highly valued, strong and trusted relationships with staff they knew very well. People referred to the staff as "brilliant", "cheerful" and "chatty", and we saw these strong relationships had contributed to people achieving personal goals.
- People said the reasons for their consistently high satisfaction with the service included having the 'best carers who don't just complete tasks', and the 'endless patience and cheerfulness' of all staff. One relative said they felt 'a weight had been lifted' from their shoulders because of their trust in the staff and management of the service, and this had helped them to regain their relationship with their relative which they felt they had lost when they had needed to provide a high level of care and support.
- Although the service was most strongly focused on the needs of people they supported, the provider also considered the impact on relatives when people had an increased dependency on others. For example, staff concern for the well-being of one relative had resulted in the registered manager reviewing the care package with the person and their family. Having identified the negative impact the number of calls was having on their privacy and independence, the care was re-organised into fewer calls which still enabled the person to receive safe levels of support to meet their needs. This had a positive impact on both the person and their relative.
- In the most recently collated service user survey (December 2018), 98% of people had said staff treated them with absolute kindness and respect, and made a positive impact on their lives. There was no feedback to suggest people experienced a difference in care because of protected characteristics such as, gender, sexuality, faith or having a disability or sensory impairment. The registered manager had respect for the Equality Act 2010 and a strong understanding of their responsibilities to provide quality of care for all people.

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

- People and their relatives told us they were absolute partners in the writing of care plans. The registered manager told us it took, on average, two weeks to write a care plan that accurately captured the support people needed, their preferences for how their care was delivered and well-being enhanced, and important routines staff would need to understand in order to give the person the highest possible standards of support. Care plans contained detailed information about what was important to the person to ensure they had a high quality of life. For example, ensuring a clean cotton handkerchief was always in one person's pocket, or the importance of positioning a heated pillow in the preferred place in another person's bed so they derived the greatest comfort from it. Care contained simple but important details which meant staff knew about items which people like to have at hand for reassurance throughout their day.
- The registered manager told us, "We start with a blank sheet of paper and do our own assessment. Then we get people to add in the personalised detail – how you do things, when you do things – and then there is a two week learning curve." They showed us how people, their relatives, and staff were encouraged to write in the care plan during this time to capture the highest possible level of detail. Surveys asked people and their relatives about how well the provider involved them in decisions about care, and we saw the service had scored 97% high satisfaction in this area.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with praised the staff for their approach to privacy and dignity. People told us staff were very mindful of their feelings and experience when receiving personal care. 98.5% of People and their families gave the most positive level of feedback when asked if they were treated with care and respect. One person said, 'I am treated well. Great care and understanding and compassion.'
- Staff were skilled in treating people with respect, and understood how to work with people in ways which ensured their human rights were protected at all times. Staff were empowered to make recommendations about people's care and preferences, which had positive impact on people's ability to maximise their independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a strongly embedded culture of putting people at the centre of their care, ensuring choices and preferences were explored, discussed and respected at all times. In addition people received support and encouragement to achieve goals which had a strong impact on quality of life and health.
- People were empowered to have the highest levels of control and independence as possible. One person who used the service had a history of self-neglect, which had impacted on their health and general well-being. The person had developed a good bond of trust with the small core team of staff who provided their support, and this had enabled them to regain their interest in personal care. The service worked with the person and other health professionals to write a flexible care plan which was structured to help them to maximise this progress. As a result of their increased confidence, the person had felt able to begin attending appointments which had benefitted their overall health.
- Another person had started to use the service when they were confined to their bed for care, and expressed frustration at the pace of their progress to recover their mobility, confidence and full independence. The provider worked with health and social care professionals to move their bed to the ground floor of their home, where the person felt they would have more incentive to move about and complete tasks safely. Working alongside therapeutic services, a plan was developed to incorporate exercise and visualisation of their long term goal, a return to independent holidaying. As a result of a person centred, multi-disciplinary approach the person had achieved their goal, and their dependence on staff for care and support had been reduced.
- Another person was supported to have fewer calls each day by introducing an electronic device to remind them to administer their own medicines. This action had increased the person's independence, and regular checks had confirmed it was effective.
- The most recent survey showed 97% of people were strongly in agreement that they, 'had choice and control over the service they received.'

End of life care and support

- The provider worked well to ensure people experienced an exceptional level of compassion and care at the end of their lives, with their wishes respected and additional support being provided when, for example, a person had a desire to die at home rather than in a hospital or hospice. The provider worked with GPs and other health service providers to ensure this care could be provided by staff already well known to and trusted by the person and their family. There was a multi-disciplinary approach to the provision of care at

the end of people's lives, with the provider working in close conjunction with palliative care teams. This ensured people remained comfortable and pain-free at the end of their lives.

- Staff worked with people and their families so they could understand and respond to people's wishes for this aspect of their care. We saw feedback from relatives which showed genuine appreciation for the care their relative and the family had received. Staff were referred to as 'highly professional' and 'non-intrusive'.
- Staff also received outstanding support to prepare them for providing the most compassionate and responsive end-of-life care. The provider recognised that providing this care would have an impact on care staff, who knew people well and cared about them, and could also require staff to provide support to family members. The provider arranged a training session with the palliative care team, so staff had the opportunity to understand best practice, what to expect, and how to best answer questions the person or their family may ask.

