

# Healthy Care Limited

# Healthy Care

## Inspection report

Office 17, Pinnacle House  
Newark Road  
Peterborough  
Cambridgeshire  
PE1 5YD

Tel: 01733857740

Date of inspection visit:  
15 August 2018  
22 August 2018  
23 August 2018

Date of publication:  
05 October 2018

## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

Healthy Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to four older adults and younger disabled adults.

This inspection took place on 15, 22 and 23 August 2018. The inspection was announced. This is the first Care Quality Commission (CQC) inspection since the service registered on 25 August 2017.

Not everyone using Healthy Care received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Staff followed the providers medication policy and people were having their medication as prescribed. Although, there was no evidence of people being placed at risk, some records lacked guidance for staff on whose responsibility it was to order, collect and dispose of people's medication.

People were supported by staff who knew about how to protect people from abuse and harm. Staff also knew how to report concerns. People's risk management plans provided guidance and information for staff on how to reduce and monitor people's assessed risks to their health and welfare. However, although staff knew people's risks, documented guidance for staff around the risks posed by people's specific health care conditions needed more detail as information for staff. People's care records were held securely within the office to ensure confidentiality and a copy was held within people's own homes.

People had no missed care visits and staff arrived at people's care visits on time, or within the agreed plus or minus 15 minutes tolerance. People received a kind and compassionate service from staff who knew them well. Staff maintained people's privacy and dignity when supporting them with their personal care. People were assisted by staff, where needed, with their eating and drinking to promote their well-being.

People had technology and equipment in place to help staff assist them to receive safe care and support. When things did not go as planned, the registered manager took actions to prevent these events from happening again.

New staff had recruitment checks completed on them prior to starting work at the service. Staff were trained to meet people's care and support needs and development opportunities were in place for staff to increase their skills and knowledge. Supervisions and competency checks were in place to monitor and develop staff.

Personal protective equipment was in place for staff to maintain infection prevention and control when supporting people.

People were involved in their care decisions and staff promoted people's independence as far as practicable. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Where people were at the end of their life staff would work in partnership with other healthcare professionals to ensure people's care was dignified and comfortable.

People were happy with how their complaints were managed, responded to and resolved where possible. The registered manager and deputy manager led by example and encouraged an open and honest culture within their staff team. Audit and governance systems were in place and were in the process of being improved so that they could drive forward any improvements required. The registered manager and their staff team linked up and worked with other organisations to ensure people's well-being.

Further information is in the detailed findings below.

## 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.

People's prescribed medication was safely managed. Clearer records were needed to clarify staff responsibility around the ordering, collecting and disposal of people's medication.

Risks to people were monitored by staff to ensure that people remained safe, but promoted people's independence wherever possible. More guidance for staff was required around people's specific health conditions.

A process was in place and followed by staff, to protect people from harm or poor care.

People received their care visits at the agreed time.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were supported with training, spot checks and supervisions to make sure they were delivering effective care.

Staff supported people with their eating and drinking requirements.

People were assisted to have access to external healthcare services when needed.

**Good** ●

### Is the service caring?

The service was caring.

Staff treated the people they supported in a compassionate manner and with respect.

People were supported to be involved in making decisions about their care and support needs.

**Good** ●

Staff maintained people's privacy and dignity when supporting them.

**Is the service responsive?**

The service was responsive.

People's individual needs were assessed and staff used this information to deliver personalised care to people.

People's suggestions were listened to and implemented wherever possible.

**Good** ●

**Is the service well-led?**

The service was well-led.

Staff were clear about the standard of care and support they were expected to deliver.

Quality monitoring was in place and was in the process of being improved to oversee the service provided.

People, their relatives' and staff were encouraged to feed back on the quality of care provided.

**Good** ●

# Healthy Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15, 22 and 23 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 15 August 2018 and ended on 23 August 2018. It included visiting the office and speaking to staff, people who use the service and their relatives by telephone. We visited the office location on 15 August 2018 to see the registered manager and to review care records and policies and procedures.

One inspector undertook the inspection.

Prior to the inspection we used information the provider sent us in the Provider Information Return on 9 July 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service to aid with our inspection planning.

We contacted other health and social care organisations such as representatives from local authority contracts team and quality improvement team, Healthwatch (an independent organisation for people who sue health and social care services), and a speech and language therapist. This was to ask their views about the service provided.

