

H & H Healthcare Limited

# H & H Healthcare Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

H & H Healthcare Limited is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides care and support to people which include personal care and medicine support. At the time of this inspection, the provider informed us that they were providing personal care to 35 people who used the service.

Not everyone using H & H Healthcare Limited received a regulated activity. CQC only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received personalised care that met their needs from care staff who knew them well.

Assessments of people's care and support needs were carried out before they started using the service and people and their relatives told us they were involved in planning their care.

People and relatives had confidence in the ability of staff to deliver care effectively. Since the last inspection in September 2019, the service's induction and training arrangements for staff had been improved and staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively.

Staff told us they felt supported by their managers and felt able to speak with them. However, staff supervisions were not being completed for all staff regularly. We made a recommendation about this.

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.

People's nutritional needs were met, and the management team and staff worked in partnership with health and social care professionals to ensure people received effective care.

Systems were in place to manage and respond to complaints. People and relatives spoke positively about how the service was run. However, people told us engagement and communication could be improved. We made a recommendation about this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 5 November 2019).

On 9 February 2021 we conducted a focused inspection of the Safe and Well Led key lines of enquiry based on risk. This inspection was not rated. We found improvements in both areas and the service was no longer in breach of regulations in these areas.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 9 September 2019. Breaches of legal requirements were found.

The provider completed an action plan after the last inspection to show what they would do and by when to improve, in relation to mental capacity, staff training and support, person centred care and quality assurance and governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for H & H Healthcare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

The service was effective.

Details are in our effective 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 ●

# H & H Healthcare 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.

#### Inspection team

This inspection was completed by one inspector. One Expert by Experience telephoned people who received care from the service and relatives to obtain feedback about their 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

H & H Healthcare Limited is a domiciliary care agency. It provides personal care 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

This inspection was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure the provider would be available to assist. Inspection activity started on 10 August 2021 and ended on 11 August 2021.

#### Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgement in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and five relatives to gain their views about the service. We also spoke with seven staff which included care workers, the care coordinator, the care practitioner, the manager and the registered manager. We received feedback from a further three staff via email.

We reviewed a range of records. This included five people's care plans and risk assessments. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We received feedback from one healthcare professionals.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in September 2019, the provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and keep complete and contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw enough improvement had been made and the provider was no longer in breach of regulations.

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

- The service carried out a pre-assessment before people received care from the service. This assessment helped to form the person's care plan and to understand their care and support needs, outlining the tasks that needed to be completed at each care visit.
- People and their relatives told us they were involved in planning their care. A relative told us, "They sat down with mum and I was there. We talked about her care. She is in charge; she definitely leads and is not led by them."
- People and relatives told us, they were confident that staff understood their needs. Comments included, "They meet his needs and before they go they asks him if 'Is there anything else you want me to do", "I get what need from them" and "They provide what is needed, the service is good."
- Staff we spoke with were knowledgeable about people's individual needs and the information they gave corresponded with peoples care records.

At our last inspection in September 2019, the provider was not meeting the training, learning and development needs of staff. This demonstrated a continued breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we saw enough improvement had been made and the provider was no longer in breach of regulations.

Staff support: induction, training, skills and experience

- Since the last inspection in September 2019, the registered manager had reviewed the service's induction and training arrangements for staff. They sourced online and face to face training in order to address the training shortfalls.
- There was a training matrix and an online training programme in place to help ensure staff received

relevant training and refresher training was kept up to date. The training system in place identified if a staff members training was out of date, and this would be addressed with them to ensure training was kept up to date.

- Where people had specific care needs, specialised training was provided. For example, individualised face to face training was provided for staff supporting one person with a particular piece of equipment.
- New employees were required to go through an induction when they commenced employment. This included training identified as necessary for the service and familiarization with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.
- Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively.
- Staff told us they felt supported by their managers and felt able to speak with them. However, we were told by the manager that formal staff supervisions to discuss performance and training needs were not being completed for all staff regularly.

We recommend the provider seek advice and guidance from a reputable source in developing effective staff supervision processes in order to support staff.

At our last inspection in September 2019 the service was not acting within the legal framework of The Mental Capacity Act 2005 (MCA) in ensuring capacity assessments and best interests processes were undertaken. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw enough improvement had been made and the provider was no longer in breach of regulations.

#### 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 when this is in their best interests and legally authorised under the MCA.

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.

- Care plans contained guidance for staff regarding consent and an individual's capacity to make decisions. Where it had been identified that the person lacked capacity to make a decision, decisions were made following a best interests process with the appropriate people involved.
- People told us they were able to choose how their care was provided and that staff always asked for permission before providing care or support

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



- People who required support with their nutrition and hydration needs were supported to eat and drink sufficient amounts to promote their health.
- Staff supported some people with the preparation and cooking of their meals. People told us their choice of the foods they wished to eat were respected. One person told us, "The lunch one [staff member] comes and makes me a sandwiches for later on. I am able to say what I want and I choose what is in my sandwiches."

