

Honest Home Care Ltd

Honest Home Care

Inspection report

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16 September 2021
22 September 2021
28 September 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Honest Home Care is a domiciliary care agency which means staff go into people's own homes to provide care and support. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 51 people using the service.

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

The management team completed regular checks to monitor the quality and safety of services provided. However, these checks were not always robust. The service had not reported all safeguarding incidents to CQC and there were shortfalls with record keeping, which were not identified by the management team before we came to inspect. Despite these findings, people told us they received a good service overall and staff spoke highly of the management team. The registered manager was open about the challenges of being a new service during the COVID-19 pandemic and welcomed all CQC feedback.

People who used the service said they received a safe service from Honest Home Care and no one reported issues around missed care visits. There was, however, a recurring theme about staff being late to planned care visits. The provider acknowledged this was a problem and had already embarked on plans to robustly address this before we came to inspect.

People told us they received their medicines in line with the prescriber's instructions. We made a recommendation about how staff record when they have administered or supported a person to take their medication.

Staff underwent recruitment checks before they were able to work at Honest Home Care, however, there were three occasions where not all recruitment checks had been recorded. We found no evidence this impacted on people who used the service and the registered manager took immediate action to address our concerns.

Risks were appropriately assessed, which then lead to assessments being put into place to guide staff on how to keep people safe. We feedback that risk assessments would benefit from more detail, which the registered manager agreed to address. Staff used personal protective equipment (PPE) appropriately when supporting people.

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

Staff received induction training and followed a programme of continuous learning. Staff said they felt well

supported. People's needs were assessed, and care and support was reviewed as their needs changed. Appropriate referrals were made to external services to ensure people's needs were met.

Feedback we received from people who used the service and their relatives was complimentary about the care staff. Staff involved people in decisions about their day to day care and consulted people regarding what they wanted.

Systems were in place to make sure the service complied with the Accessible Information Standards.

People's care records documented the level of care and support required. We made a recommendation about how the service recorded care reviews, to better illustrate what decisions had been made about people's care, with reference to discussions with people and their representatives. Complaints were investigated and responded to appropriately.

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 us on 05/05/2020 and this is the first inspection

Why we inspected:

This was the first inspection of a newly registered service.

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the provider's systems of governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 safe?

The service was not always safe.

Details are in our responsive findings below.

Requires Improvement ●

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 not always well-led.

Details are in our responsive findings below.

Requires Improvement ●

Honest Home Care

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 Care Act 2014.

Inspection team

This inspection was carried out 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 care service.

Service and service type

This service 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

We gave the service short notice of the inspection. This was because we needed to give them time to prepare for our visit due to the COVID-19 pandemic.

Inspection activity started on 16 September 2021 and ended on 28 September 2021. We visited the office location on 22 September 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with five people who used the service and eight relatives of people who used the service, about their experience of the care provided. During our visit to the office we spoke with the registered manager and the provider. We spoke with four members of staff. We reviewed a range of records. These included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek any clarification we needed in relation to records we had reviewed.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider's processes for recording when staff supported people to take their medicines were inconsistent. Although staff recorded when they had supported a person to take their medicines, records did not always specify which medicine they had supported them for.

We recommend the provider considers current guidance on record keeping when staff are providing medicines support to people.

- The provider assured CQC this concern had not impacted on people's safety and they will amend their policies and procedures after the inspection to reflect current best practice.
- Medicines were safely managed, and people told us they received their medicines in line with the prescriber's instructions. Detailed assessments of medicines support were recorded, and staff were trained to safely administer medicines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were assessed and management plans were put in place to support people to remain safe. One relative said, "Risk assessments were done regularly to ensure [family member] was safe in their house."
- Some people's risk assessments lacked personalised detail, which the registered manager acknowledged and agreed to address after the inspection. For example, some people's risk assessments contained generic statements about risk and looked similar from person to person. Despite our concerns about the quality of risk assessments, people told us they received safe care.
- The provider had systems in place to ensure incidents were recorded and investigated. In addition to incident logs, the management office kept an incident 'journal' for each person. The journal provided an overview of all incidents since they joined the service; this information was then used to identify patterns or trends, so where appropriate, people's care could be changed to make it safer.

