

HW Homecare Ltd

HW Homecare

Inspection report

10 Robertson Street
Hastings
TN34 1HL

Tel: 01424237000

Website: www.hwhomecare.co.uk

Date of inspection visit:
31 January 2022

Date of publication:
24 February 2022

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

HW Homecare is a domiciliary care agency providing personal care. The service provides support to people living in their own homes. At the time of our inspection there were five people using the service. The registered manager was planning to take on more people's packages of care to expand the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Although people and their relatives told us they felt people were supported safely, risks to people were not always identified and assessed in their care documentation. This meant that there was a risk new staff would not have the guidance to show how to support people. Emergency planning had also not been considered for events such as adverse weather conditions or staff sickness. The registered manager recognised these as areas for improvement and started implementing risk assessments during the inspection.

We found improvements were needed to people's care documentation to ensure their current support needs and preferences were reflected accurately. Staff knew people well and so this had minimal impact on people. Other improvements were required to the recording of staff information. Although we found improvements were needed to records, people, their relatives and staff were positive about the registered manager and felt the service was well led. One staff member said, "When I started, I was so nervous and they guided me through it all. They and the care coordinator are amazing and have taught me a lot."

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 received a thorough induction and training programme to ensure they had the skills and knowledge to meet people's needs.

People, their relatives and a professional were unanimous in their view that staff were kind and caring. They told us people's privacy, dignity and independence were respected and promoted at all times.

Because staff knew people so well, they provided personalised care that met people's needs and preferences. Although no complaints had been received, people told us their views were always listened to and they knew what to do if they had concerns.

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

Rating at last inspection and update

This is the service's first inspection since their registration in July 2021.

Why we inspected

This was a planned comprehensive inspection, following the registration of the location.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

HW Homecare

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 Health and Social Care Act 2008.

Inspection team

Two inspectors and one Expert by Experience were involved in the inspection process.

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

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 five days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also needed time for people to consent to us contacting them for feedback.

Inspection activity started on 19 January 2022 and ended on 31 January 2022. We visited the location's office on 31 January 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people and three relatives. We talked to three staff, including the registered manager and two carers.

We reviewed a range of records. This included two people's care records and two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training, contingency planning and policies and procedures were reviewed.

After the inspection

We spoke to one professional about their experiences of working with HW Homecare.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement.

This meant 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.

Assessing risk, safety monitoring and management

- People's records did not always identify or assess risks, for example with moving and handling, falls, choking, and specific health conditions. There was limited information available to staff in how to manage these risks. In some records, information was contradictory, which could potentially lead to confusion in how to support people.
- Staff knew people well and spoke to us with knowledge and awareness of their needs. Staff knew how to manage and mitigate these risks, but records were not detailed enough for new staff to have the information they needed. There was a potential risk that if regular staff were unavailable, new staff would not have the information they needed to support people safely.
- The registered manager recognised this as an area for improvement, particularly as they were planning to expand and recruit more staff. They said, "I understand why the information needs to be there, if we want to grow, we need to get it right."
- We found that the service did not have a contingency plan to manage emergencies, such as adverse weather conditions or staff sickness. The registered manager talked to us about which people they would prioritise and why. They began working on a 'Just in case' plan during the inspection. This included the use of a 4x4 vehicle to transport staff to care calls in the event of snow.
- Although risk assessment required improvements, people and their relatives told us they felt safe with staff. One person said, "I can't praise them enough. I have one who calls me to check if I need anything, really helpful. They help me with everything, I trust them completely."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks. Staff had safeguarding training that guided them in recognising different types of abuse and how to respond.
- One staff member said, "We know people well and recognise if something isn't quite right. Safeguarding also teaches you what to look for. I would report to the registered manager, take advice from the safeguarding team and note everything down with details."
- We viewed the service Whistleblowing policy. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. One staff member said, "If I was concerned, I know I could talk to the Local Authority or CQC."

Staffing and recruitment

- People and their relatives told us there were enough staff to support them, they saw the same staff most days and that staff never seemed rushed when they supported them. A person said, "They tell me what time they are coming and arrive early. One was ten minutes late and she couldn't apologise enough." A relative told us, "Spot on so far. They said they will let me know in advance if they were running late but they have never had to do that yet."
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Where gaps in employment had been identified, although they had not been recorded, the registered manager had talked to staff about these and recognised the need to record these in future.
- The registered manager explained the process of how they recruited staff. This included phone interviews, face to face discussions and the use of real-life scenarios to understand whether staff were suitable for the role. The registered manager said, "We give scenarios about providing personal care and do written exercises with a pretend logbook."
- Staff records did not contain information regarding interviews or exercises. We discussed the importance of these records with the registered manager and have addressed this further in the Well-led section of the report.

