

Hannah's 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: Hannah's Homecare is a domiciliary care agency, providing personal care to people in their own homes. The service operates from an office based in Warrington. At the time of this inspection there were 14 people using the service.

People's experience of using this service:

People received support from staff that were kind, caring and compassionate. People's needs had been fully assessed prior to them being supported by the service. Care plans had been developed and reflected people's individual needs and preferences. They had been regularly reviewed to ensure the most up-to-date information and guidance was available for staff. People were supported by regular staff with whom they had developed positive relationships with.

Recruitment practices were safe and people were supported by staff that had undertaken a thorough induction and had completed training that was relevant to their role. Enough staff were employed to meet the needs of the people supported.

Risk assessments were in place giving guidance to staff to ensure that risks were minimised. These were regularly reviewed and held the most up-to-date information for staff. People were protected from the risk of harm and abuse. Staff had undertaken safeguarding training and felt confident to raise any concerns they had.

Staff had undertaken medication training and had their competency regularly assessed. Medication policies and procedures, along with best practice guidance was available for staff to follow. Medication administration records (MARs) were fully completed and regularly reviewed to ensure people received their medicines safely. Staff had completed infection control training and had access to personal protective equipment (PPE). An infection control policy and procedure was in place.

People spoke positively about the staff that supported them and the management team. People told us their privacy and dignity was respected and their independence was promoted. People told us their views were regularly sought regarding the staff and the care they received.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible, and encouraged people to make decisions about the care they received. Consent had been sought before any care had been delivered in line with legal requirements.

Rating at last inspection: Requires Improvement (Report published March 2018).

Why we inspected: This was a planned inspection based on the rating of the last inspection.

Follow up: We will continue to monitor all intelligence we receive about the service until we return to visit as per inspection programme. If any concerning information is received we may inspect sooner.

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?

Good ●

The service was safe. We improved the rating to good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective. We improved the rating to good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led. We improved the rating to good.

Details are in our Well-Led findings below.

Hannah's 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.

Inspection team:

The inspection was carried out by one adult social care inspector and an inspection manager.

Service and service type:

Hannah's Homecare is a domiciliary care agency, providing personal care and support to people living in their own homes.

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 24 hours' notice of the inspection visit because it is small and the 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:

Our planning considered all the information we held about the service. This information included notifications the provider had sent us about incidents such as safeguarding concerns, complaints and accidents. A notification is information about important events which services are required to send us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This information form part of our inspection planning document.

During the inspection we visited three people and one relative supported by the service. We spoke with two relatives of people supported by the service by telephone. We spoke with the registered manager and four members of staff. We looked at three care plan files and a selection of medication administration records (MARs). We look to other records that related to the monitoring of the service, three staff recruitment records, training records, staff meeting minutes and other records that related to the management of the service.

After the inspection the provider sent us some additional information that included up-to-date policies and procedures and additional evidence for consideration as part of our inspection.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- Recruitment procedures had improved since our last inspection and were now safe. Pre-employment checks were carried out on all staff before they were offered a job.
- Staff had developed positive relationships with the people they supported as they visited them regularly.
- Appropriate numbers of trained staff were in place to meet the needs of the people supported.
- Comments from people and their relatives included "Regular staff visit throughout each week", "Mum seems really happy with the four ladies [Staff] that visit her" and "I have four staff that visit me regularly and they come in pairs."

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding and whistleblowing policy in place that staff were familiar with.
- Staff completed regular safeguarding training and were familiar with safeguarding reporting procedures.
- Staff felt confident to raise any safeguarding concerns. Their comments included "I would raise concerns with the manager or go directly to the safeguarding team" and "My training has prepared me to know what signs of abuse may look like. I would not hesitate to raise any concerns I had."

Assessing risk, safety monitoring and management

- Risk assessments were in place that identified areas of risk and mitigated these where possible. Risk assessments included clear guidance for staff to follow.
- Risk assessments were regularly reviewed and held up-to-date information.
- Staff followed safe procedures when they entered and left people's homes.

Using medicines safely

- The procedures for the management of medication were safe. Staff received medication training and had their competency checked regularly.
- Staff had access to policies and procedures, as well as good practice guidance to support them when administering medicines.
- Medication administration records (MARs) were in place and had been fully completed. Regular checks were undertaken of the MARs to ensure people had received their medicines safely. Areas for development and improvement were identified and actioned.

Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection being spread.
- Personal protective equipment (PPE) was available for staff to use all times. Staff understood the importance of hand washing to reduce the risk of germs being spread.

- Staff had access to an infection control policy and had received appropriate training.

Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents that occurred. The registered manager reviewed these and monitored them to identify areas where risks could be minimised.

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

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 fully assessed prior to them receiving a service. This ensured People's needs could be effectively met.
- People, relatives of their choice, as well as health and social care professionals (where appropriate) were fully involved in the assessment and planning of people's care.
- Care plans reflected people's personal choices, preferences, routines and included clear guidance for staff to follow.

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

- People were supported to eat and drink in line with their personal preferences and dietary needs.
- One person said "Staff cut food up for me and tell me where items were on my plate. I find this very helpful", another person said "Staff always offer me a choice at each meal and never rush me."