We spoke with two people and one relative of a person who used the service. We spoke with the registered manager, deputy manager and two care staff.

We looked at care documentation for two people, medicines records, two staff recruitment files, staff

supervision, and training records. We also looked at other records relating to the management of the service including audits and action plans, feedback questionnaires, newsletters, complaint and compliment records. We also looked the service user guide and end-of-life policy.

# Is the service safe?

## Our findings

People's care records and risk assessments were held securely at the office to promote confidentiality and a copy was held within people's own homes. People also had a premises and environmental risk assessment in place. This held information on how people and staff, if present, would evacuate safely in the event of an emergency such as a fire.

Staff monitored and reviewed people's risk assessments following any deterioration in people's care needs. Staff knew the people they were supporting and their needs and risks. However, as robust guidance for staff on people's specific health conditions and the risk associated with these, more information was required. We spoke with the registered manager about this during this inspection and they confirmed that they would make the necessary improvements.

People, who required support with their prescribed creams, told us that they had no concerns. One person said, "Oh yes, [staff] put cream on my legs [for me]." Medicine support is defined by NICE (National Institute for Care & Excellence) as any support that enables a person to manage their medicines. In practical terms this covers prompting or reminding, helping to remove from packaging and administering some or all of a person's medicines. Care records showed the level of support a person needed with their prescribed medication from staff. Although, clearer records could be in place as guidance for staff on whose responsibility it was to order, collect and dispose of people's medication. This would reduce the risk of people not having their prescribed medication.

Records were held to demonstrate each time support was provided to people with the medicines/creams. These records were checked as part of the services governance process to ensure they were completed properly and showed who administered the medicine[s] and whether a medicine had been applied or declined. Staff confirmed to us that they were trained to administer people's medication and their competency was assessed by the registered manager.

Staff used equipment to support people safely with their moving and handling needs. Staff visually checked equipment was in good order before use. A staff member said, "Moving and handling [training], we had practical training using the hoist and we were taught how to check all of the parts." However, people's care records did not clearly document the external company[s] responsible for maintaining and servicing this equipment and timeframes for this. This meant that there was an increased risk that there would be some confusion over who responsibility is was to service and maintain this equipment. We spoke with the registered manager about this and they confirmed that they would make the necessary improvements.

People and a relative of a person told us they felt safe because of the support and care they received from staff. One relative said, when asked if they had any concerns, "No, there has been no rough or rushed handling [of family member by staff]." A person told us, "I was quite apprehensive to start with but [the service] has been great."

Staff had completed training on how to safeguard people and knew their responsibility to protect people

from poor care and harm. Staff told us they would report any concerns both internally to the deputy or registered manager and to external agencies such as the local authority, police or CQC. This was in line with the service's safeguarding process. Staff were also aware of how to whistle-blow and they confirmed to us that they were aware of the providers policy on this. This is a process where staff are given a safe arena to report any poor standards of care. A staff member said, "Whistle-blow? I would definitely. If I found [a concern] I would inform my manager and I would be very confident to do so."

People and a relative told us that staff were punctual and that there had been no missed care visits. The registered manager told us that there was an expectation that staff arrived within plus or minus 15 minutes of the agreed care visit time. One relative told us that if staff were running late, they would get a phone-call to inform them of this. They said, "I have had no missed care calls. [Staff] are a little late on occasion due to traffic but I get a phone call to let me know the reason why, they are no more than five minutes late." A person told us that staffs timekeeping for their care calls was, "Excellent." Another person said that staff arrived at their call, "On time." This showed us that there was enough, suitably skilled staff to meet people's needs.

The provider carried out required checks, including a criminal record check, to ensure that all new staff were of a good character and were considered suitable to support people safely. Staff told us these checks were in place before they could start work at the service. One staff member said of their previous employment checks, "There were about three or four [references] and one was a character reference, in place before starting work. They also checked if I had a criminal record." These checks made sure that the right staff were recruited to the role, of good character and were fit to work with vulnerable people.

Staff told us that there was an on-call emergency telephone system for them to use out of hours if they needed advice or guidance. One staff member said that they had rung the on-call telephone number and, "There is always someone picking up the phone." A person confirmed to us that if they needed to, "I can call the office and speak to someone." This meant that there was a member of staff available outside of normal office hours to support staff and people who used the service.

