

Higher Height Care Ltd

Higher Height Care

Inspection report

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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

Higher Height Care is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, four people were using the service. 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.

People and their relatives were very satisfied with the care that staff provided and with the management of the agency.

People and relatives said safe care was provided, with people protected against abuse, neglect and discrimination.

Details of how to reduce risks to people's safety were included in people's care plans.

Care plans reflected people's individual needs.

Safe recruitment practices were in place to ensure only suitable staff worked at the service.

Enough staff were employed to meet people's needs and timely calls were in place to provide personal care.

Quality assurance systems were in place to ensure people were provided with a quality service.

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.

People and relatives told us they were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff.

Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

The registered manager understood their responsibilities and worked in an open and transparent way.

People and relatives were aware of how to approach the registered manager to raise concerns or complaints. They said the registered manager always listened to their views.

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 23 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

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?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Higher Height Care

Detailed findings

Background to this 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

This 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 two 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 gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 16 June 2022 and ended 17 June 2022. We visited the office location on 17 June 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority.

During the inspection we spoke with three people who used the service about their experience of the care provided and two relatives. We spoke with one care staff and the registered manager. We reviewed a range of records. This included three care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us.

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 Good. 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

- People were protected from the risk of abuse.
- People told us they felt very safe with staff from the service. One person said, "I have always felt very comfortable with staff. They make me feel relaxed."
- The staff member demonstrated they understood how to safeguard people. They were confident the management would take action if they had any concerns about people's safety.
- The registered manager was aware of how to report any safeguarding concerns to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People were protected from risks to their health.
- Risk assessments were individualised and person centred. They covered the potential risks for people and for risks identified in people's homes.
- This helped to ensure that any risks to people's personal care and environment were identified and prevented.

Staffing and recruitment

- Recruitment systems protected people from receiving personal care from unsuitable staff members.
- Records showed evidence of good character and criminal records checks had been completed for staff before they began working at the service.
- These checks help prevent unsuitable staff from working with people who use the service.
- Assessments and support plans identified the number of staff required to deliver care safely.
- Sufficient staffing was always in place according to people and relatives. There were no missed calls reported.

Using medicines safely

- No person was currently receiving medicines from staff, as this was carried out by their family members.
- A medicine audit system was in place to check that medicine had been administered properly, when this is needed in the future.
- Staff were trained to administer medicines.

Preventing and controlling infection

- People were protected from infections.
- People and relatives told us staff had always worn personal protective equipment (PPE) during the COVID-

19 pandemic.

- The staff member described relevant infection control measures that were in place to protect people.
- Staff had received training in infection control, including COVID-19. The staff member told us there was always enough PPE available to ensure people were protected from infection.
- Staff undertook testing for COVID-19.
- Processes were in place for the reporting and follow up of any accidents or incidents.
- As there had been no accidents or incidents to date, there were no lessons learned at the time of the inspection.

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 of 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

- Peoples' needs were assessed before personal care was provided.
- Details of people's assessments were in place. This information helped to ensure staff were sufficiently trained to provide the care and support needed.
- People and relatives said there had been no problems in the care provided by staff. They were satisfied care plans included all necessary information to provide effective care.

Staff support: induction, training, skills and experience

- Staff had received training and support appropriate to their role.
- People and relatives said staff were aware of what care was needed and provided them with the care they needed.
- Records showed staff had received induction and relevant training. The registered manager planned to extend the training to include more specific health conditions tailored to people's needs such as for Parkinson's disease.
- Staff had been trained in important areas such as infection control, medication and health and safety. The staff member told us the training made them feel confident to meet people's needs.

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

- No one needed any assistance with food as people's families provided this for them.
- People and relatives said staff always asked if people wanted a drink. This helped to protect from potential dehydration.

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

- Staff were aware of what to do should someone need medical assistance. This had only been needed on one occasion when a relative said the registered manager recommended them to obtain medical intervention for their family member.
- People's assessments and care plans covered their health care needs.
- People and relatives told us they were confident staff would alert a medical service if they needed help.