Using medicines safely

- At the time of inspection, no people were receiving support with medicines. However, all staff had received medicines training and demonstrated knowledge of giving medicines safely.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- At the time of inspection, there had been no missed calls, accidents, incidents or safeguarding concerns at the service. However, the registered manager understood and demonstrated knowledge of learning from experiences.
- The registered manager said, "I'd rather be open and honest about something that's happened and if there's lessons to be learned, we will learn them as a team." They told us incidents would be a part of managerial monitoring so that themes or trends could be identified.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives told us that they were involved with assessments before their package of care began. One person said, "I was involved with everything."
- Others such as relatives, social workers and health professionals also contributed to the assessment to paint a picture of the person and their life.

Staff support: induction, training, skills and experience

- People and their relatives told us they thought staff were well trained and that they knew how to support them well. The registered manager told us they were keen to make training as practical as possible to keep staff engaged. They said, "When we do medicines training, they have lots of empty boxes of medicines they use for role playing, which keeps things interesting."
- Staff told us they received a robust induction which included four days of training, shadowing senior staff, discussion with the registered manager and reading documentation. One staff member said, "It was intense training, but it was all good. I did lots of shadowing on calls too which gave me confidence with people's specific health needs."
- Because the service was new, the registered manager had not yet introduced regular supervision or annual appraisals, however they showed us their policy on this and advised they were implementing this shortly. Staff said that although they may not have had supervision yet, they could meet with the registered manager or care-coordinator anytime to ask for advice.
- The registered manager checked staff competence in managing medicines, moving and handling, person-centred support and infection control. Staff were assessed by observation, how they interacted with the person and how well they knew their needs and preferences.

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

- People's nutritional needs were met. Where people were being supported to eat and drink, they told us staff asked their choices and had no concerns about how this was managed.
- Staff knew people well, their preferences and any associated risks such as choking. One staff member knew that the people she supported enjoyed home cooked food. They told us, "I cooked extra meals at home and dropped them off for people who don't get homecooked meals all the time. It's nice to have a home cooked meal isn't it? It lifts your spirits. Their happy response makes me happy the rest of the week."
- Staff also said that it was important people had enough to eat and drink in between care calls. A staff member said, "I always make sure they have plenty of fluids and snacks within their reach of where they are."

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

- People and their relatives told us they were confident that staff would support them to access health care services if they needed it.
- Staff told us that because they knew people so well, they were able to recognise quickly when something wasn't right. The registered manager said, "We noticed instantly when one person was unwell and got them to the hospital quickly."
- A professional told us of the positive impact staff care had had on one person. They said, "The agency took on a person (who struggled to access health and social care services due to risks) and they were attentive and caring. This person is now engaging with all professionals and has regained their trust in services, due to the carers they received from HW Home Care."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us they were offered choice in all aspects of their care. This included routines they wished to follow, what they wanted to wear or eat.
- At the time of inspection, people had been assessed as having capacity to decide where they wanted to live and therefore no community DoLS were required.
- However, staff had all received mental capacity training and discussed ways they supported people to make decisions. One staff member said, "One person is non-verbal but makes eye contact and gives high fives for 'yes'. We may get two tops out and they will point at the one they want. We also have pictures of things they can point to, which lets us know preferences."

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were kind, caring and respectful. One person said, "They are very very good." Another person told us a staff member checked in with them, even though they were on holiday, which made them feel cared for.
- Relatives were also complimentary about staff and their caring approach when supporting people. One relative said, "Oh they are very caring. It's the way they talk to my relative, they stroke their hand, they are very good."
- It was clear that staff enjoyed their roles and supporting people. One staff member said, "I'm drawn to supporting people, helping them thrive. I love my job - It's not task based for me, it's about being with people and making them happy."
- Staff had all received equality and diversity training. They understand the importance of respecting people's individual preferences and ensuring no-one was treated differently.
- The registered manager said, "It's about getting to know people, their likes and dislikes. It's so important to talk to people and get their views. But even if they had Dementia for example, it doesn't mean they can't speak or that they don't have capacity. We treat everyone as an individual."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity were always respected. One person said, "The staff, I can't praise them enough, they help me with shopping and washing myself. I felt a bit awkward at first, but they made me feel at ease."
- Staff gave examples of how they supported people in a dignified way, such as taking their time, ensuring privacy with close doors and curtains and always asking how people want to be supported.
- One staff member told us, "It's about talking to people in a dignified way - being warm and smiley, making them feel respected – also making the time count and enjoyable. Some days people don't see anyone but us. If you can't treat them like you would your family, then don't do this job - they are all someone's family and deserve your respect and kindness."
- Staff also understood the importance of supporting people to be as independent as possible. This could be through maintaining current skills and learning new ones. One staff member said, "We provide physical support such as helping to declutter their home so they can mobilise independently or making sure they have food and drink within reach so they can eat and drink on their own." Another said, "I give lots of encouragement, use any equipment they have and follow guidance. I'm also positive with them, helping

