

Heart and Hands Homecare Ltd

Heart and Hands Homecare

Inspection report

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Hampshire
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Tel: 01252673658

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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

Heart and Hands Homecare is a domiciliary care agency that provides personal care and support to people living in their own homes. At the time of the inspection 10 people required assistance with personal care tasks. 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

There was a visible person-centred culture. People and their relatives consistently praised staffs' efforts and told us they received high-quality care. People were protected from the risk of experiencing abuse. Staff spoke highly of the level of training opportunities they received and understood their responsibilities. Potential risks to people had been assessed and measures were put in place to ensure their safe management. There were clear safeguarding processes in place to identify, record and respond to all incidents and accidents. People were supported to receive their medicines by trained staff and there were robust procedures in place to support people to receive their medicines as prescribed.

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 were encouraged to maintain choice and control of their lives and the care provided. People and their relatives were seen as true partners in their care. Staff told us they felt valued and supported and were proud of the outcomes they supported people to achieve.

People's care plans were person-centred and focused on their strengths and abilities. People received appropriate levels of care and support that was responsive to their needs. Care plans contained detailed information on peoples' preferences, likes and dislikes and were written in simple language to ensure people and staff could understand people's care needs.

The service was led by a passionate and committed registered manager who was also the registered provider of Heart and Hands Homecare Limited. There was a whole team approach to service delivery which was supported by effective communication. Collaborative working was a high priority in ensuring people had access to the appropriate services and resources to maintain their health and wellbeing.

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

Rating at last inspection

The service was registered with us on 03/08/2018 and this is the first inspection for this service.

Why we inspected

This was a planned inspection to award a rating of this service following registration as per our published guidelines and timescales.

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?

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 

Heart and Hands 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 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 houses and flats and specialist housing.

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 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.

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 also reviewed information we held about the service including statutory notifications which providers are required to inform the CQC of, such as accident or incidents that have happened at the service. We used all of this information to plan our inspection.

During the inspection

We spoke to the registered manager and reviewed a range of records. This included three people's care

records and people's medicines records. We looked at four staff files in relation to recruitment, staff supervision and training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback via telephone from four people who use the service, six relatives and four staff members. We also spoke with a private agency that had regular communication and referred people to the service.

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.

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

- There were clear systems in place to support staff to recognise, respond and report any concerns. This included sharing information with relevant agencies such as the local authority where appropriate to ensure people were safe.
- People and their relatives told us they felt safe. One person commented, "Oh Lord yes [I feel safe], it's perfectly obvious [staff] are very good" and a relative said, "[Staff] do everything we need and more, they are another pair of eyes to give us piece of mind."
- Staff had a good understanding of their responsibilities and attended safeguarding training. All staff we spoke with told us they felt confident the registered manager would take immediate action and respond appropriately to any concerns raised promote people's safety. One staff member said, "[The registered manager] would 100% percent act to keep people safe, she's really on the ball."
- The registered manager maintained daily oversight of the service. Processes were in place should they be required to support the registered manager to monitor and review any concerns or feedback to identify themes, trends or patterns to drive improvement.

Assessing risk, safety monitoring and management

- Risks to people were appropriately managed. There were detailed risk assessments in place for people which covered a range of personalised tasks and the environment. Information included steps staff should take to reduce or remove identified risks to people.
- Where people used mobility aids to keep them safe, there were clear moving and handling assessments in place. This ensured staff knew the type of equipment people required to support them to mobilise safely.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. These included the requirement for staff to complete a Disclosure and Barring Service check prior to commencing their role. This enabled the provider to check applicants' suitability for their role.
- The registered manager told us they carefully considered all applicants to ensure they only recruited staff that shared the services values and vision to deliver high quality care.
- People had access to appropriate staffing levels to meet their needs. As the service was a small domiciliary care agency, people were supported by consistent staff who knew them well. A staff member commented, "What makes [Heart and Hands Homecare] nice is we are a small team, we get regular interaction with all people we support and they also know us [well]."
- People consistently told us they received their care calls as planned. One person said, "I don't think I could ask for better, [staff] turn up on time, they are always punctual."

Using medicines safely

- People's needs for support around managing their medicines were clearly identified. Where people were independent with this task or had support from family and friends this was clearly recorded.
- When staff supported people to receive their medicines, information was consistently and accurately recorded in their medicines record and followed best practice guidance.
- Staff received training in safe administration of medicines and underwent regular observed competency reviews to check people's medicines were managed safely.

Preventing and controlling infection

- People told us staff wore personal protective equipment when supporting them with personal care. This reduced the potential risk of cross infection. One person said, "[Staff] always wear gloves and things, it's part of their induction."
- Staff had access to personal protective equipment. The registered manager ensured all staff had access to disposable gloves, aprons, shoe covers and face masks. Staff we spoke with confirmed these were readily available.
- The registered manager monitored staff's adherence to their infection control guidance and policies through regular spot checks of their practice.

