

Hedgerow Homecare Ltd

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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:

Hedgerow Homecare is a domiciliary care agency. It provides personal care and support to people living in their own houses and flats in the community. It provides a service to predominantly older adults. At the time of our inspection 12 people were using the service.

People's experience of using this service:

The care and support provided to people was person centred. People's care plans and risk assessments included their care and support needs and preferences. Individualised guidance for staff was provided to assist them in meeting people's needs and preferences and to reduce and manage the risk of harm. These records had been reviewed regularly and updated where there were any changes in people's needs.

Staff had received training about safeguarding and knew how to respond to, and report, any allegation or suspicion of harm or abuse. They understood the importance of reporting concerns immediately.

The service's recruitment procedures were designed to ensure that staff were suitable for the work they would be undertaking. New staff members were not assigned work until two references and Disclosure and Barring service checks {DBS} had been undertaken and were satisfactory.

New staff received an induction to the service before starting work. All staff received regular training to ensure that they were able to meet the needs of the people they supported. Staff also took part in regular supervision sessions to support them in carrying out their roles.

People and their family were involved in decisions about their care. People had been involved in agreeing their care plans and participated in reviews of the care and support provided to them. People and family members said that staff asked people for their consent to carry out care and support tasks.

Information about people's religious, cultural and communication needs was included in their care plans. Staff supported people to participate in activities of their choice at home and in their local communities.

People were regularly asked about their views of the care and support that they received. Spot checks to look at the quality of care and support had taken place in people's homes.

Processes were in place to manage and respond to complaints and concerns. People and family members were aware of the service's complaints procedure and knew how to make a complaint if they needed to.

The provider undertook a range of audits to check on the quality of care provided. These were reviewed by the management team and actions had been taken to address any concerns.

Rating at last inspection:

At the last inspection in November 2016 the service had been rated as good in all key questions.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme.

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

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 safe.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was safe.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was safe.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was safe.

Details are in our Well-Led findings below.

Good ●

Hedgerow Homecare Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection of Hedgerow Homecare took place on 17 April 2019.

Inspection team:

The inspection was carried out by a single inspector and an 'expert by experience' telephoned people using the service and relatives. An 'expert by experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides support to adults living in their own homes. At the time of inspection 12 people were using the service and the registered manager informed us that there were three other people who had been referred recently for assessment.

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 visit because it is a small service. We needed to be sure that the registered manager would be in the office.

What we did:

Before the inspection we reviewed information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law.

During the inspection we spoke with two people using the service and five relatives. We also spoke with the registered manager, the care co-ordinator and the company director. We looked a range of records. This included three people's care records and five staff recruitment records. We also reviewed records relating to the management of the service such as quality assurance monitoring records and policies and procedures.

Following our inspection we contacted fifteen care staff to ask for their views and received one reply. We also received positive feedback from a local healthcare commissioning group that funded almost all of the people that were currently using the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People and family members told us that staff provided safe care and support. People using the service told us "Oh yes [responding to feeling safe] very much so, care staff very friendly and nice" and "I have regular carers and feel safe with them."
- Relatives told us "Fabulous staff. Always the same ones. Continuity is crucial" and "Yes, we have 5-6 regular carers. No issues there."
- Staff had received training in safeguarding adults. They understood the need to report any concerns as soon as possible.
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.
- Safeguarding concerns had been recorded by the registered manager. The records included information about investigations and outcomes. It was noted that very few concerns had been raised.

Assessing risk, safety monitoring and management.

- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as eating and drinking, assistance with medicines, moving and handling and environmental risks.
- People's risk assessments included guidance for staff on how to manage and reduce identified risks.
- The risk assessments had been regularly reviewed and updated when there were any changes in people's needs. For example, risk of falling, using medicines or health related risks.

Staffing and recruitment.

- The services' recruitment procedures ensured that new staff members were suitable for the work they were undertaking. Checks of criminal records [DBS] and references had been carried out before staff started work.
- The services' rotas showed that people received support from regular staff members. A relative told us "No issues with timekeeping nowadays. One care worker once missed a call and they replaced her. I don't mind them being up to 20 minutes late, but half an hour or 45 minutes is not acceptable. It doesn't work when you must have two carers. I spoke to the office about this. For the last couple of months, it has been much better."
- The service monitored care visit times on a regular basis. Records showed that late or missed calls were rare. The registered manager told us that any concerns were immediately discussed with staff and there was an on-call system with a phone number to call outside of office hours for people using the service and staff.

