

## Health Professionals Recruitment Services Limited

# Health Professionals Homecare St Johns Wood

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

- This service is a domiciliary care agency.
- It provides personal care and nursing care to a range of adults living in their own homes with a broad range of physical, mental health and learning disability needs.

People's experience of using this service:

- People and their relatives were happy with the care provided, and they felt safe.
- Staff were skilled in their caring role; provided an effective service and were kind and caring. People and their relatives had confidence in the registered manager and told us they would recommend the service to other people.
- Staff told us they felt supported in their role and we saw training took place, although they received limited supervision.
- People and their relatives told us they provided feedback on the service.
- The registered manager did not keep evidence of quality checks or reviews of care although people and their relatives told us they visited on a regular basis to check care and the service met their needs.
- The service met the characteristics for a rating of "Good" in four out of five key questions we inspected. Therefore, our overall rating for the service after this inspection was "Good".

More information is in our full report.

Rating at last inspection: At our last inspection, the service was rated "Good". Our last report was published on 6 August 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

We have made a recommendation to the service to evidence reviews of care packages are taking place regularly.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## 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 remained safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

# Health Professionals Homecare St Johns Wood

## **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. 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.

Inspection team:

The inspection was completed by one inspector and an expert by experience.

An expert by experience is a person who has personal experience of using or caring for someone who uses this type of domiciliary care service. Their role involved talking with people using the service and their families.

Service and service type:

This domiciliary care agency supported 18 people at the time of this inspection. The service took referrals from people who were paying privately for the service; they did not provide a service commissioned by a local authority or the National Health Service. 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 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.

What we did:

Before the inspection:

- We checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.
- We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

During the inspection visit on 4 February 2019:

- We looked at five staff recruitment records.
- We looked at six care records including risk assessments and medicines administration records.
- We spoke with five care staff, the registered manager and a director of the service.
- We looked at policies and procedures the service worked to.
- We discussed management processes to audit the quality of the service.

After the inspection visit:

- We spoke with two people who used the service and nine relatives on the phone.
- We were sent additional policies and procedures, training, appraisal information, and other management documentation.

# 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 told us "Yes, I feel safe" and "Of course, we are safe."
- Staff were trained in safeguarding adults.
- Staff were able to talk about the different types of abuse and understood their responsibilities to keep people safe and protect them from harm.
- There had not been any safeguarding incidents since the last inspection.

Assessing risk, safety monitoring and management

- People and their relatives told us they received good quality care.
- Feedback included "This service provide regular night carers between 8pm-8am, they are very good and very flexible" and "If necessary, they do 24 hours cover for mum, waking night and day shift. There is mostly a team of three and they are very good on continuity."
- Risk assessments were on care records and addressed people's individual risks and environmental risks.

Staffing and recruitment

- Safe staff recruitment processes were in place with appropriate criminal and reference checks taking place prior to staff starting work with vulnerable people.
- The registered manager had not always kept a record of why they had not asked the current employer for a reference, but told us they would do so in the future. We saw references from previous employers where relevant.

Using medicines safely

- People and their relatives told us they were safely supported safely with their medicines. A person commented "Yes, medication comes in blister box and every day they record in the book, morning and evening; they are very efficient."
- Staff were completing medicine administration records and these were checked by the registered manager when they visited the person's home.
- Although staff were trained in managing medicines this was refreshed every two years. The registered manager told us they would introduce an annual competency check in line with best practice.

Preventing and controlling infection

- People told us staff routinely used personal protective equipment, and they had no concerns regarding infection control.
- The service did not routinely provide gloves and aprons, although staff were expected to use them, and told us they did. People and their families usually provided these; responsibility was discussed at the assessment visit.

#### Learning lessons when things go wrong

- We saw evidence that the service learns lessons from accidents and incidents to minimise poor care being provided. For example, we saw e mails with key information in relation to medicines and consent being distributed to staff, following reviews of care records by the registered manager.