Staffing and recruitment

- Most staff were recruited safely and all necessary pre-employment checks were completed before employment commenced. We saw two care staff had a previous criminal record. Although the registered manager was satisfied both were suitable to work in care, they had not recorded this decision. Another staff member had an incomplete employment history. The registered manager assured CQC these concerns were dealt with retrospectively.

- People and relatives told us they had no issues with missed visits. People did however, feedback that late visits was a recurring problem and care was not always provided by the same core group of staff.
- The registered manager confirmed they were aware of issues around late visits from their recent quality survey. As a result of people's feedback, the provider had started to implement a new system which once operational, would enable the management team to monitor attendance of people's care calls in real-time.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said the service was safe. One relative said, "My wife is very safe when being cared for by the carers, because they demonstrate a level of proficiency and they demonstrate that they know what they are doing." Another said, "Mum is safe as all the carers are competent and caring."
- Discussions with staff confirmed they understood how to protect vulnerable adults from abuse and the management team were clear about their responsibility to report safeguarding incidents to the local authority.

Preventing and controlling infection

- The provider had a policy and procedure in place for controlling the risk of infection spreading. Staff confirmed they were provided with Personal Protective Equipment (PPE) such as masks, gloves and aprons to use when supporting people in line with infection control procedures.
- Everyone we spoke with confirmed staff wore appropriate PPE throughout the COVID-19 pandemic. One relative said, "The carers have worn full PPE on all their visits, and they are still in full PPE now."

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's needs were usually assessed by the relevant local authority before they were referred to the service. A personalised care plan was then written by the service.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.
- The registered manager maintained an overview of people's changing needs to make sure assessments and care plans were up to date.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. Most people spoken with felt the staff were trained well enough to meet their needs.
- Staff received regular one to one supervision meetings. Checks of staff practice were also completed.
- Staff said they received good support from the registered manager and provider.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- People told us staff supported them well with their diet and fluids. One person commented, "[Staff] cook fresh food for me as well as ready meals which they just heat up." Another person said, "The carers do my meals and give me drinks. They ask me what I would like to eat each day. The experienced staff present the food very well."
- People's food preferences were recorded in their care plan. This supported staff to cater for their needs, in accordance with their preferences.
- Staff worked with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required. One relative said, "They [staff] often called me regarding her needs and they suggested getting other professionals involved to get her extra help. I am very pleased that they are so proactive."

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.

- Initial assessments of people's needs included an assessment of people's capacity to choose and make decisions. The assessment also covered details of any Lasting Power of Attorney (LPA) in place.
- People had signed their care records to show they consented to their care and support, if they had the capacity to make this decision.
- Staff had undergone training in the MCA and clearly demonstrated their practical awareness of the need to gain consent before providing care. One person said, "The carers always ask for my consent before they do anything."

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

- Everyone we spoke with was complimentary of the care they received. One person said, "I can't fault the carers they are all kind and caring and do their best. They treat me with respect and are very polite." Family members gave examples of how staff supported them as well as their relative.
- All the care staff we spoke with were enthusiastic about their jobs and really enjoyed providing care and support to people. One staff member said, "I have never worked in a place where they feel like family, it feels like family here. It is the best place I've ever worked."
- Staff regularly visited people in their homes and contacted them by telephone to check they were happy with the care they received or if any changes were required. One relative said, "I have been fully involved in making Mum's care plan, I put all my views forward... If I have little niggles, I just phone the office and they sort it out straight away."
- Where possible the service tried to match the right staff to the right people. One relative said, "Mum has staff that visit her consistently so she has got to know them well." Another person said, "They talk with me about my care and I was asked if I would prefer female carers to male carers."
- Through talking to people and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. with the care they received or if any changes were required.