Using medicines safely.

- Staff supported some people to take their prescribed medicines. Where they did so, they had signed peoples' medicines administration records [MARs]. The service monitored peoples' MAR charts regularly to ensure that they were correctly completed by staff.
- Information about the medicines that people were prescribed was included in their care records.
- Staff members received regular medicines administration training and systems were in place to assess their competency.

Learning lessons when things go wrong.

- Staff had reported any concerns about people's welfare whenever these arose. Systems were in place to monitor and review any incidents or other welfare concerns to ensure that people were safe.
- People's risk assessments and care plans had been updated if there were any concerns arising from an incident or identified changes to people's care and support needs.

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

Good: 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.

- Detailed assessments of people's needs had been carried out before they started to receive care and support from the service. The assessments had been reviewed and updated when there were changes to people's needs and, as most people were referred by a local care commissioning group, there was communication between the agency and other professionals involved with each person's care, including their family.
- People's assessments included information about their individual health and social care needs, preferences, religious and cultural requirements.
- People and family members said that they had been involved in agreeing to the outcome of their assessments and the care and support they needed. A person using the service told us "Yes, always [ask for their consent]."

Staff support: induction, training, skills and experience.

- New staff members received an induction to the service to help them carry out their roles. The induction met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff members in health and social care services. A member of the care staff team told us that their induction had lasted one week when they started at the service.
- Care staff undertook 'refresher' training to ensure they remained competent and up to date to perform their duties in caring for people.
- The registered manager had a system for monitoring when 'refresher' training for staff was due. The system also enabled the registered manager to check if staff had completed 'on-line' training courses as required by the service.
- Staff also received regular supervision sessions, the frequency depending on how regularly staff worked at the service, where they could discuss issues in relation to their work and personal development.

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

- People were supported by staff to eat and drink if they needed help although this was only infrequently required.
- Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments.

Staff working with other agencies to provide consistent, effective, timely care.

- People's care plans included information about other health and social care professionals involved with their support. Staff had developed links with these professionals to ensure that effective and consistent support was provided.

- People's daily care records showed that staff had liaised with other professionals to ensure that people's needs were met.
- Staff followed professional advice and guidance to ensure that people's needs were met.

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

- Information about people's health and wellbeing was included in their care plans and risk assessments.
- People were registered with their own GPs and received support from community nursing services when they needed this.
- If concerns arose about people's health these were raised by care staff and contact was made with the person's family and healthcare professionals to ensure that any concern was examined and responded to.

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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. We checked whether the service was working within the principles of the MCA.
- People's care assessments included information about their ability to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves.
- Staff members received training about the MCA.
- People were involved in making decisions about their care and support. Family members and other professionals had also been involved in supporting people to make decisions when required. One person had a family member with lasting power of attorney to make decisions, no one else required this and made decisions independently.

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

Good: 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 family members spoke positively about the care and support they received from staff.

Comments from people using the service included "Absolutely, kind and caring. A real godsend and "Yes, on the whole [staff are caring]." Relatives told us "Very caring, so important to have the right people, it is a real good element of this agency" and "Yes, kind and caring, no issues with current carers. They get on with her and have good banter, it's that sort of relationship."

- Staff members received training in equality and diversity and person-centred approaches to help them to understand the importance of supporting people's unique individual needs.

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

- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support.
- People and their family members were involved in decision making.
- Information was provided in accessible formats that promoted people's involvement in agreeing their care and support. The registered manager said that the service would always ensure that information was developed to meet people's communication needs. No one required specific communication methods at present, but the service had the ability to arrange this should the need arise.

Respecting and promoting people's privacy, dignity and independence.