There were processes in place to prevent the risk of infection. Staff told us and records showed that they had received training in the prevention of cross contamination, infection control and food hygiene. Staff confirmed that there was enough personal protective equipment (PPE) of aprons and gloves for them to use and that these were single use items only. One staff member said, "I would remove (PPE) after personal care and then use another pair of gloves to apply the persons [medication] cream. You use new gloves per task always."

The registered manager gave us examples of shared learning that took place with staff about situations that had not gone to plan and actions taken to reduce the risk of recurrence. For example, staff had been given clear guidance, linked to the organisations policies and procedures, to reinforce the standards expected from staff regarding professional conduct and professional boundaries. Shared learning was communicated to staff individually or via email communication.

## Is the service effective?

### Our findings

Staff used guidance from external social and healthcare organisations to provide effective care based upon current practice to support people with their care needs. For example, staff worked in conjunction with speech and language therapist guidance to support a person who was at risk of choking. This guidance formed the main part of the persons 'eating, drinking and swallowing' care plan.

Staff attended supervisions and had competency checks to support them in their day-to-day role and to help identify and discuss any learning needs. One staff member said, "I have had a check on how I am doing." Staff were also supported to maintain their current skills with regular training on mandatory core subject areas relevant to their role. One person told us about their moving and handling needs. They said, "I have complete confidence in [staff]." The registered manager encouraged care staff to develop their skills and knowledge by undertaking further qualifications.

Not all the people we spoke with needed staff support with their food and drinks. People, who did require this assistance, told us they had no concerns and were given a choice by staff. One person told us, "[Staff] make me a nice cup of coffee." They also went on to say that staff respected their choices. Another person said, "[Staff], respect my choices. I like sausages but I didn't want to upset [any staff members from a different religion/culture] and I talked to [named staff member] who said it was no problem because this is work." They went on to tell us that staff, "Make a decent breakfast."

People also told us that that they did not need support from staff to set up or to help them attend external health appointments. One person confirmed to us that, "My private carer helps with this." Although, the registered manager told us if people required this assistance, staff would support people to have access to health services when people's needs changed or people became unwell.

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

During this inspection, the registered manager confirmed that no one using the service lacked mental capacity to make day-to-day decisions. Records showed and staff told us that they had undertaken MCA training. Staff could demonstrate an adequate understanding in relation to the application of the MCA. They told us how they used visual and verbal prompts to aid people, who may have fluctuating mental capacity, with their day-to-day choices. One staff member told us, "It is not for me to choose [make a decision for them] unless it is in their best interest...I would show [examples] and ask what food would you prefer?" Another staff member told us, "If a person has dementia they can still make choices. You can use verbal choices to inform their decision. For example, if [weather is] cold, you explain it is cold and [prompt that] they will need a jumper to keep them warm."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; and systems in the service supported this practice. One person confirmed to us that staff, "Respect my choices."

## Is the service caring?

### Our findings

People and a relative had very positive opinions about the support and care they received from staff at Healthy Care. This they told us was because staff treated them well. One person said that staff were, "Very nice." A relative told us, "I am very pleased with them, [staff] are on time and efficient. They consider me as well as [person using service]." Another person told us, "Staff are extremely friendly and accommodating."

Staff supported people to still be as independent as they could be at home. Care records showed that staff were reminded to respect people's choices and to help people to maintain their independence. People confirmed to us that it was their wish to stay in their homes and the extra support from staff at Healthy Care enabled them to do so.

People and a relative told us how they were encouraged to express their views and were involved in the decisions about their or their family members care and support. A person said, when new to the service that, "[Staff] chatted with me [to get to know my needs] and I felt involved." A relative told us, "Everything is agreed and done with a discussion...I have phoned them up when I needed some help with [family member] and they came out and did an extra call."

No one at the time of the inspection was using advocacy services. During the inspection the deputy manager told us that information about advocacy services should people or relatives require it would be made available on request. Advocates are independent and support people to make and communicate their views and wishes.

Staff promoted people's dignity and privacy. People and a relative told us that personal care was carried out in a dignified way behind closed doors and privacy was maintained always. One relative said, "[Staff] close the blinds and the curtains [when delivering personal care]. They respect [family members] dignity." A person told us, "[Staff] respect my privacy and dignity, they are very good."