Respecting and promoting people's privacy, dignity and independence

- People gave us examples of how staff promote their privacy and dignity. One relative said, "[Staff] listen to me and to my wife, and they know her well. They treat her with dignity and respect at all times, they shut the door and curtains when they are providing personal care."
- A member of staff told us how important it is to treat people as individuals and to try to promote independence wherever possible.

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

- Full reviews were happening regularly or as the need arose. However, records of completed care reviews lacked the detail necessary to clearly evidence all decisions taken in relation to any one person's care, including reference to discussions with people who use the service or their representative.

We recommend the provider considers CQC guidance on maintaining an accurate and complete record of decisions taken in relation to the care and treatment provided.

- The registered manager assured CQC they will review and amend their process for recording care reviews after the inspection.
- People's care plans contained person-centred detail and described the support staff needed to provide during each care visit and they were easy to follow. People told us staff knew them well and understood their routines. Relatives were equally complimentary and one relative told us, "The carers know [relative] well and they work professionally to support them. Carers know [relative's] likes and dislikes and how to manage their tricky temperament."

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.

- People's communication needs were assessed when they started using the service and their care plans provided clear guidance to staff about how to communicate effectively with people.
- The provider was able to provide information to people in alternative formats if this was required.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and the provider's complaints procedure was given to people who used the service. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People and their relatives told us they could confidently raise any concerns with staff or the management team. One relative said, "I have never made a complaint, but I know there is a complaints policy in the book in the house which informs me what to do if I ever have a complaint."

End of life care and support

- People were encouraged to share their wishes for when they were nearing the end of their lives.
- The service worked with other health professionals within the community, such as district nurses, to provide end of life support.
- We saw the service had received a number of 'thank you' cards for the care provided. One card read, "Thank you all who cared for my mum for all the love kindness and attention that you gave her over final days." Another read, "You all cared for him gently and with respect which was very important to him."

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The provider's audit systems were mostly effective at supporting good service delivery. There were, however, some instances where the audit processes had not been effective at identifying the same shortfalls found at inspection. For example, some people's risk assessments lacked detail and we found three staff files where specific pre-employment checks had not been recorded. We also made two recommendations about the recording of care reviews and medicines support. Further details are reported under the 'safe' and 'responsive' heading.
- Management oversight of people's care calls needed to improve as late care visits was a recurring theme in people's feedback. Although the provider was aware this was an area they needed to improve from their recent quality survey, actions taken to date by the provider had not been effective at robustly addressing this concern. The provider assured CQC they had plans in place to address this issue after the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate quality and safety was consistently well-managed. This placed people at an increased risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately to feedback during and after the inspection.

- Despite people's comments about occasional late calls, the feedback we received about the service was positive overall. One person commented, "Overall the service is quite good. They could do more to improve the timing of visits." A relative said, "I am very happy with the company; they do a marvellous job."
- The registered manager had not always submitted a relevant statutory notification when they reported concerns to the local authority's safeguarding team, which is required by regulation. Records showed 11 safeguarding concerns were reported to the local authority, but six of these concerns were not reported to CQC. The registered manager acknowledged this oversight and assured CQC they would take action to prevent notifications being missed again.
- There was a registered manager in post who provided leadership and support. The registered manager told us one of their motivations for starting Honest Home Care was to create a positive working culture,

which in turn, motivated staff to provide good quality care. The service paid staff above minimum wage and supported staff to pursue self-directed learning or training opportunities. We observed positive interactions between staff and their managers at inspection.

- All staff spoken with expressed high levels of job satisfaction.

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

- People using the service and their relatives were asked for their feedback on the care and support they received during reviews of their care packages or quality assurance surveys.
- Staff felt their views about the service were sought and listened to. They said they were able to make suggestions about the running of the service.
- People were complimentary of the management team and said they were responsive and supportive.
- Staff worked in partnership with health and social professionals to support people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems were not always effective at monitoring the quality and safety of services provided.