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

- People were supported to keep healthy and well.
- Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. For example, staff alerted health professionals when they became concerned about a person's skin. This led to the person receiving treatment.
- Staff knew what to do if peoples medical condition changed or deteriorated. A staff member told us, "If someone was unwell, I would call 999 or 111 and then let the office know."
- Relatives told us they were regularly updated if there were changes in their family member's health and wellbeing. One relative told us, "I am happy with the attention she gets, and they are meeting her needs. They told me she was getting pressure sores and explained to me how they were dealing with these."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection in September 2019 we found people had not always been provided with a plan of their care and treatment and others had not had their plan updated to reflect their current needs and preferences. This was a breach of Regulation 9 HSCA RA Regulations 2014; Person Centred Care.

At this inspection we saw enough improvement had been made and the provider was no longer in breach of regulations.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection we found care records were not written in a person-centred way and did not detail how people preferred to be supported. At this inspection we saw improvements had been made and records now included details of the person's likes, dislikes and interests as well information about their support needs and medical history.
- Care plans provided sufficient detail to enable staff to care for people in their preferred way whilst ensuring care was delivered safely. For example, one person's care plan contained step by step instructions on how the person liked to be supported whilst bathing.
- Where people were living with health conditions or living with dementia, care plans were in place that described how this affected their life and how staff could support them.
- People told us they were involved in reviews of their care. This made sure care plans were current and reflected people's preferences as their needs changed. One person told us, "I talk to [staff member's name] about my care planning, it has been reviewed about a month ago. I was involved, it was possible to be involved. It's not like they are making the decisions for me, they built it around me, not around them. I am happy with it."
- Staff were knowledgeable about the people who used the service and had a good understanding of people's preferences and interests, as well as their health and support needs, which enabled them to provide personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibilities around AIS and people's communication needs were identified, recorded and highlighted in their care plans if appropriate.

- The registered manager informed us they were able to produce documents in other formats if required. For example, the service had sent out documents in larger print formats in the past for people with a sight impairment.

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure. People, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers, and they would be responded to appropriately.
- We reviewed the complaints received and saw that full investigations had been completed and appropriate liaison with health and social care professionals had occurred.

#### End of life care and support

- At the time of our inspection the registered manager told us they were not providing end of life care and support to anyone using the service.
- Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care.

# 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.

At the last inspection in September 2019 this key question was rated as inadequate. The service was inspected in February 2021 where we looked at the safe and well led key questions. During the February 2021 inspection we found improvements had been made and the well led key question had improved to good. At this inspection in August 2021 improvements had been sustained and this key question remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and management team told us they gained feedback about the service through visits and telephone calls to people. However, people we spoke with felt that how the service engaged and communicated with them, could be improved. For example, people told us they were unhappy that they did not always get a rota and were not sure who was coming and what time they were coming. One person told us, "It's not consistent. I am not told about who is coming or the time, I would like to know. It's around 7.30 am, it varies." A relative said, "We don't always get a rota saying who is coming and when. I did phone and they did send me an email on a Friday, but it has dropped off again. I got an email last week, two or maybe three in the last month. It's annoying because she likes to know who is coming. It was requested at the beginning."

We recommend the provider reviews their systems and processes in place to ensure they effectively communicate and engage with people using the service.

- The service sent out yearly questionnaires to people to gain further feedback about the quality of the care. The last questionnaires sent out in December 2020, included the following comments, "Means everything to me", "Has enabled me to live in my own home, which I much appreciate" and "I feel more secure, always nice to see a friendly face."
- Staff we spoke with told us they enjoyed working at the service and they received good support from the managers and office staff. One staff member said, "I think the office are fantastic. They are always there for me when I need them and even when I don't. This is the best care company I have worked for."

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

- There were clear lines of responsibility at the service. The registered manager's management team consisted of a general manager, care coordinator and care practitioner who were all responsible for managing care delivery, monitoring the service, drive improvement and provide oversight.
- The registered manager had effective systems in place to regularly assess and monitor the quality of service that people received. The management team carried out monthly audits on areas such as care plans,

medicines, complaints and staff training.

- We saw records of unannounced spot checks carried out by the management team on staff working in people's homes. The manager told us they carried out these checks to make sure staff turned up on time, wore their personal protective equipment and completed all of the care tasks recorded in people's care plans.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- People told us they received good quality care which promoted positive outcomes. Comments included, "The service has gone over and above. We are getting a good service from H & H, I wouldn't want to go, anywhere else, where you may not get a service as good as this one" and "I am quite happy with the service."
- Staff told us they enjoyed working at the service and felt valued and respected. The registered manager recognised high quality performance by staff and staff were rewarded with thank you presents and wellbeing activities were arranged.
- Staff were encouraged to give their views about how the service could improve and they felt their opinions mattered and were acted on. They praised the approach of the registered manager and referred to her as, "approachable", "kind" and "caring".

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 registered manager understood their responsibilities under the duty of candour. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

Working in partnership with others

- The registered manager had established positive working relationships with the different stakeholders associated with people's care.
- A healthcare professional told us, "I have always found they work with professionalism. In my experience H&H Healthcare give people their respect and dignity and high standards of care and support. I would always recommend H&H Healthcare to the people I work with to enable them to achieve their outcomes and goals."