People's preference to be supported by a singular sex staff member was upheld by the service. People, when they first started to use the service were asked if they had a preference of either a male or female staff member to support them. People and a relative told us that they, their family member had no preferences. One relative said, "We have no preference so it is not a problem." The registered manager told us that only one person has expressed a preference and that this was supported.

## Is the service responsive?

### Our findings

Records showed and people told us that their needs were assessed prior to them using the service to ensure their needs could be met. People and their families were involved in the development of their, their family members individual and person-centred care records. One relative said, "It is a very personal service, [staff] ask [family member] what they want doing." A person told us that when they first approached the service, "[Staff] came to chat with me and fitted in with what I wanted." Care records contained relevant information about the individual so that staff could get to know the person they supported. Staff completed daily notes, as a documented record of how people were supported at each care call.

People we spoke with did not need assistance from staff to promote their social inclusion and well-being. One person told us, "My private carer supports me with this." However, we noted that for one person, staff supported them with specific activities that centred around their known interests.

People and a relative told us that they felt comfortable about raising a concern or making suggestions if they needed to. A relative said that they had information on how to make a complaint and the complaints process. They told us, "Yes, the information is in the folder [care record]. Communication is excellent, they will tell me what I ask." A person said, "There is a man in charge and I have his number [if I need to complain]." Since the service had registered with the CQC we saw that a complaint had been received. However, the complaint was handled effectively in line with the providers complaints policy and resolved to the complainants' satisfaction.

The registered manager told us that no one using the service currently was on end-of-life care. The registered manager told us that in the event of a person becoming end-of-life, they would follow their end-of-life policy and would work with external health care professionals' guidance and advice when it became clear that people's health conditions had deteriorated. This would then enable staff to support people to have the most comfortable, dignified, and pain-free a death as possible.

## Is the service well-led?

### Our findings

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They were supported day-to-day by care staff and a deputy manager.

The registered manager, deputy manager and staff demonstrated a good knowledge of people's care and support needs. The deputy manager told us, "It is not just a business, [the registered manager and I] have worked as carers and have learnt from mistakes made over our 15 years of working in the industry."

Staff were clear about the expectation to provide a good quality service that met and supported people's individual needs. A person told us, "I will tell you something, my [family member] came the other day and said them [staff] make a good job of it." A staff member confirmed to us that, "It is quite clear that we want to provide a good high level of service and this is communicated [to staff] as the services values." Another member of staff told us, "It is our responsibility and duty to give [people] a good service."

The registered manager and staff promoted equality and inclusion within its service and workforce in line with their policy. Staff told us that they felt supported by the registered manager and deputy manager who were approachable and listened to them. A staff member said that they felt confident to put forward suggestions and the registered manager would consider them and implement them if they improved the service. They gave us an example of when this had occurred and that feedback from the registered manager had been constructive and enabled them to be confident in what action to take going forward.

People and their relatives were complimentary about the service provided, and how the service was run. Relatives told us that they could speak to the registered manager should they wish to do so and that the registered manager made themselves available for this." Records showed that quality monitoring visits were carried out to gain feedback on the service provided. One person told us, "They came out and did a monthly check and asked for feedback." A relative said, "Once every few weeks they will ask you are you satisfied with everything...I have used other services and this is the best."

Checks were made to monitor the quality and safety of the service provided. However, the registered manager told us they had identified that although audits were undertaken, the next step to improve the service was for them to have more organisational oversight. As such, they told us that they were recruiting a staff member to assist them in the office to free up their time to do this. This showed us that the service looked to improve the quality of service provided.

Records CQC held about the service and looked at during the inspection, confirmed that the provider had not sent in any notifications to the CQC. This was because incidents to date were not legally required for CQC to be notified about. Information held within the CQC records showed that the registered manager had contacted the CQC to make sure that an incident that had occurred was not a notifiable event. A notification

is information about important events that the law requires the provider to notify us about such as safeguarding concerns, deaths, and serious incidents.

Staff at the service worked in partnership and shared information with other key organisations and agencies to provide joined up care for people using the service. This included working and sharing information with health and social care providers such as representatives from the continuing health care team. This was to ensure that the support that a person was currently receiving from the service was meeting their needs, as their needs were changing.