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's needs were assessed, and care plans were in place prior to people receiving care and support. We reviewed records which confirmed people had a robust and holistic assessment of their needs which covered a range of tasks and activities to identify the type and level of support they may require and how this could be met by the service.
- The registered manager told us they always met with people face to face to explain the type of care and support they could offer and provide information to people and their relatives about what they could expect from the service. A person told us, "[The registered manager] came to see me when I first started, she asked me all sorts of questions about my walking and what I needed. They explained what they could offer." A relative also confirmed, "[The registered manager] gave us lots of information and left a leaflet so we would know what to expect."
- The registered manager told us they considered any new referrals to the service carefully to ensure they could meet people's needs and deliver the high standard of care they expected from staff. Feedback we received from a referral agency stated, "[The registered manager] will say no if they can't [meet people's needs], she won't just say yes, she will always consider the area, staff levels and skills needed."

Staff support: induction, training, skills and experience

- Staff consistently told us they felt extremely supported in their role. One staff member told us, "[The registered manager] is fantastic, the door is always open, and she deals with everything quickly. You can call anytime day or night if you need any advice or support."
- The registered manager spoke passionately about the value of the staff team and saw each staff member as an asset to promoting quality person centred care. One staff member commented, "A top priority of [the registered manager] is looking after staff to ensure we give good care to people."
- Staff received regular supervision. We reviewed staff supervision records which confirmed they met regularly with the registered manager on a one to one basis or as part of whole team meetings. This supported staff to share information and seek advice and guidance in their role.
- The quality of staff training was high on the registered manager's agenda. Staff received a range of training opportunities which could be tailored around people's needs to ensure staff had the appropriate skills and knowledge.
- All staff spoke highly of their induction and training and development opportunities. One person said, "I am really impressed with the training, it's fantastic, I have progressed to my level 5 qualification in leadership. [The registered manager] asks what you are interested in and will find training to attend."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People and relatives told us staff worked alongside other professionals to meet their needs. For example, a relative told us staff effectively worked alongside their relative's occupational therapist to ensure the right moving and handling equipment was in place. They commented, "[Staff] are really good at listening to other agencies."
- The registered manager told us they worked closely with a range of health and social professionals to achieve best outcomes for people.
- We reviewed records in people's care plans which evidenced staff regularly sought appropriate advice and guidance from other professionals. For example, where staff had recognised a person's mobility had become unsteady, information had been shared with the person's GP to explore this further.

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.

- People told us staff always sought their consent before supporting them with tasks such as personal care. One person commented, "They always ask if I want a shower or not, I don't always want one, but they ask me each time and if I am happy for them to help me."
- The registered manager and staff had a good understanding of the principles of the MCA. At the time of the inspection no one using the service was subject to any restrictions on their liberty. The registered manager confidently told us the steps they would take if this arose in the future to ensure people were appropriately supported.
- People's consent to receiving care and support was evidence by people signing their individual care plans.

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

- People and relatives consistently told us they received high quality, compassionate care. All feedback provided by people and their relatives was positive.
- We received comments such as, "Staff are absolutely first class, faultless, they seem to have a natural empathy and they do more for my [relative] than contracted", "I am very happy with [staff], they are really caring and absolutely brilliant" and, "Staff are excellent, I am delighted, they are cheerful and helpful but they keep a professional approach."
- Staff were passionate about their caring role and the people they support. One staff member said, "I love helping people, sometimes we [staff] might be the only people they see so I always put a smile on my face and you can see we light up [people's] day. We support the loveliest people."
- Feedback provided by a professional at a referral agency that worked closely with the service also confirmed they received consistently good feedback from people and their relatives when they have been referred to Heart and Hands Homecare. They stated that the service was, "One of the top [services] on our list, the registered manager is one of the most caring managers we know."

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

- People and relatives were involved in all aspects of their care planning where possible. The registered manager regularly sought feedback from people on how they felt their care was being delivered.
- The service provided all people they supported with a "service user guide". This provided people with information on the registered manager's experience and qualifications, the service's recruitment practices and information on who people could contact including other organisations such as the closest local authorities.
- The registered manager ensured people were introduced to each staff member face to face prior to any care calls starting. The registered manager told us that they felt it was important people met the staff team and felt comfortable. This supported people to ask any questions about their care and enabled staff to get to know people's needs and how they liked to receive their care. People and staff we spoke with confirmed this was embedded in practice and spoke of the benefits of having introductions before care commenced.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt valued and their privacy was respected. For example, one person commented, "[Staff] are absolutely marvellous, they are always here when I want them, but they don't intrude." A relative also commented, "Staff give [relative] the privacy to shower but they are right there outside just in case."
- Staff were committed to promoting people's dignity. One staff member commented, "We [staff] are all very passionate, we treat people with total dignity and respect, we know that they are our employer."