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 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.

- Mental capacity assessments had been completed. People were able to decide their day-to-day choices.
- The staff member understood the principles of the MCA and supported people to make choices.
- People and relatives confirmed staff always asked for consent before providing care.

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 of 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

- People were well treated and supported.
- People and relatives said staff were very friendly and caring. A person said, "Staff could not be friendlier. They do everything I need."
- The staff member had a good knowledge of the people being supported. They were positive about providing quality care to meet people's needs.
- People said staff respected the way they wanted to live their lives.
- The registered manager and the staff member fully understood of respecting people and their diversity. This information was contained in peoples' care plans.

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

- People were supported to be involved in making decisions about their care.
- People and relatives told us that they were involved in planning care at the beginning of their contact with the agency before their personal care was provided.
- The staff member was aware of how people liked to receive their care. For example, people were supplied with choices of what clothes they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- People were respected and their privacy, dignity and independence was encouraged.
- People and relatives said staff promoted privacy and dignity when providing care. The staff member gave good examples of how they would do this such as closing curtains and doors and covering people when providing personal care.
- People and relatives said staff respected people's independence and did not take over and do things that people could do for themselves.
- The staff member said they always encouraged people to be independent and would only provide support when needed.
- The staff member was aware of keeping information safe and confidential. This was supported by the provider's policy on confidentiality which stressed the importance of doing this.

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 of 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's care was personalised. They had choice and control over the way their care was provided.
- Care plans detailed people's personal history such as family, employment and hobbies. This helped to provide staff with more personalised information to understand people's preferences and needs.
- One relative said that their family member was often low in mood and staff help to by chatting them to go out into the garden, which improved mood.

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 put systems in place such providing information by large print, audio and pictures.
- There was evidence in care plans of peoples communication needs.
- The registered manager was aware of the need to respect people's preferred communication styles.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place so complaints could be recorded and dealt with formally. The procedure implied that the Care Quality Commission investigate complaints. This is not the case as CQC cannot, by law, investigate individual complaints. The registered manager amended this policy accordingly.
- To date, no complaints had been made.
- People and relatives told us if they had concerns, they would have no hesitation about discussing this with the registered manager. This is because they found the registered manager had always been responsive to their views.

End of life care and support

- End of life care had not yet been delivered by the agency.
- The registered manager was aware of the need to respect people's end-of-life preferences to include respecting people's religious and cultural wishes. The registered manager said that this information would include preferences such as which visitors they wanted to see, temperature of bedroom and whether they wanted music playing.

- People and relatives said any relevant information would be supplied when they were ready to do so.

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 of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led.

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

- The registered manager promoted a positive culture that was inclusive and empowering which achieved good outcomes for people.
- Audits and checks had been carried out to check the service met people's needs. In a survey, a person stated, "A highly professional and caring company with excellent staff."
- People and relatives told us that staff provided care that met all assessed needs.
- Spot checks on staff took place to monitor whether staff were providing appropriate care and a positive approach to people.
- Staff said they were provided with good support from the registered manager.
- People and relatives all said the service was good and met all assessed needs.
- A person using the service said, "They do everything I need really well."

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 understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- The registered manager understood their role and understood the needs of their staff team.
- Processes were in place to measure quality performance and the registered manager was refining these systems to make them more meaningful.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.

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

- Feedback was sought from people, relatives and staff as questionnaires had been provided. This gave them the opportunity to suggest any changes or improvements.
- Staff meetings had been held to discuss the service. Relevant issues were discussed, which had included

important issues such as infection-control measures and people's care needs.

Working in partnership with others

- Relatives told us staff had always informed them if they thought their family members needed any medical services.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met.
- Staff understood they needed to inform the manager and people's families if people were ill or had an accident.
- The registered manager was positively receptive to feedback when we discussed the inspection findings.