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

- Relatives told us that staff accessed social and healthcare professionals for support appropriately as required. Their comments included "Staff contact healthcare professionals when required and always keep me informed" and "Staff contact the GP or district nurse promptly if they have any concerns with [Name]."
- People had access to local advocacy services as required to ensure their views were represented.

Staff support: induction, training, skills and experience

- All staff had completed a full induction at the start of their employment and had undertaken training to meet the requirements of their role and people's needs.
- Staff had the right knowledge, skills and experience to fully meet people's needs.
- Staff received an appropriate level of support for their job role. Staff told us the manager was approachable and always available for advice and support.
- Comments from people and their relatives included "Staff do their job well", "Staff are well skilled" and "All the staff seem very competent in their role."

Adapting service, design, decoration to meet people's needs

- People were supported to access specialist equipment and support aids as required.

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 with appropriate legal authority. Applications to deprive people of their liberty when they are living in the community must be made through the Court of Protection (CoP). At the time of our inspection no one in receipt of support was subject to any restriction under the Court of Protection.
- 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."
- Staff had received MCA training and understood that they could not deprive a person of their liberty unless it was or legally authorised. Staff recognise the importance of seeking a person's consent before starting to provide any care or support. Consent was clearly documented within the care records.

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

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 were treated with kindness, respect and compassion by staff. Their comments included; "Staff are very kind and compassionate", "All the staff understand how I like things done" and "All the staff are kind and caring."
- People told us that staff had a good understanding of their needs, wishes and preferences, as well as likes and dislikes. Their comments included; "Staff understand my preferred routines" and "As I have regular staff they understand my needs really well and do things how I like them done."
- Staff had completed training in equality and diversity and were able to describe the importance of treating people as equals.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. Staff ensured that they undertook people's personal care in private and described how they ensured curtains and doors were closed when supporting people.
- Staff supported people to remain as independent as possible. Care plans reflected people's level of independence and how staff could support this.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

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

- People told us they were involved in making decisions about their care and support. Reviews of the care people received were undertaken regularly.
- Staff understood how people communicated and used appropriate methods when communicating with them. Care plans reflected people's individual communication needs.
- People and their relatives told us they felt confident to express their views and were given ample opportunity to do this.

Is the service responsive?

Our findings

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

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

- Care plans were detailed and held sufficient information and guidance for staff to be able to meet people's preferred needs.
- Staff completed a written record at each visit to overview the care and support provided. These records reflected how each person's needs had been met.
- Care plans were regularly reviewed and updated in a timely way, when a change had occurred to a person's needs or wishes.
- People received support from regular staff that knew their routines well.
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided in appropriate formats as required.

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure in place. People told us they knew how to raise a concern and felt confident to do so with a member of the management team. Their comments included "I never have complained but feel confident that any concerns I have would be listened to" and "When I have raised minor issues they have been promptly addressed."
- Complaints were investigated and responded to in line with the complaints policy.
- People were encouraged to share their views about the care they received through regular reviews and contact with the service.

End of life care and support

- At the time of our inspection, nobody was being supported with end of life care.
- Staff understood the importance of providing end of life care that was tailored to each person's needs and wishes. Staff described how they would support people to have a comfortable, pain-free and dignified death.

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

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; and how the provider understands and acts on duty of candour responsibility

- Staff and management team are committed to delivering care and support that was developed to meet people's individual needs.
- People, relatives and staff spoke positively about the service and management team. Their comments included "The manager visits to check all is well, I believe they genuinely care", "I think the service is brilliant", "We are more than happy with Hannah's Homecare" and "The manager visits regularly to review the care plan file and check everything is okay. I would not hesitate to tell her if I had any concerns."
- The staff and management team had developed positive relationships with the people they supported.
- The management and staff team worked closely with other agencies to ensure people received the support they required. This included working with health and social care professionals and commissioners of the service.

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

- Quality assurance systems and processes were in place and had improved since our last inspection; people receive safe, effective and quality care from staff that were familiar with their individual needs.
- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of events and incidents that occurred at the service.
- The staff team had a clear understanding of their role and responsibilities within the service.
- Risks to people's health, safety and well-being were effectively managed through the regular review and monitoring of the care plans and risk assessments.

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

- There were clear processes in place to obtain the views and opinions of people, relatives and staff about the service.
- Staff told us they felt supported by the management team. They said they could highlight work or personal issues and felt they would be listened to. Staff comments included "The manager is very approachable and supportive towards all the staff" and "As a staff team we are kept fully included and informed about the service."

Continuous learning and improving care

- The registered manager and staff undertook regular training to ensure their practice remained up-to-date

and safe for their roles.

- There were systems in place for learning from concerns and complaints raised by people and their relatives.
- People's care records were reviewed and updated on a regular basis. Action had been taken to address any issues that had been identified for development and improvement.

Working in partnership with others

- Positive relationships had been formed with external health and social care professionals. The provider worked with commissioners, social workers and health care professionals to ensure the best possible outcome for people.