

Humanicare Limited

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Inspection report

Arthurs Court Care Home
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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

Humanicare Limited is a domiciliary care service. It supports people with personal care in their own homes. At the time of our inspection there were 7 people using the service.

People's experience of using this service and what we found

People were very happy with the care and support they received. All told us they would recommend the service to others.

People were cared for by a small team of staff who they were able to build relationships with. Everyone described the staff as extremely kind and caring.

People felt safe with the staff who supported them. Staff knew how to recognise and report any concerns about possible abuse.

The registered manager carried out risk assessments to make sure risks to people and staff were minimised. The registered manager gave assurances that further risk assessments relating to specific health conditions would be completed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Everyone had a care plan which was person centred and gave staff the information they needed to provide very individualised care. People told us they continued to be in charge of their care and staff fitted around their routines.

People could be confident that staff would notice any changes in their health and would support them to contact relevant professionals.

People knew how to make a complaint and told us they would be comfortable to do so if needed. All complaints were treated seriously and used to learn and improve the service offered.

The service was well led by a registered manager and deputy who were committed to maintaining high standards of care. Staff and people always had access to the registered manager or deputy to share concerns or seek advice.

The provider had systems in place to monitor quality, seek people's views and plan ongoing improvements.

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

Rating at last inspection

This service was registered with the Care Quality Commission on 6 October 2021 and this is their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Humanicare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 May 2023 and ended on 4 May 2023. We visited the location's office on 3 May 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of CQC's monitoring activity which took place on 26 January 2023 to help plan the inspection and inform our judgements.

During the inspection

We spoke with 4 people who used the service and 1 relative. We also spoke with 3 members of staff and the registered manager.

We looked at a selection of records relating to people's individual care and the running of the service. These included, 3 care and support plans, 2 staff recruitment files, minutes of staff meetings, a sample of quality audits and satisfaction surveys.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Risks of abuse to people were minimised because the service had clear policies and procedures for recognising and reporting abuse. Staff were made aware of the policies and asked to sign to say they had read and understood them.
- People could be confident that action would be taken to protect them if concerns were raised with the registered manager. Staff had received training in safeguarding and said they would be confident to report any issues they were concerned about. One member of staff said, "You would just call [registered manager and deputy manager name] and they would certainly sort it out."
- Where concerns had been raised the registered manager had notified the appropriate authorities and fully investigated concerns.
- People were only visited by staff they had already met. All of the staff team carried identification to make sure people knew they were from the agency.
- People felt safe with the staff who supported them. One person said, "I definitely feel safe with all of them. They lock up at night to make sure the house is safe."

Assessing risk, safety monitoring and management

- Risks to people were minimised because the registered manager carried out risk assessments and identified control measures to minimise risks. For example, risk assessments were in place where a high risk of falls was identified.
- Where people had specific health conditions, which could place them at risk, the care plans did not have risk assessments relating to these. This meant staff may not have the information they required to recognise if people were becoming unwell and required medical support. We raised this with the registered manager who gave assurances these would be completed where appropriate.

Staffing and recruitment

- The agency had sufficient staff to meet the needs of the people who used the service. The registered manager only took on new packages of care if they had suitable staff to meet people's needs.
- People were supported by a small team of staff who they were able to get to know and build relationships with.
- People told us staff arrived on time, stayed for the full time and they never felt rushed. One person told us, "They [staff] never leave without making sure you have everything you need."
- People were cared for by staff who had been safely recruited. The provider carried out appropriate checks and sought references before new staff began work.

Using medicines safely

- At the time of the inspection the service did not support anyone with the administration of medicines. Risk assessments had been carried out to make sure people were safe to manage their own medicines. One person told us staff supported them to take their tablets from the packaging, but they self-administered.
- Staff had received training and had their competency assessed to make sure they could safely administer medicines if required to do so.

Preventing and controlling infection

- People were protected from the risk of the spread of infection because staff followed good infection control practices. All staff had received training in infection prevention and control which ensured they followed up to date best practice guidance.
- Staff had access to supplies of personal protective equipment such as gloves, aprons and face masks.
- The deputy manager carried out spot checks to make sure staff were following good practice.