them understand they can do things."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and understood their preferences, for example how they liked to be supported or routines they preferred to follow.
- Staff gave us examples of how they encouraged people to share how they would like to be supported. One staff member said, "We got to know likes and dislikes through asking and using pictures, talking to family, talking to professionals and talking with the person about things they had done in the past. It helps build a whole picture."
- Another staff member talked about a person who they regularly supported and their hobbies, which they tried to involve as part of their support. This could mean looking at books or models to do with their hobby or discussing this with the person over a cup of tea.
- The registered manager demonstrated a passion for supporting their staff to put people at the centre of their care. They said, "I always say, take yourselves into the person's world, rather than try and get them into yours."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew people and their communication needs well. One staff member said, "Some people are hard of hearing or lip read and find it difficult with masks. So, we must be even more clear, enunciating and using visors so they can see our face."
- One person didn't have English as their first language and staff talked about how they supported with communication. A staff member said, "They do understand, things like facial expressions, body language, gestures. There is also a list of phrases in their preferred language to aid communication. Their family act as translators too."
- People's communication needs were not always recorded in their care documentation. We have discussed this further in the Well-led section of the report.

Improving care quality in response to complaints or concerns

- At the time of inspection, the service had received no complaints. We viewed the complaints policy and the registered manager demonstrated knowledge of how they would manage complaints or support people

to make them.

- People told us that if they had any concerns, they would know how to complain and would feel comfortable doing so.

End of life care and support

- At the time of inspection, no-one was receiving support with end of life care.
- Staff had all received training in this area and demonstrated knowledge of how they would support someone with this need. One staff member said, "Making sure they are comfortable, have fluids, perhaps hold their hand and talk to them so they know someone is there with them."

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and care coordinator were responsible for completing a variety of audits as part of the quality assurance process. This included audits of people's care documentation, staff files, accidents, incidents and complaints. However, due to only being registered for six months, this process had not been started yet. More time was needed to implement and embed the audit process to ensure records were up to date and accurate.
- People's documentation was not always up to date with people's current support needs. For example, people did not have assessments related to moving and handling, choking, communication and specific health conditions. Care plans lacked personalised information about how people liked to be supported, what they could do independently and where they needed support.
- Staff records were also missing some information regarding recruitment. Although the registered manager had explored reasons for gaps in employment, these had not been recorded in staff files. Staff told us they had been to staff meetings, however none of these had been recorded to track attendance and any actions.
- Staff demonstrated a sound knowledge of people and how they liked to be supported. They were a small team who supported the same people every day. Therefore, we considered the impact on people to be low. However, the registered manager recognised this as an area of improvement, especially as they were planning to expand the service and support more people in their homes.
- The registered manager told us they were also exploring alternative quality auditing tools, such as the use of an external auditor.

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

- People and their relatives told us they felt the service was well-led. One person said, "I've recommended the service to other people. I can't praise them enough, all of them." A relative said, "They are very helpful when I've spoken to them."
- Staff told us they felt very well supported by both the registered manager and care coordinator. One staff member said, "I can talk to them about everything. They are so supportive and caring. It makes a difference feeling cared for in your job. The registered manager doesn't judge. They are kind and move heaven on earth to help."
- Staff told us they felt part of a team where they were encouraged to be open, share ideas and work

together to problem solve. One staff member said, "This is the happiest I've been a long time in a job. I love the people and the staff. Really good team, no worries about any of them, they are kind and caring."

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

- There are had been no concerns related to safeguarding concerns, accidents or incidents. The registered manager demonstrated knowledge of how they would manage such incidents and who and when they would report to professionals such as the Local Authority or CQC.
- The registered manager also told us the importance of sharing information with people and their loved ones with permission.

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

- At the time of the inspection, questionnaires asking for people, relative and staff feedback had not been issued. This was due to the service only being open a short time.
- The registered manager showed us their plans for gathering feedback, which included several questionnaires and alternatives for people who couldn't complete these. They said, "We plan to do anonymous questionnaires as well to encourage any constructive feedback." Until these were introduced, the registered manager sought feedback from people and their relatives during reviews or when supporting on care calls.

Continuous learning and improving care; Working in partnership with others

- The registered manager demonstrated a passion for learning. They listened to our feedback and were receptive of suggestions for areas of improvement. Immediately following the inspection, the registered manager began implementing changes to improve areas of concern.
- The registered manager said, "We don't see feedback as negative; we use it to improve. We will do everything we can to make us a better agency going forward."
- The registered manager told us they had built good relationships with the local authority and local registered manager's networks, which allowed them to share ideas or concerns and problem solve together. A professional said, "The agency was professional, and the communication was also timely and efficient. I like the approach the registered manager, care coordinator and staff appear to have. They are not fazed and have a hands-on approach."