Acacia Community Care Limited

H+B Homecare Services

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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
H+B Homecare Services provides a palliative domiciliary care service for people living in their own homes in the community. At the time of our inspection, there were nine people using this service. The Care Quality Commission (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.

People's experience of using this service and what we found
People were satisfied with the care provided and felt safe. Risks had been assessed and risk mitigation plans put in place. The provider followed safe recruitment practices to help ensure suitable people were employed. Staff received appropriate training to meet people's care needs.

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.

The provider had procedures for managing incidents, accidents, safeguarding alerts and complaints, and quality monitoring processes were in place, to help monitor and improve service delivery.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 30 April 2021) and there were breaches of regulation relating to safe care and treatment, consent to care and governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
We carried out an announced comprehensive inspection of this service on 25 February 2021. 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 safe care and treatment, consent to care and governance.

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 safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. 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+B Homecare Services on our website at www.cqc.org.uk.

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 well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

H+B Homecare Services

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 one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. However, they were on leave at the time of the inspection.

Notice of inspection
We gave the service 48 hours' 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 15 August 2022 and ended on 26 August 2022. We visited the location's office on 16 August 2022.

What we did before the inspection
We reviewed information we had received about the service. We also sought feedback from the local

authority. The provider completed 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 judgments in this report. We used this information to plan our inspection.

During the inspection
We met with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at records the provider used for managing the service, including the care records for four people who used the service, two staff files, and other records used by the provider for monitoring the quality of the service. After the inspection, we spoke with three people who used the service and three relatives. One member of staff emailed us.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

• At this inspection we found risk assessments were in place which appropriately assessed, monitored and managed risks to people. Risk assessments we identified at the last inspection such as moving and handling risk assessments, were now in place as were individual risk assessments and mitigation plans regarding COVID-19. The provider had a number of other risk assessments and risk mitigation including assessments for choking, diabetes and mobility which meant there were plans in place to help reduce risks and keep people safe.
• The provider also assessed people's home environment for risks. This included maintenance information for equipment such as pressure relief beds, stair lifts and nebulisers.
• The provider reviewed and updated risk assessments regularly to reflect people's needs.

Using medicines safely
• Medicines were generally managed safely. However, we saw one person had barrier cream applied as required (PRN). Guidance for use of the barrier cream was included in the care plan but not recorded on the medicine administration records (MARs). This person also had as required paracetamol which was recorded on the MARs appropriately but did not have a specific PRN protocol explaining when it should be administered. When we pointed this out to the nominated individual, they updated the MARs and PRN protocol and showed it to us.
• The provider had a medicines policy and procedure in place with guidelines to administer medicines safely. Appropriate authorisation had been sought to crush people's medicines.
• Staff had relevant medicines training and medicines competency assessments were undertaken to help ensure staff had the skills required to manage people's medicines.
• The provider audited MARs to help ensure they were effectively completed by staff and medicines were being administered as prescribed.

Systems and processes to safeguard people from the risk of abuse
• The provider had appropriate systems to help safeguard people from the risk of abuse and keep them safe. This included safeguarding policies and procedures.

• People and their relatives told us they felt safe. One relative said, "It feels safe. I leave [person] and it's fine."

• Staff had up to date safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of being unsafe and they knew how to respond.
• The service had not had any safeguarding alerts since the last inspection. However, the nominated individual knew how to record safeguarding alerts, what action to take and who to inform if a safeguarding alert was raised.

Staffing and recruitment
• The nominated individual told us recruitment was challenging at present but they had enough staff to support people using the service and to help keep them safe.
• Staff had enough travel time between calls and the provider had a system for monitoring timekeeping and visits to people.
• People told us staff arrived on time, stayed the correct length of time, and that they received support from the same staff which provided consistency of care. Comments included, "They arrive on time", "The staff are on time" and "The carers mostly arrive on time and ring if they are late."
• The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
• The provider had systems in place to help prevent and control infection, and to help keep people safe. This included an infection prevention and control policy,
• Staff had relevant training and were provided with personal protective equipment (PPE) such as gloves and masks to help protect people from the risk of infection. People and their relatives confirmed staff wore PPE and followed good hygiene practices.
• People had COVID-19 risk assessments and risk mitigation plans, and staff were supported to follow government guidance around COVID-19 testing.

Learning lessons when things go wrong
• The nominated individual told us there had been no reportable incidents or accidents including complaints or safeguarding concerns.
• The nominated individual confirmed they were aware of the importance of recording and notifying other relevant agencies if something went wrong, and they had templates ready to use when the need arose. They said they viewed any complaints or concerns as a means of improving service delivery.

Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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.

