

Certified Healthcare Solutions Limited

In Home Care Havering

Inspection report

16 Roneo Corner
Hornchurch
RM12 4TN

Tel: 07853843082

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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

In Home Care Havering is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to people in their own homes. 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. At the time of our inspection, the service provided personal care to five people in their own homes.

People's experience of using this service

Risks were identified and were assessed to ensure people received safe care. People told us they felt safe when receiving support from staff. Staff were aware of how to safeguard people from abuse. Systems were in place to ensure staff attended calls on time. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Medicines were being managed safely.

Staff had been trained to perform their roles effectively. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person-centred care. Care plans had been reviewed regularly to ensure they were accurate. Systems were in place to manage complaints and people's communication needs were met.

Quality assurance systems were in place to identify shortfalls to ensure there was a culture of continuous improvement.

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

Rating at last inspection

This service was registered with us on 19 April 2021 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

In Home Care Havering

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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 72 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.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell

us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service.

We reviewed three staff files, which included pre-employment checks and four care plans which included peoples support needs. We looked at other documents such as quality assurance and training records.

We also spoke to three relatives of people that used the service and two staff members.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed in relation to people's circumstances and health conditions. The assessments included the nature of the risk and control measures to minimise the risk. There were risk assessments in place for specific health conditions such as epilepsy and skin integrity.
- Risk assessments had also been completed for people at risk of falls and accessing the community.

Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Chart (MAR) showed that medicines were being administered as prescribed.
- Topical MAR records were in place for the application of creams to minimise the risk of skin complications.
- Staff had been trained on medicines and their competency had been assessed to ensure they were competent to manage medicines safely. Medicine support plans were in place, which included if people required support with medicines and the type of medicines they were on.

Staffing and recruitment

- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks had been made such as criminal record checks, health declaration, references and obtaining proof of staff identity and right to work in the UK.
- Systems were in place to minimise risks of late or missed calls. The service used an online call monitoring system to monitor staff timekeeping and attendance. Staff logged in and out of visits electronically and the system alerted the office if staff did not log calls. This showed they had attended and left the care visit at the allocated time.
- Staff were sent rotas in advance and bank staff were available in case of emergencies. A staff member told us, "My rota is sent in advance. I am able to go care visits on time." A relative commented, "They [staff] do come in on time. There has been no missed visits."

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- We were told there had been no incidents or accidents since the service registered with the CQC. An incident and accident policy was in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative told us, "[Person] does feel safe with them [staff]. They are pleasant and [person] trusts them."
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy was in place.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control.
- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care. A relative commented, "They [staff] do wear PPE and follow any extra request I have; they are very diligent."

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.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had been trained on essential areas such as on basic life support and moving and handling. Staff also received specialist training in learning disability, dementia and epilepsy so they can support people effectively.
- Staff had also received an induction, which also involved shadowing experienced staff. A staff member told us, "I got good training and induction, it was helpful." A relative commented, "They [staff] have been trained really well. They do a very good job."
- Regular supervisions had been carried out for staff, which ensured staff were supported in their roles.
- Staff told us they felt supported. A staff member said, "[Registered manager] supports me well."

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

- Systems were in place to assess people's needs and choices.
- Pre-assessments had been carried out in detail to ensure the service was able to provide person-centred support to people.
- Reviews had been carried out with people to ensure people received support in accordance with their current circumstances. People or their relatives were included as part of these reviews and decisions to ensure people received the care they wanted. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- People were supported to eat and drink and supported to maintain a balanced diet.
- Care plans included the level of support people required with meals or drinks and included their preference with meals. Staff had also been trained in food safety.
- Assessments had been completed for risks associated with eating to ensure people were able to eat their meals safely.

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

- People had access to health services to ensure they were in the best of health.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff knew when people were not well and what action to take.
- The service had also devised their own hospital passport, which included important information about the person should they need to go to hospital such as their support needs, diagnosis and how to communicate

with them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

- Systems were in place to obtain consent from people to provide care and support.
- Staff had been trained on the MCA. MCA assessments had been completed to determine if people had capacity to make specific decisions.
- Staff told us that they always request people's consent before doing any tasks. A relative told us, "They [staff] always tell [person] what they will be doing and ask for their consent."

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; equality and diversity

- People were treated with kindness and respect. A relative commented, "They [staff] are friendly and have a good relationship with [person]."
- Peoples religion had been recorded on their care plans. People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- People were involved in decisions about their care. Care plans had been signed by people or their relatives to evidence that people were involved with the decisions made on their care.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A relative commented, "They [staff] always involve me with decisions on care planning and any reviews."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. Staff had also been trained on privacy and dignity. A relative told us, "They [staff] put a towel round [person] after shower and change [persons] clothes appropriately and with privacy."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people with personal care or mobilising.

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

- People received personalised support, which was in accordance with their preferences and choices.
- Care plans were person-centred and included information on how to support people in number of areas such as personal care, living arrangements, oral healthcare and nutrition. Care plans also included people's background history, so staff knew about the person they were supporting. A relative told us, "The care plan is accurate according to [persons] needs."
- Care plans also included people's strengths and difficulties and there were care guidelines, which included in detail how to support people in specific areas such as manual handling.
- Staff told us they found the care plans helpful. One staff told us, "The care plans are helpful for our roles."

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.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. A relative commented, "[Person] likes them. They [staff] communicate extremely well. [Person] feels safe with them."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. We were told by the registered manager that no complaints had been received since the service registered with the CQC.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. Staff had been trained on end of life. The registered manager told us they ensured staff were trained so they were prepared should they support people in this area.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Audits had been carried out on the running of the service to ensure people received personalised high-quality care. Audits had been carried out on medicines and daily logbooks. Spot checks had been carried out to ensure staff were competent on their roles and people were receiving safe care.
- Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-centred care plans to facilitate them providing care to people the way they preferred.
- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "[Registered manager] is a good manager. I like working for them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- People's beliefs and background were recorded and staff were aware of how to support people considering their equality characteristics.
- The registered manager told us they obtained feedback from people through spot checks and welfare checks. A relative told us, "I am extremely happy with them. Very good service. I am so pleased."

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 was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.