# 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

- People's needs were assessed prior to care starting. Initial assessment documentation outlined people's health and social care needs; risks were identified and discussed with people and their families. Feedback included "Yes, there was a good assessment at the beginning and good handover notes when changing staff."
- The registered manager routinely visited people in hospital prior to discharge to assess their needs and staff told us occupational therapists trained them in the use of hoists and other equipment.
- Once care started the registered manager checked with people and their relatives they were happy with the care provided; and checked with staff that the scheduled care was meeting people's needs.

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

- The service provided nursing staff to some people and worked in partnership with other health professionals to maximise good health for people. E mail documentation showed regular liaison between people, their relatives and health professionals, including speech and language therapists) and physios to ensure a co-ordinated approach was offered by nursing and care staff.

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

- The service worked with staff from other care agencies to provide care to people in their home. This meant working in an effective, consistent and timely way to ensure required staff were available for the transfer of people who needed a hoist.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were effective in their caring role. "Yes, very good. They have the hoist and they know how to use it and they also use the sliding sheet, they have had good training and know how to use it well" and "They have had training, they have the hoist and use it four times in the day; they know what to do."
- A relative told us "Yes, he had Parkinson's and then a stroke. They know how to care for him, it's not easy and they are very kind."
- Staff completed an induction which involved on-line training and shadowing of experienced staff. Training topics included health and safety including fire, moving and handling, infection control, safeguarding, food hygiene and managing violence and aggression. The induction took seven to ten days



depending on staff experience.

- New staff were also given a handbook which set out clearly how they were expected to present themselves and this reminded them of additional knowledge including what to do if someone made a complaint.
- Staff told us they felt supported in their role and by the management team. Staff told us they spoke with the registered manager on the phone on a regular basis. Staff did not routinely receive supervision; they were offered an appraisal once a year. We saw that 23 staff who had been employed for over 12 months had received an appraisal. 12 were outstanding. A new supervision policy has been introduced following the inspection which stipulates supervision will take place every three months and will form the purpose of competency check as well as supervision.
- There were 12 registered nurses and 18 care assistants working at the time of the inspection. Nine care staff had achieved either the Care Certificate (CC) or equivalent. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected for care staff in the health and social care sectors. New care staff were expected to complete the CC.

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

- People and their relatives were happy with the support offered with eating and drinking. Feedback included "I have a hot meal every day at lunch time, my wife prepares it and they heat it" and "They will cook or warm up pre-prepared meals from the family."
- Staff were able to tell us of people they supported who needed thickener in drinks to prevent choking; they had been advised by SALT how to do this safely.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people using the service that were subject to a judicial DoLS.
- Staff knew how to gain consent before providing care. Feedback from people included "There is always a lot of conversation and everything that is done is always consensual."
- Care records noted people's mental capacity. However, on one care record the service did not fully evidence they had the appropriate documentation in place. For example, we found in one person's care records that they had been given medicines through their intravenous drip without a documented 'best interest' meeting to confirm this person no longer had capacity to agree to this arrangement. The person was receiving end of life care and had the full involvement of their GP as well as qualified nursing staff so there was no doubt that these medicines were prescribed and given safely.
- The registered manager told us they would complete all relevant documentation in the future.

Adapting service to meet people's needs

- The service is set up to meet the needs of the individual. Care packages are commissioned by individual people who have paid to have a service at a time of their choosing, and for the tasks they requested.
- People told us "I am able to say what I need and when I need it" and "They have a very good hand over system. If someone is new, they may need some on-site training but it's not about not knowing their job it's just finding out where everything is kept at home."