- People were encouraged to maintain their independence where possible. People's care plans clearly detailed people's strengths, aims and objectives. For example, one person's care plan stated, "[Person] has expressed a wish to rebuild [their] confidence" and directed staff to provide choices where possible to support 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 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's care plans were person centred and included information on their likes, dislikes and preferences to meeting their care needs. The registered manager ensured care plans were written in simple language to make them accessible to staff and the people they supported.
- People underwent regular reviews of their care needs to ensure they received appropriate care and support. For example, where a person had been admitted to hospital the registered manager ensured a full review of the person's care plan was completed at the point of hospital discharge to ensure they received the appropriate level of support. This was confirmed by reviewing the person's care plan which demonstrated where information had been updated appropriately to reflect their current needs.
- Staff worked proactively to ensure people received responsive care to meet their needs. For example, a relative told us, "I have nothing but praise for staff, they came out at short notice. They increased the care [my relative] needed after a hospital stay and were concerned about [relative's] health so they called 111. Because of them [my relative] was readmitted to hospital in good time."
- The registered manager told us they only accepted referrals to provide care for people living within close proximity to the area. They said this enabled them to ensure people's needs could be met consistently. For example, the registered manager considered the potential impact of staffing levels in severe weather conditions and ensured staff could walk to people's homes if necessary. A staff member commented, "When we had snow last year [the registered manager] did everyone's care calls on foot to make sure people received their support."

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.

- We received consistently positive feedback around staff approaches to engagement and communication with people.
- People's care plans included information on their preferred communication and abilities, including any support they may require.
- Where appropriate people were provided with information in a format that enabled them to understand. For example, a relative commented, "Staff write things down where necessary as [relative] lost her hearing. They have done remarkably well really."

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and procedure in place. This information was shared with people as part of the service user guide with relevant contact details that they may require. One relative commented, "The information's in the back of the book [service user guide], there would be no problem whatever I said would be taken on board."
- There had been no complaints received by the service since it was registered. However, all people and relatives we spoke with told us they knew who they could contact and said they felt comfortable raising any concerns or issues with the register manager. A relative told us, "[Registered manager] has told us ask me anything."

End of life care and support

- At the time of inspection no one was receiving end of life care. The registered manager was able to discuss the steps they would take to ensure people had the appropriate care and support if they required end of life support. This included contacting the relevant health and social care professionals.

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.

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

- The registered manager was committed to delivering high quality care to people. They spoke passionately about the service vision and values and told us, "I am delivering a person-centred business, I want to make a difference and stand out from the rest. By keeping the service small we can provide person centred care where time for people isn't compromised."
- Staff reflected the service's ethos and people and their experiences were at the heart of service delivery.
- All people we spoke with felt they received a personalised service and spoke highly of the registered manager's attitude and approach to delivering care services.
- People's experiences and outcomes of receiving care was prioritised. Care plans focused on promoting positive outcomes for people and ensuring people were seen as partners in their care.

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 good understanding of their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.
- There was a clear process in place to review and respond to issues or concerns if things went wrong. We reviewed the provider's policy and procedure for managing their duty of candour requirements which followed best practice guidance.
- There was an open and honest culture which was supported by positive communication between the registered manager, staff and people receiving support.

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

- The registered manager was committed to leading by example. They told us, "I would never ask staff to do anything that I am not prepared to do myself. I am out with them every day supporting people and I am proud what we have achieved in our first year."
- Staff shared this view and told us they kept in daily communication with the registered manager. One staff member said, "[The registered manager] is very hands on, she goes above and beyond to make sure people receive high quality care. She is always out visiting people, checking everything is ok and if there are any issues. People really appreciate what she does."
- There was a clear staffing structure in place. People benefitted from a whole team approach to service

delivery which meant staff knew there needs and responsibilities well.

- The registered manager completed regular monitoring and oversight of the service delivery to ensure people received high quality care. This included reviewing people's care records, care reviews and regular staff spot checks of care provided to people in their own homes.

Continuous learning and improving care

- The registered manager continually considered how service delivery could be improved to achieve best outcomes for people. For example, they attended the same training sessions as staff to ensure staff received good quality training to support people appropriately and to maintain their own knowledge. After completing training staff were also required to write a reflective log of what they had learnt and how they could implement their learning to benefit people they support.
- The registered manager encouraged feedback from people, relatives and professionals through an annual survey. They told us this supported them to identify and respond to feedback to continually drive improvement.
- At the time of the inspection some people receiving a service had responded to the questionnaire, however annual reviews were not due for all people as they had only recently started using the service. We reviewed feedback the service received which included, "The service you [the registered manager] provide to our [relative] is second to none, we cannot thank you enough for the professional and caring attitude your staff, but particularly you show to both her and the family" and, "You [registered manager] have been kind, caring and flexible."
- Staff were also encouraged to provide annual feedback on the service delivery. We reviewed staff responses which demonstrated consistently positive feedback.

Working in partnership with others

- We received feedback from people and their relatives that staff regularly worked in collaboration with a range of health and social care professionals to ensure their needs were met.
- The registered manager and staff told us they had established good relationships with professionals such as the community district nursing team and local GP practices.
- People's care records demonstrated that staff sought advice from relevant professionals when appropriate and ensured people had access to the appropriate resources and levels of support they required.