At our last inspection it was not clear if people had given their consent to receive care from the provider. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

• The provider told us at the time of the inspection, everyone receiving support from the service had the capacity to consent to the care being provided. We saw consent to care forms were signed appropriately and when people's health condition meant they could not physically sign they had consented, the provider made it clear on the form, their consent had been obtained verbally.
• The provider had an MCA policy and staff received training on the principles of the MCA.
• People and their relatives told us that care workers respected their choices and sought consent before supporting them. One relative confirmed, "They ask [person] what they want to do and [person] tells them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People using the service were mainly hospice at home referrals. Their needs were comprehensively assessed prior to starting the service to confirm these could be met by the provider. The assessments covered all aspects of people's care and were the basis of care plans and risk assessments.
• Records indicated people and their relatives had contributed to the assessments to help ensure the person's individual needs were considered and addressed.
• Care plans were reviewed and updated when there was a change in need and the provider liaised with

other relevant agencies to help ensure people's needs were met, for example palliative care nurses.

Staff support: induction, training, skills and experience
• People were cared for by staff who had the skills and knowledge to provide safe care to people. Staff were supported to provide effective care through induction, training and supervision.
• Training records confirmed that staff had completed training that was relevant to people's needs. People were happy with the way staff cared for them and told us, "They have the appropriate skills [for my needs]" and "They are trained very well." A relative said, "Care workers are skilled and well trained. They meet [person's] needs."
• Senior staff assessed care workers in people's homes while they were providing care to help ensure staff were carrying out their duties effectively. They also had regular meetings with staff to discuss their work.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to have enough to eat and drink.
• People's nutrition and hydration needs were assessed and recorded in care plans so staff had the information to care for them. However, most people lived with relatives who supported them with meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People received support to maintain good health. The provider worked in partnership with family members and other health care professionals.
• The nominated individual explained that after people came out of hospital to receive care at home, they often did not have necessary information to access other services and equipment, and it could be particularly difficult when the at home carer was also elderly. The service took time to explain what was available and signposted people to help ensure they were receiving all the support they could get so they remained comfortable and well cared for at home.
• Care plans contained details of other professionals involved in their care such as their GP and other community professionals such as nurses.

Requires Improvement

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Continuous learning and improving care
At our last inspection we found the provider was not operating their quality assurance systems effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

• Although the provider had made enough improvement and were no longer in breach of the regulation, we did identify the provider's monitoring systems were not always consistently highlighting shortfalls. For example, not all as required medicines had a protocol in place.
• Quality assurance checks in place to help monitor the quality of service included feedback from people, audits of records for people using the service and staff and staff performance through spot checks.
• The provider had a business continuity plan that provided guidance for a number of events that could impact on the continuity of care, including how to respond to COVID-19.
• The nominated individual told us part of their improving care strategy was to ensure the training staff received was relevant to the needs of the people they cared for. For example, training around stoma and catheter care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The provider created an open culture within the service, where people, relatives and staff felt able to approach the management team. We received positive feedback from people and relatives about the service and the registered manager. One person said, "I normally contact [registered manager] or [care manager]. I get a reply right away and they listen, but I have had no problems with the agency."
• Staff also felt supported by the managers and one staff member told us, "Yes I feel very supported because my superiors are always next to us [and] they listen. They are understanding."
• As it was a small service, the registered manager was able to regularly engage with people and staff to receive feedback.
• The nominated individual told us one of the things they were able to do for people was advocate for them. For example, one person wanted care in their own home rather than go into a residential care home and the agency was able to express this to social services and the district nurses who completed a review of the

person's needs and wishes.

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 understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong. There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints.
• People and their relatives knew who to contact if something went wrong, however at the time of the inspection, no concerns had been raised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Managers and staff understood their roles and responsibilities. The three directors of the company were involved in the day to day running of the service.
• The registered manager worked closely with staff, including providing direct care when needed. This helped to ensure staff had the required support to deliver a good quality of care and that there was ongoing monitoring to inform future practice.
• People were satisfied with the care they received and told us, "I can't fault them", "I think it is well run" and "Overall, it is a good service."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and staff engaged with the service and the provider worked in partnership with other agencies to provide good outcomes for people.
• People and relatives were asked for feedback through phone calls and home visits.
• The provider used messaging applications and held team meetings to share information and give staff the opportunity to raise any issues.
• Care plans included information about people's diverse needs and how these could be met, for example, cultural needs.

Working in partnership with others
• The provider worked in partnership with various other health and social care professionals.
• Where appropriate they liaised with other relevant agencies such as North West London Integrated Care Board, local hospice, district nurses, palliative nurses, pharmacists, GPs and social workers to help ensure people's needs were met.