## 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; equality and diversity

- People and their relatives praised the kindness and caring nature of staff. Feedback included "They are very kind and caring, they are always talking to him," "They are actually warm hearted, nice people and easy to get on with" and "The only one I know is [staff name] and she is amazing." One relative told us "Another occasion they were meant to finish at 9pm but my sister was late getting back and they stayed until she arrived. They are very conscientious."
- Staff understood what was important to people and their family and friends, and provided a service to meet those needs so people felt well supported. People and their relatives told us "They just have to have good sense of humour because [person's name] is a practical joker" and "We have family evening on Wednesday and they are eager to help support the whole family, holistic that is the word; that's the ethos that comes from the agency." One person told us staff supported them to get out and about "When I am in the wheelchair, they come to the art galleries, they come to the shop and when able, to the market. We wander around looking at things and go exploring. My chair is electric, so they have to keep up with me."
- Staff were able to talk about the importance of diversity and equality. Several staff worked with people of Jewish faith and were aware of kosher dietary requirements. Feedback from relatives included "We are a family of non-believers and they are respectful of that. They are very sensitive and don't prioritise their own beliefs over my mum's" and "They know she was very involved with the church. They helped to celebrate Christmas and Easter and we send gifts for her." Another relative said "We celebrate Christmas and Easter and they are sensitive even if they do not celebrate themselves."
- Care records noted people's religious and cultural requirements.

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

- The registered manager said people or their next-of-kin sign care plans at the initial assessment stage which often takes place in a hospital setting. They also visited people's homes to risk assess the environment and this formed part of the 'assessment plan' which was signed and scanned into the computer system.
- Any changes to the care package were made with the agreement of the person, or their relative in consultation with other professionals involved. The registered manager told us people "are at the heart" of the care provided.

Respecting and promoting people's privacy, dignity and independence

- The service supported people to be independent. We were told "They help him to walk and move around

as much as he can, they are very supportive."

- People told us they were supported in a dignified way. "Yes absolutely, yes definitely," and "Yes, they do even when they want to make a cup of tea, very respectful."

## 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.

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

•  The service provided personalised care which met people's needs and preferences and gave them choice and control

•  We saw care plans were in place, with sheets completed on a daily basis to confirm care given and where appropriate people's food and fluid intake.

•  People and their relatives told us "Yes, they complete it every day," and "Yes, there is a folder that they write in daily; whatever they do goes in there." Relatives told us it was helpful as records were "completed daily so I could see it and the next person who came could see also."

•  Care was provided at a time that suited people. Feedback included "Yes, they fit into to our schedule" and "They definitely fit in with us." "They fit in with the hours we need otherwise it wouldn't serve our purpose; they are flexible, times do vary and its suitable for both parties."

•  People were asked if they had a preference for the gender of the carer. People and their relatives told us "We had that discussion at the start and we were able to choose the carers", "We did not have to choose, we have female and that's what we wanted" and "We have both male and female carers and they are all very good. There has never been any issues."

We asked people and their relatives if the care package was reviewed to ensure it remained appropriate to meet people's needs

•  Feedback from people and their relatives included "[Registered manager] did a supervisory visit recently, and I am in regular contact with the office about the rota, so they are aware of how things are going at all times" and "Yes, [name of registered manager] comes and we have a chat about how things going, I don't have to fill in anything just talking." "Yes, they do, [registered manager name] comes and look at it occasionally."

•  We found the service did not formally record reviews of care although the registered manager told us they visited people regularly to review their care. One care record we viewed on the IT system showed the latest review took place in 2017, this person told us they were happy with the care and the service had been in contact with them regularly since 2017.

We recommend the service keep evidence of reviews of care packages to show they continue to meet the needs and preferences of people using the service.

Improving care quality in response to complaints or concerns

• People and their relatives told us they were aware of how to make a complaint if they were not happy

with the service

- Feedback included "Of course, I do but I have no reason to complain at all and I have never made a complaint" and "Yes, I do, and it is inevitable that concerns may arise and they have always been addressed efficiently and sensibly without any fuss." A relative told us "I always have access to the registered manager. I can speak to her seven days a week; she is readily accessible and that is crucial."