- People and family members told us that staff supported people's privacy and dignity. A family member told us that sometimes care staff had forgotten to close their relative's bedroom door, had done so when reminded and that staff were very polite. A person using the service and a relative told us that care staff were "Respectful."
- Staff supported people to maintain their independence. People were supported to do as much as they could for themselves. Care plans included guidance for staff on how to support people to do things for themselves as much as they were able to.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had individual care plans which described their personal histories, needs, preferences and interests. The care plans included information for staff members on how they should support people to ensure that their needs and preferences were met.
- Information about people's cultural and religious beliefs and how staff should respect these beliefs were included in their care plans. A family member said that staff understood their relative's religious and cultural heritage and took an interest in speaking with their relative about this.
- Care plans were reviewed routinely and at any time when people's needs changed.
- People and family members told us that they had been involved in reviews of the care and support provided by the service.

Improving care quality in response to complaints or concerns.

- The service had a complaints procedure that was provided to people and family members when they started using the service.
- The service had a system for monitoring of complaints each month. A small number of complaints had been made in the last year, each of which were relatively minor in nature and had been fully responded to by the provider of the service. People and family members told us that they would contact the service if they had a complaint. One person using the service told us, "I would have felt ok complaining. But have not had to." Another told us they had once been upset with a care worker but had dealt with that between themselves.

Relatives told us "Whenever it's not worked as well with a carer as others, they have been very good in handling it. No issues with the agency itself. They have listened to and responded to things" and "I'd email the service manager, raise any concern. Not needed to. It's been a good experience for us. We get the carers we prefer."

End of life care and support

- Hedgerow Homecare Service provided end of life care and received referrals from a local authority specifically requesting palliative care services from time to time.
- At the time of this inspection, three people were receiving end of life care. The agency had close links with a local hospice that provided community palliative care professionals to ensure that they were receiving suitable support. The service liaised well with these and other healthcare professionals.
- Guidance about meeting the person's needs was included in their care plan. Their care records also included information about their end of life wishes.
- Staff received training and clear guidance about end of life care. Along with respecting people's privacy and dignity policies this demonstrated that the service gave end of life practice serious consideration.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- □ Arrangements were in place to ensure that people's needs were central to the delivery of care and support.
- □ The registered manager was also the nominated individual for the provider and was in day to day charge of the service.
- □ People and family members were positive overall about the service they received. People trusted the care staff they knew, and they thought that things were usually run well day to day.
- □ Information about the aims and objectives of the organisation was provided to new staff members during their induction. The guide for people using the service clearly outlined what the service could or could not provide.
- □ The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.

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

- □ People and relatives told us that the service was well-managed overall. People were confident about raising anything they needed to and had no concern about not being taken seriously.
- □ The registered manager carried out regular checks and daily discussions, confirmed by the care co-ordinator, took place about events happening for people using the service and staff. These included checks of people's care records, medicines records, complaints, accidents and incidents and staff records.
- □ The service was small and the communications systems in place meant that events could be quickly and readily responded to. The care commissioning authority that mostly funded people using the service complimented the way that the service responded to requests for information and to requests for providing support, sometimes at short notice.

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

- □ Quarterly spot checks took place to obtain people's views and to observe staff supporting people. We discussed spot checks for people receiving only overnight care, which the registered manager told us did not occur at present but would be considered in light of how these checks might be suitably carried out without causing disturbance for people using the service at night.
- □ People and family members confirmed that they were asked for their views about the service although most could not recall how often but that they were in contact with the agency.

- Meetings with staff took place to share information and provide opportunities for them to share and discuss issues related to their care practice.
- One member of the care staff team contacted us but did not make comment about meetings with other staff. The care coordinator told us, and showed us evidence, of meetings of care staff and the types of topics that were discussed. The topics covered not only day to day operation but were care and client focused also.

Continuous learning and improving care.

- There was a culture of effective? communication and continuous improvement and learning within the service. The registered manager kept up-to-date with best practice and information was shared with staff. An ongoing programme of staff training, and development was in place to ensure that staff maintained and developed their skills.

Working in partnership with others.

- The service liaised with other health and social care professionals to ensure that people's needs were fully met.
- Staff had sought advice and guidance from healthcare professionals where there were any concerns about a person's needs. Where people had been admitted to hospital the registered manager had ensured that contact was maintained with hospital staff to ensure that appropriate support was re-established for when a person was ready to be discharged and return home.