Learning lessons when things go wrong

- The registered manager was committed to providing a service which learnt from mistakes and used them to ensure improvements were made.
- People could be confident that mistakes would not be repeated. Following one instance where a care visit was missed a full investigation was carried out and new methods of communication were put in place. This included a new electronic rota system which enabled all staff to see any changes immediately on their mobile phones.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they began to use the service. This was to make sure the agency had the staff available to meet people's needs and expectations.
- From initial assessments care plans were created to show how needs would be met. Staff told us care plans gave them all the information they required.
- People received care and support in accordance with their wishes and preferences. Care plans gave details of how people liked to be helped and what was important to them. One person told us that staff fitted in with their routines and were flexible in response to their wishes.

Staff support: induction, training, skills and experience

- The agency office was located in the same building as a nursing home owned by the same provider. Some staff worked between the two services. This helped to ensure staff had the skills and experience needed to safely support people.
- People were supported by staff who received training to make sure they were able to safely care for people. Staff spoken with felt training opportunities were good. One person told us they thought staff were, "Well trained."
- New staff had opportunities to shadow more experienced staff before they worked alone. One person told us, "They introduce me to anyone new. The new ones work with the old hands for a while."
- Staff felt well supported by the management of the service. They had regular one to one and group supervisions which enabled them to discuss any issues or training needs.

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

- Some people were supported to prepare and cook meals. Staff received training in food hygiene and any allergies were recorded in care plans.

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

- Staff worked with other professionals to make sure people's needs were met. The deputy manager told us about meetings they had with a social worker to make sure a person was being appropriately supported.
- Staff knew people well and were able to recognise changes which may indicate a possible healthcare issue. In these cases, staff supported people to talk with family members or medical professionals.
- Staff were proactive when they observed possible problems. One member of staff told us about a possible healthcare issue they had identified. One person told us a member of staff had arranged for a GP to visit them.

- Staff all received training in first aid and basic life support. A staff member told us they had received this training and would not hesitate to contact emergency services if they identified someone needed immediate medical support.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Everyone who received a service from the agency had the capacity to make decisions and give consent. One member of staff said, "Everyone I visit can make their own choices."
- There were policies and procedures in place to make sure anyone who lacked mental capacity to make decisions had their legal rights protected.
- Staff had received training about the mental capacity act and understood the principles of how to support people if they lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and deputy led by example to make sure everyone received a respectful and dignified service. Discussions showed how people's individual wishes and lifestyle preferences were respected.
- People were cared for with kindness and compassion. People commented that staff were respectful of them and their property. One member of staff said, "We are guests in people's homes. We always respect that."
- People felt they were cared for with kindness. One person told us, "The carers come in smiling, they are on time, stay as long as they should and do everything we ask them to do." A relative commented, "One of the things that really comes across is just how caring all the staff are. They also seem to be very knowledgeable about what is needed to ensure that [person's name] is kept safe."
- People were cared for by staff who were punctual. One person told us, "They are never more than 10 minutes out with time. I see that as respectful." The registered manager told us that if staff were going to be more than 10 minutes late due to unforeseen circumstances, they always phoned the person to make them aware.

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

- People were involved in all decisions about their care and support. Initial assessments were carried out with people and/or their representatives to make sure care could be provided in accordance with people's needs and expectations.
- People told us they and their families had been fully involved in writing their care plan. They said they could discuss things with staff or the registered manager at any time. One person told us, "I have good relationships with them all, including the office staff."
- The registered manager sought and listened to feedback to make sure people continued to be in control of their care. One person told us they had changed the timing of their visits to better fit with their lifestyle. They said, "They are all very accommodating."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and maintain their skills. Care plans we read showed what people liked to do for themselves and the tasks they required help or prompting with.
- People's privacy and dignity was respected. One person told us, "I am shown such respect when they are helping me wash and my dignity is maintained at all times, the carers cover me and shut the door to the bathroom while we are in there."
- At the time of the inspection the agency only employed male staff and people were made aware of this

