HCP (Franchise) Limited

St. Albans

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
This service is a domiciliary care agency providing personal care for people living in their own houses and flats in the community.

The service was initially registered as 'St Albans'. However, the provider advised it was intended to be registered as, 'Home Care Preferred (St Albans) and has submitted a notification to amend their registration. People who use the service and their relatives know this service as Home Care Preferred. Therefore, we have referred to the service as Home Care Preferred throughout this report.

The service provides support for younger adults and older people who may be living with dementia, physical disabilities or sensory impairments. At the time of our inspection there were 4 people receiving the regulated activity of personal care.

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.

People's experience of using this service and what we found
People were safe and protected from avoidable harm because the care workers knew how to identify and report any concerns relating to the risk of abuse. Risks to people's health, safety and well-being were robustly assessed and measures were put in place to remove or reduce any risks. People were supported by care workers who had been safely recruited.

Care workers were trained and supported to safely administer medicines. At the time of our inspection no one receiving a service required support with their medicines. Care workers received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management team took appropriate actions following any incidents and learning was shared with the care team.

Before care delivery started the provider undertook robust assessments to help ensure people`s needs and preferences could be met. Care plans were developed from these assessments for each person's identified needs. Care workers received training and support to enable them to carry out their roles effectively.

The provider and care team knew people well and were able to promptly identify when people's needs changed, and they raised any concerns appropriately. People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives praised the kind and caring nature of the care team. People received consistent care

from a small team of care workers. People, or their relatives where appropriate, knew about their care plans and could decide what care and support they needed.

Relatives told us people received care and support according to their individual needs and preferences. People's relatives told us they would be confident to raise any concerns with the management team if needed however, they had not needed to.

The management team was committed to providing high quality care to the people they supported, as well as the care team, and understood their responsibilities under the Duty of Candour. People, their relatives and care workers spoke highly of the management team and told us that they were always available and supportive.

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 16 September 2021, however, did not start to provide the regulated activity until January 2022. This is the 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

St. Albans

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and care workers.

Inspection team
This inspection was undertaken 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 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 our inspection there was a registered manager in post however, they were away from the service. The provider was in day to day charge of the service at this time.

Notice of inspection
We gave the service 24 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 available to support the inspection.

Inspection activity started on 03 January 2023 and ended on 11 January 2023.

What we did before the inspection
We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection
This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls, telephone calls and emails to enable us to engage with people using the service and care workers, and electronic file sharing to enable us to review documentation.

People were not able, or did not wish, to share their views with us about the service. However, we received feedback from relatives of 3 people who used the service about their experience of the care provided. We received feedback from 4 care workers, and we had a video call with the provider and deputy manager on 11 January 2023. We reviewed a range of records relating to the management of the service, including a care plan and risk assessments, care worker training records, evidence of monitoring staff practice and overall governance.

Good

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

- Care workers provided people with safe care and support. This was confirmed by relatives of people who used the service.
- The provider was aware of their responsibility to report safeguarding concerns to the appropriate external agencies and had a system to help ensure any concerns were shared promptly. At the time of this inspection, no safeguarding concerns had been raised.
- Care workers received safeguarding training and demonstrated they were clear about how to raise an alert or any concerns they may have. One care worker said, "If I ever raise any concerns about a client it is always followed through and I get feedback."

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

- As part of assessment and care planning, any risks to people's health and welfare were identified and actions taken to mitigate the risk.
- Risk assessments were reviewed regularly to help ensure they remained relevant and effective in promoting people's safety and wellbeing.
- The provider had developed systems to help ensure learning was shared from events, incidents or accidents that may occur. The provider advised any learning from untoward events was shared with care workers during meetings, supervisions or via messages. No such events had occurred at the time of the inspection.

Staffing and recruitment

- The service had recruited enough care workers to meet people's needs and to manage any changes. At time of this inspection there had been a successful recruitment campaign undertaken and new care workers were ready to start providing care and support for people.
- The provider operated a robust recruitment process which included appropriate checks to help ensure care workers were suitable to work in a care setting. Criminal record checks and references were sought before care workers started to work with people.
- People's relatives told us care workers were punctual. One relative said, "If care workers are going to be late this is always communicated." The relative said they understood care calls could overrun for many and varied reasons, but they appreciated the willingness of the service to let them know.

Using medicines safely

- Care workers were trained to safely administer medicines. At the time of our inspection no one receiving a service required support with their medicines.

● The provider advised when care workers were required to administer people's medicines their competency was assessed and regular monitoring took place to help ensure people's medicines were managed safely.

Preventing and controlling infection

● Care workers received training in infection prevention and control and had access to personal protective equipment (PPE) such as disposable gloves and aprons. Care workers were clear on the actions they should take to promote good infection prevention and control.

● The provider ensured they remained up to date with current national guidance to help ensure care workers were working safely.

● Infection control procedures were observed during carer worker's competency assessments. This included donning and doffing, the correct use of PPE, hand washing and drying, infection control procedures when providing personal care.

● Care workers were confident of the training and equipment they received to help them care for people safely. One care worker told us, "I have never had issues with PPE we are always given plenty, and if we need more [deputy manager] has actually come to my home to drop some off so I'm not without."

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.

This is the first inspection of 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 care needs, and preferences were assessed before people started to receive support. This was to ensure people's needs and preferences could be met.
- Pre-service delivery assessments were robust and detailed and formed the basis of people's care and support plans.
- The management team remained in regular contact with people and their relatives to help ensure the planned care packages worked well.