Improving care quality in response to complaints or concerns

- The service had several formal and informal ways of understanding people's concerns, and a well-defined complaints process that was made available to everyone using the service. At the time of our inspection the service had received no formal complaints. People and relatives we spoke with said they had never had need to make a complaint, however all said they would have no problem in raising any issues directly with the registered manager. Everyone told us they had regular contact with the office and would be able to mention any concerns they may have at the time they arose.
- The registered manager set high standards for the service, and empowered people to understand how to make meaningful judgements about whether the service met these standards. To enable people to understand what good care looks like, and empower them to make a meaningful comparison with 360 HC's performance, everyone who used the service was provided with a copy of the CQC "What to expect from good care" leaflet.
- Staff were encouraged to spot concerns people may express in conversation with them, and empowered to discuss these with the registered manager. Where people did not want to raise a formal complaint, staff had asked for people's consent to discuss the concerns at team meetings or with the registered manager to ensure all feedback received was used in driving improvements in the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was knowledgeable about their responsibilities to ensure information provided to people was in an appropriate format to enable them to read and review it. At the time of our inspection there was no one using the service for whom any adaptation was required, for example due to a sensory impairment, disability, or through not speaking English as a first language. Where people needed third party support to access and understand information, for example when a decision was needed, the provider had ensured this was arranged.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The leadership of the service was exceptional, strongly focused on enabling people to have the most positive outcomes, in part by ensuring staff were seen as highly valued assets, well trained and with the best support they could offer.
- The registered manager and director shared a clear vision and very strong values based on 6 Cs – care, compassion, competence, communication, courage and commitment. They led by example and were passionately committed to providing exceptional individualised care. People said staff shared this vision. The staff survey showed there was an extremely high level of satisfaction and pride in their work. The most recent survey showed 100% of staff were happy in their job, and 99.5% said they were proud to work for the provider.
- We reviewed a large number of outstanding outcomes for people with the registered manager. Success was built on a combination of always respecting people's rights and choices, staff empowerment and vigilance, together with strong management vision, input and support.
- Staff were ambassadors for good care, and felt they were truly empowered to make real differences to people's lives. The provider received a 100% positive score in the staff survey in response to the statement, 'I believe that the service we provide makes a real difference to our clients'. 99.5% of staff agreed with the statement, 'I feel that 360HC go that extra mile for our clients.' People were equally positive in their feedback, with several saying they could not ask for better care.
- The provider had a person-centred approach to their employees, who were encouraged to be the best they could be and partners in care planning and provision. The registered manager told us, "We want staff to feel valued, and empower them to make suggestions that can improve outcomes for the people they support and the quality of the service overall."
- The provider was active on social media, giving people appropriate opportunity to share in successes and comment on people's feedback about the service. The provider also shared information which may be of interest or relevance to people, for example, sharing an Alzheimer's Society guide to what people may need to know about dementia, and an NHS article on good diets to help older people maintain good health.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a strong relationship with people who used the service, and people we spoke with said they had met the registered manager, knew them by name and spoke with them regularly.

Although there was no evidence of any incident which had required disclosure under this duty, we concluded there was an open and transparent culture in the service which meant these discussions were likely to take place when needed.

- The provider had a very proactive approach to gathering feedback about every aspect of their service, candidly sharing analysis of the feedback with people and staff, and using this as a real driver for improvement.
- People were able to share feedback in writing, over the phone or in person. Feedback about the service was also sought when involving people in reviews of their care. This meant people could share their experience with the provider in ways which reflected their communication preferences.
- The registered manager used social media to share messages and good practice guidance with people, and welcomed feedback at any time via this route. Shortly after we left their offices, the provider posted on their social media page that we had inspected the service and alerted people to look out for our report.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team were passionate about good care and were excellent role models. Their approach was inclusive and collaborative. The registered manager told us they had a 'no blame' culture, which enabled staff to be candid about any mistakes or negative feedback, which meant prompt improvement action could be taken. They spoke about staff as the absolute core of their service, and were clearly proud of what they achieved. Staff were regularly rewarded for 'going the extra mile' and providing a consistently high quality of care, and the service had a very low turnover of staff.
- The provider was extremely proactive in understanding people's experience of using the service. Surveys were sent regularly to people and staff, and regular contact was maintained with people and their relatives to ensure quality monitoring took place at all times.
- The activity to monitor quality in the service was very robust, honest, and focused on achieving outstanding outcomes. The registered manager aligned their monitoring of the service to the requirements of the Health and Social Care act, and was focused on what was good, and what could still be improved.
- The service followed all current and relevant legislation along with best practice guidelines. This was to ensure the diverse needs of everyone who used their service were met. We found the management team had constantly updated themselves regarding current best practice and improved care delivery wherever possible.
- The service had a Quality Assurance Officer whose remit was to work with people and their families to ensure the care and support they received was focused on obtaining the best achievable outcomes for people. Care was fully reviewed with people every three months to ensure the care plans remained up to date and truly reflective of the person's individual needs and goals. People told us how much they valued the input they had.

Working in partnership with others

- There were a number of examples where the provider had proactively contacted other health and social care professionals, and worked with them to ensure the care they received absolutely met their needs and enabled them to regain or retain their independence. For example, the registered manager had worked with the team providing adaptations for people's homes to improve responsiveness when a change in a person's need was identified. They had also developed strong links with health professionals and other organisations in the social care field which enabled them to organise bespoke training events for their staff, such as in end of life care. This training was arranged to educate and support staff involved in providing care for someone whose condition had begun to deteriorate.
- There was strong liaison with other healthcare providers to ensure continuity of care, for example if someone was due to be discharged back home from hospital. One person said, "We were very happy when

(my regular carers) turned up on time and the care package recommenced as usual after my stay in hospital."