before they accepted packages of care. One person commented, "I was a little nervous to start with as the carers are all men, but I don't know why, I couldn't ask for better."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Everyone had their needs assessed before they started to use the service. This helped to make sure the agency was able to meet the person's needs and expectations.
- Care plans were written from the initial assessments. This gave staff the information they needed to provide personalised care to people. One member of staff said, "The care plans give you all the information you need. If there are any changes you get an update."
- The provider was flexible with timings to enable people to take part in activities with family and friends and to pursue any hobbies or interests.
- People were supported by small teams who they were able to get to know well and build trusting relationships with. One person told us they looked upon the staff who visited them as 'Friends.'
- Staff were aware they may be the only person someone saw in the day. One member of staff said, "If we are the only people they see each day, we have to make it a good experience."

End of life care and support

- At the time of the inspection no one was receiving end of life care. The registered manager informed us that at the present time this was not an area of care they specialised in. They said if anyone required this care, they would ensure all staff had appropriate training and they would work with other professionals.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At the time of the inspection everyone who used the service was able to understand verbal and written information.
- The registered manager gave assurances that information could be made available in different languages and formats if required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which enabled people to raise complaints and concerns. Where complaints had been made, action had been taken to make sure full investigations were carried out and changes were made to prevent reoccurrence.

- People felt able to raise concerns with the registered manager or deputy. One person told us they had raised issues and were happy with how they had been addressed. Other people said they were aware of how to complain but had not needed to.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager led by example to promote a culture that was respectful of people and their individual needs.
- People were extremely happy with the care and support they received. All said they would recommend the agency to other people. One person who had previously been supported by a different care provider told us, "The other company telling me they couldn't come any more was the best thing that happened because now I am really cared for by my carers."
- People felt able to talk with the registered manager and were complimentary about them. One person told us, "I can't speak more highly of the manager. She is at the end of the phone if ever we need to contact them."
- Staff spoken with said they only provided care to a small number of people who they were able to get to know well. This enabled them to provide person centred care. One member of staff said, "We have time to get to know people."
- People continued to be in charge of their own care. People told us staff always asked what they would like to be helped with. One person said about one member of staff, "He knows how I like things done."
- Staff spoke affectionately and respectfully about people, and this was echoed in feedback from people who used the service. One person said, "It's just a small team. They are all lovely and polite."
- Staff felt well supported by the registered manager and deputy. There was an on-call system which made sure staff could always seek advice and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and approachable. Staff told us that they could raise any issues with the registered manager.
- The provider carried out full investigations and made apologies where the service provided had not met their high standards.

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

- There were systems in place to monitor the quality of care provided and plan on-going improvements. These included regular audits and spot checks. Audits seen showed good standards were being maintained.
- The provider used feedback from people to drive improvement. One person told us about concerns they

had raised. They said that action was taken, and improvements had been made.

- Improvements in communication had been made following a missed visit. There had been no missed visits since this which showed that the improvements had a positive impact.
- The provider had policies and procedures designed to maintain standards and protect people and staff. All policies and procedures were shared with staff, and they signed to say they had read and understood their responsibilities.
- The provider had a contingency plan which ensured that the service would meet the needs of the most vulnerable people in situations such as poor weather or severe staff shortages.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked in partnership with people to make sure they continued to make decisions and choices about the care they received.
- The registered manager and deputy met with people when they began to use the service and again about a week later. This helped to make sure people were able to share their views and any feedback could be acted upon quickly.
- There were regular meetings for staff which enabled them to share their views and make suggestions. One member of staff said, "You can raise things at staff meetings. They always consider your views."
- The staff worked in partnership with other professionals to make sure people's needs were met. This included working with social workers and medical professionals.
- Staff, people and their relatives had opportunities to share their views through satisfaction surveys. Results of the last survey showed a high level of satisfaction with the service provided. Any comments made had been followed up by the registered manager.