End of life care and support

- We received very positive praise from a relative who had their family member supported by the service for two years up until their death.
- Feedback included "Very good end of life care. Of the nurses they provided I can't recommend them highly enough in terms of skills and their personal interaction with my mother and the family. The care and love they provided; I couldn't wish for anything better."

# 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.

Requires improvement: Although people were happy with the care provided; there were areas in which the service was not consistently well-managed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Everyone receiving a service spoke highly of the quality of the service. However, we found formalised quality assurance systems were not always in place.
- For example, people told us the registered manager visited and discussed the care and make sure it continued to meet their needs, but this information was not stored in a readily accessible format so this could be evidenced.
- The service had not put in place appropriate best interests documentation in relation to the giving of medicines for a person unable to consent to treatment.
- The provider's policy was for staff to be supervised annually but not all supervisions or appraisals had been completed in the previous 12 month period.
- Spot checks of staff providing care did not take place. The registered manager told us people were not always willing for office staff to turn up unannounced at their house to carry out a spot check of the care provided by staff. However, no alternative system had been developed by the service; this meant that staff providing medicine had not had their competency checked for up to 24 months.
- Following the inspection, the registered manager and director updated the supervision policy and process to include competency checks as part of their quality assurance.
- The service was in the process of employing a clinical lead who would provide clinical advice and also have a supervisory role with staff. This staff member would contribute to the quality assurance process to assist with continuous learning and improvement of care.
- Care plans were not always easy to locate on the IT system. As care plans were handwritten and scanned into the system, these were not always up to date.
- The registered manager and director of care told us they were introducing a new IT system for rostering and would consider how best to use the new IT system to store the most up to date care records.
- The registered manager and director told us as the number of people being supported was small, office staff were able to retain and recall where key information was held in emails or other records. However, the registered manager and director hoped to expand the service and were aware of the need to develop systems so information was readily available in an accessible format.
- Following the inspection, the provider sent us an improvement plan which set out the improvements they planned for the coming 12 months with timescales for review.

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

- The organisation's business plan referred to the service as a bespoke, dedicated care company to a niche customer base that has developed a reputation for providing flexible, bespoke care to the private sector in London.
- The success of the service relies on the provision of person-centred care that meets the needs of people and their families, in a manner and time that suits them.
- The service supplies both nursing and care staff for the provision of care; the registered manager and director of care are both qualified nurses who are aware of, and work within their duty of candour responsibilities.
- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were very positive about how the service was run. Feedback included "I think it's very well managed and the office staff are very good "and "they are excellent". The registered manager was particularly praised by a number of people and relatives "[Registered manager's name] is amazing".
- People and the relatives told us "I would very much recommend this agency", "I would give them a 10 out of 10" and "I definitely would recommend the service they are effective and they provide high quality carers. They have all been competent and pleasant and they have done everything they say they would do at the start."
- Staff told us they felt supported by the registered manager and office staff who were always available, and they enjoyed their caring role.
- There was continuity of staff, in part as the conditions for work were good. For example, staff were not rushed getting from one person to another, and people had several hours of care in a block, so staff were employed for extensive periods in a day.
- Only one staff member told us they wished there were greater opportunities for staff to meet other colleagues; the service did not routinely hold staff meetings, as it was logistically difficult to get carers together. The most recent staff event had taken place in 2017.
- The registered manager and director told us they planned more staff events in 2019; one of which would be a refresher in understanding the cultural and religious needs of different client groups.
- The staff team were from a broad range of ethnic and cultural backgrounds and the service ensured staff were well matched with the people they supported.
- In the meantime, they kept staff updated with best practice through a number of methods; by e mail, telephone and the staff section of the providers' website portal.

#### Working in partnership with others

- We saw ample evidence during the inspection that the service worked in partnership with other health organisations and people and their families and friends, to support people in the community to have a good quality of life by providing a holistic person-centred service.