Staff support: induction, training, skills and experience
- Care workers received training relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid. One care worker told us, "We have spot checks and our training is up to date."
- The provider operated a system to help ensure all care workers received regular supervision and competency checks. This helped ensure care workers worked in the required way and were provided with support in their roles. Care workers told us they felt supported. One care worker said, "If we have any problems, even with family illnesses, the management are very supportive."
- Newly recruited care workers completed a full induction including classroom-based activities and online training. The provider told us in their Provider Information Return (PIR), "From the Care Certificate Standards to shadowing with the registered manager, client introductions ensuring a person-centred approach is always taken."
- Newly recruited care workers were introduced to people prior to them providing people's care. This was normally a face to face meeting but in exceptional instances where distances were involved video meetings took place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Care workers supported people to maintain their health and well-being and to access relevant health support, where required. Care workers knew what to do if people became unwell or needed additional support.
- Care plans identified people's health history, conditions or past illnesses they had experienced which could affect their wellbeing.

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.

- People's consent to care was sought and recorded before care workers supported the person. This was a recorded in people's care plans in relation to receiving care and the sharing of information.
- The provider ensured people had mental capacity assessments completed when needed.
- Care workers had received training in the Mental Capacity Act.

Good

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 of 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

- People told us care workers provided kind and compassionate care. A relative told us, "The care workers are absolutely attentive to [person's] needs, do not rush the call and always so kind and go the extra mile to ensure [person] is as comfortable as possible."
- Care workers spoke about people respectfully and understood people's diverse needs which had been assessed and included in their care plans appropriately. A care worker told us, "I absolutely fulfil my role to the best of my ability and more. I'm very professional and treat my clients as I would like to be treated if I ever needed care, with compassion and dignity."
- The provider had a system in place to seek feedback from people to help ensure care workers delivered care in a kind and compassionate manner.

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

- People and their relatives, where appropriate, were involved in decisions about the care and support they would receive.
- There was regular communication between the management team, care workers and people. Any information gathered was used to develop individual care plans where appropriate, and to assess how the service delivered care.
- Skills set and personalities of care workers were considered helping to ensure the right match for the person receiving care and support. This meant care workers could build good working relationships and help people to maximise their independence.

Respecting and promoting people's privacy, dignity and independence

- Care plans included detailed information about how to promote people's privacy and dignity, tailored to people's individual needs and preferences. For example, people's preferences of male or female care worker was assessed prior to service delivery starting, recorded in their care plans and adhered to.

Good

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 of 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

- People's care plans lacked detail to enable care workers to support people consistently and according to their individual needs. However, people and their relatives were satisfied with the care and support they received and felt they were supported appropriately. One relative told us, "It very difficult for me to let go and not constantly check the care workers are treating [person] well but since we have been with Home Care Preferred, I have managed to do this. I cannot explain how important this is for me." The provider advised the need for more detail had already been identified and was being addressed.
- People (and their relatives where appropriate) could access their electronic care records through the provider's on-line platform
- Care plans recorded people's decisions, the areas they required support with and their preferred daily routines. Care plans identified areas where care workers could encourage people to maximise their independence.

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.

- The provider was aware of the accessible information standard and people's communication needs were explored during the initial care needs assessment. Any adaptations, equipment or specific approaches required were recorded in people's care plans.
- The provider advised information could be made available in different formats if this was required.
- The provider's website included standard and high visibility view options so people could make print bigger if needed.

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

- Care workers supported people with their interests and social activities where this was requested.

Improving care quality in response to complaints or concerns

- The provider had a system to record and monitor complaints to help ensure they could identify any action required or if there were re-occurring issues. However, no complaints had been received at the time of this

inspection.

End of life care and support

● Care workers supported people at the end of their life according to their wishes and preferences. Care workers received training to enable them to support people to stay in their own home if they chose to do so. Additional support was provided as needed from external health professionals.

Good

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 of 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 provider was open, honest and positive. The vision and values of the service were clearly set out, understood by care workers and reflected in their working practices.
- Feedback from people, their relatives and care workers was positive.
- Care workers told us the management team had an inclusive, person-centred approach and they enjoyed working for them. One care worker said, "Not only would I recommend this service to anyone looking for care, but I'd also recommend them to anyone looking for a career in care giving." Another care worker told us, "Home Care Preferred it is one of the best companies I have worked for. Efficient, thorough and helpful."

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

- The management team had a clear understanding about the duty of candour and told us they encouraged care workers to be open and honest in their feedback.
- The management team and care workers understood their roles and respected the impact their roles had for people.

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

- People and their relatives gave positive feedback about the service and how it operated. One relative said, "I would absolutely recommend Home Care Preferred to others. They have brilliant carers, that genuinely care for my [relative] and their welfare. I can't praise this agency enough."
- Feedback was sought from care workers via satisfaction surveys and face to face meetings with the management team. Care workers were positive about working for Home Care Preferred St Albans. One care worker said, "I would definitely recommend the company to other care workers to join. I'm happy working with them and alongside them."
- Regular feedback about the quality of the service provided was gathered from people and their relatives. Feedback was gathered via satisfaction surveys along with welfare phone calls and face to face visits from the registered manager. The provider told us in their PIR, "Verbal feedback is important to the company and can be acted on to ensure we are applying human rights principles at all times."

Continuous learning and improving care; Working in partnership with others

- The provider was a member of a local care provider's association. They had arranged training for themselves and the care worker team and attended some local business network meetings to help keep themselves up to date with changes in the care sector and legislation.
- The provider working in partnership with people's relatives to help ensure people received good care and support appropriate for their needs and preferences.